NATIONAL Assessment Cent	re Services.	wet 1 Jan/003 . 7	MN194190	04310	74	
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Veh No: CEU VOTO P	E-mail (hitale at	its, AIC 2hrs)	Ì			
DOA: 01/01/2019 18:20	I-Motor Claim				6	1
	I-Motor W/O	(Withle: OD 2hts	, TP 4hrz)			
OD / TP& Reporting Only	I-Photo Uplon	I-Photo Uploaded			500000000000000000000000000000000000000	
	Assessment/Sur				٠	
TP Insurer:	Ass't Report by	Ass't Report by Fax / Hand to Owner/Wksn				
Proforred Wksp / INC Assign Wksp / QW: (- Carlon Santan Santa		Tol:	Faxt		
TP Pairticulars: Veh No:	SLO 1814.	, INC(,)/Non-INC	().		
Owner / Driver: (Tel:)	
Policy No: () F	Period: ()	Cover Type: ().	
Consirmed by : (Date:	Time	-)	
	[Note-Est. Status (W	O): N: 0-2	0%; P: 21-79%	. F: 80-100%	6]	
Year of Registration: ()	Warranty: YES ()/NO()			
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() Total Loss Case : to e-mail Insu				<u>, , , , , , , , , , , , , , , , , , , </u>		
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1) Apply for Transport Allowance ()/	Courtesy Car ()				
2) QC Check / Post Repair Inspection	(·)					
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()				6 9	
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river/Owner:	4) WT . Follow-	Through Survey	\$120			
Contact No:	shirt . Multiness	Through Survey (Rest	110,360,200)			
Service desired to the service of th	6) TR: Re-lam	ection	\$75 5160			
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C. Checked by (Engr-In-Charge).	<u> </u>	*Nor Banely	Co-ordination	\$1	0	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

2017年1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日	ACCIDENT STATEMENT
Date Of Report	10/01/2019 12:53
Date Of Accident	08/01/2019 18:20
Exact Location Of Accident	AYE (NEAR NUH TOWARDS TUAS)
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SFU4070P
Insured/Policyholder	
Name Of Registered Owner	KOH LIAN YEW
NRIC No	S0122472G
Email Address	HUMPTN@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-90048201
Alternative Phone No	OTHERS-90048201
Vehicle Particulars	
Manufacturer	HONDA
Model	CITY
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE, LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	2100294798-06
Cover Note Number	
Driver	
Name of Driver	KOH LIAN YEW
NRIC No.	S0122472G

 Name of Driver
 KOH LIAN YEV

 NRIC No
 \$0122472G

 Date Of Birth
 13/05/1954

 Occupation
 INDOOR

 Date Of Driving Pass
 30/04/1988

Driving Experience 30 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90048201

Fax Number

Contact Number OTHERS-90048201

EMail Address HUMPTN@SINGNET.COM.SG

BLK 458 CHOA CHU KANG AVENUE 4 Address

#11-193

Postcode 680458

Was driver an employee of the Insured's Company NO

OWNER

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO NO

Was any injured conveyed to hospital by ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: SON

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLD181Y

Vehicle Make/Model/Colour

HONDA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name: Kolu W

NRIC/FIN No.:

SKETCH PLAN SFUYOTOP

Congested	road. Braked when car ahead braked but
	wet loily. Skid & beyond regular braking distance
Vinor	bent on the car nhead. No damage to ou.
wn.	No injury was caused
na leath	parties.
on Poly	parties.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: 10

Driver's Signature (If driver is not the policyholder) Date & Time:

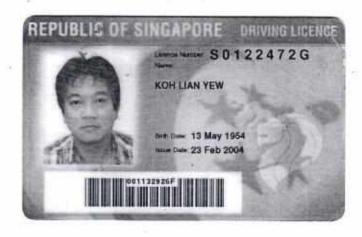
10/01/2019 Reporting Centre Personnel's Signature ABB
Name:
NRIC/FIN No.

NRIC/FIN No .:

ACCIDENT DATE:	2219 1(DD/MM/YY	YY), TIME:	820	(HH:MM)
LOCATION: AYE	CNEAR - NUH	towards	Tuas)	
1. DETAILS OF VEHICLE	18690 1881			
a) VEHICLE NUMBER:	SFU 4070P		9 m m	14 17
b)INSURANCE COMPA	NY. AIG			
C)POLICY NUMBER:	2100294798-0) 6		
		AL THE		ordeniko en
d)POLICY TYPE: (GOM e)MAKE & MODEL:	HONDA CITY	ARTY/THIRD	PARTY FIRE	&THEFT)
				N
f)TYPE:(SALOON / COL	PE / MPV /V AN / LOI	RRY / MOTOR	CYCLE / OT	(HERS)
g) VEHICLE CATEGORY	TACOBELET COMMER	CIAL / MOTO	RCYCLE)	18
h)PURPOSE OF USING	TACCIDENT TIME:	rrivate		
I) ARE YOU CLAIMING U	INDER YOUR OWN IN	SURANCE (YE	Z\MO)	
IF NO, PLEASE STATE () 2. INSURED / POLICY HOL	HIRD PARTY CLAIM /	REPORTING C	DNLY)	36
A)NAME:	Lian Yeu	12	81600000=00003200	
b) NRIC/FIN/PASSPORT:			MALE / PEN	
c)ADDRESS:	HOA CHU KANG		1000	04820
111 M.	13 Singapore 6	AVE 4	B//c 4	-18
* CONTINUE TO 2 4 IF D	The state of the s	807.38.		
The of passange DRIVER	KIVER ALSO POLICY F	HOLDER	11.2	
Cluded to 1 .) ONAME:	s above			
cincluding driver) historicality			MALE / FEM	ALE)
(2) CIADDRESS:	10000	CONTAC	T:	
d)DATE OF BIRTH; (17	105 11954 HDD	/MM/YYYYI		
e JOCCUPATION: (INDO	OR / OUTDOOR!	Transition (Miles	2	
1) DATE OF DRIVING P	ACC 30/04	-/1988	- 6	
 WAS DRIVER AN EMPL 	OYEE OF THE INSU	RED'S COMP	ANY? (Y	V NO
IT NO, RELATIONSHIP	OF THE DRIVER WI	TH INCLIDED	OWNE	R
J. GIWEATHER CONDITION	: (CLEAR / RAINING /	OTHERS_		1
DIROAD SURFACE: (DRY	/ WET / OTHERS)
6. WAS ANYBODY INJURED	(YES / NO)		7.0	
7. a) REPORTED TO POLICE	(XSS/NO)			10
IF YES, PLEASE STATE W	HICH POLICE STATION	V:		
8. THIRD PARTY VEHICLE				
No of passinger a) VEHICLE NUMBER:	3LD 18 Y	MODEL:	HONDA	F1
Including driver) b) DRIVER'S NAME:				
() INKIC/FIN/PASSPORT	-	CONTAC	T:	
9. THIRD PARTY VEHICLE			Miles of the Control	
No of passanger d) VEHICLE NUMBER:_		MODEL:_		
Indudian delica OI DRIVER'S NAME:				
f) NRIC/FIN/PASSPORT		CONTAC	T:	
(_)			NIA-CONTRACTOR CONTRACTOR	41
#		19		

email = humpfred Signet. Com Sg VIDBO











CERTIFICATE OF INSURANCE

PRIVATE AUTO THIRD PARTY FIRE AND THEFT PRIVATE VEHICLE

Name of Policyholder

: Koh Lian Yew

Period of Insurance

: 29 Apr 2018 To 28 Apr 2019

Engine No.

: L15A23800499

Chassis No. : MRHGD86905P010036 Vehicle No. Policy No.

: SELI4070P : 2100294798-06

Endorsement No.

Issued Date

: 26 Apr 2018

ABOUT THE COVER

Make/Model

: HONDA CITY

Engine Capacity/Tonnage : 1,498.00 CC

Sum Insured : Market Value

First Year of Registration : 2006

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder

a) The Policymolograph b) Any other person who is driving on the Policyholder's order or with his/her permission. This Policy will indenviely the Policyholder or any authorised driver only if he/she meets the specified age condition.

Age Condition

: All Age Condition

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for tire or rewerd, driving tution, driving test, raping, pace-making, reliability that or speed-lessing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1887 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Theft - \$0

Property Damage - \$0

Named Driver and Excess (where applicable)

Kon Lian Yew

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Contrast AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For Approved Reporting Central/AIG Authorised Repairers, please contact our 24-hour accident emergency hodins at +65 6338 6200. Atternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from ITunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles, Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0356001000

CHAN YIN HAR

371 ALEXANDRA ROAD #10-18 AIA ALEXANDRA

SINGAPORE 159963 SP-SHIRLEY-LEADGROUP

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

BBPJVZ