ASS REC. BY	RE	F: alai61900	3163 Dc	Special Instruction		
SULVEYOR ASSIGNMEN						
From (Person)	Aisrilla Sim	of		DeterTime: 15 1 3019.		
	N:		Bill to:			
OD/TP/WS	STTP RES / OD RES / I	EVA / INV / MV / C	3			
To Inspect Ve	Micle No: SFU 87	48 E		Insured:		
at Workshop m/s				Tel:		
of						
Policy No:			Claim No:_	150610003786		
Sum Inswed:						
Make of Veh. (Client's Record				DOA 11/1/2019		
CA / REV	REP. / REV 24 HRS			H.O.D. Endorsement:		
Date/Time:		Person Contacted: _		Vehicle INLOUT		
Date/Time	Action/Instruction () Estimate				
	SPURFFRE -X					
			7418			
	Parties and the same			\$2500		

Bryan Ang (LKKAuto)

CIA1619002163 DC

From:

Sim, Priscilla-LK < Priscilla-LK.Sim@aig.com>

Sent:

Tuesday, 15 January 2019 1:56 PM

To:

Bryan Ang (LKKAuto); SUR

Subject:

RE: Vehicle Burnt case SFU8778E / OD 1506100037SG

Hi Bryan

Kindly accept new assignment i.e. conduct fire investigation and/or establish any breach of policy terms and conditions.

Priscilla Sim LK Senior Complex Claims Examiner Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #08-16 Singapore 079120

Tel +(65) 6419 1755 | Fax +(65) 6835 7416 priscilla-lk.sim@aig.com | www.aig.com.sg



24/11/Zna e 1101ms spoke to OI.

Drove from home at Tempines to Songkery mother in law house to collect find. When driving got slighed bown smed shen he started the relieve. Trangered it was your and side so we never bother. During journey civ can on , winder up. his abnormality. At singking would in the shile son when to routed food. Bying on. Drave by beck to home. At Tempines, small burning small egain, stopped to chack . off engine and open bonned round and find crything abnormed. Drive back home. pess the gentry, burning smul stronger. Perland union and wonder to checks to make sure egin. Open bonned pattoring, nothing, seen. Son suggested mold to be sterro as smul rowing from that are. on inquests ignition with engine morning and deducted simple carry out June corner of steraw. Som sew small thoma. Talk file hille and with help of neighbor, put and Jos. SIDF come Parke come. vertice boynet brand new - We issue, sering done in 5B lest me In Rec 2018 before me renew. COE. He ruipt. Bysine on spork plug, Transmini "11. the beg buy put parts and sning to usia. In sening.

Amp and Theeler Install one you after brying our starso rare site our brokens

MKFS19005223 / Karl Fook Sing Motor Workshop - Defu ENTRY DATE & TIME: 12/01/2019 10:42 SUBMITTED BY: Yen Boo

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 truthful and accurate as possible. Any willul 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 faise reporting may be referred to the Police for investigation.
- 5. 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

ACCIDENT STATEMENT

Date Of Report 12/01/2019 10:42 Date Of Accident 11/01/2019 20:55

Exact Location Of Accident 311A TAMPINES ST 33 MSCP

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFU8778E

Insured/Policyholder

Name Of Registered Owner MOHAMAD NASER BIN YUSOP

NRIC No S7020052Z

Email Address NURUL NAQIYAH@YHAOO.COM.SG

Mobile Phone No. (LOCAL) +65-81278779

Alternative Phone No. Others-81278779

Vehicle Particulars

Manufacturer TOYOTA Mode WISH-1.8 (A)

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No. Please state action to be taken

Vehicle Category PRIVATE CAR

Insurance Company

AIG ASIA PACIFIC INSURANCE PTE, LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

2100107090-10 Policy Number

Cover Note Number 01/12/2018 TO 30/11/2019

Driver

Name of Driver MOHAMAD NASER BIN YUSOP

NRIC No S7020052Z 18/06/1970 Date Of Birth INDOOR Occupation Date Of Driving Pass

18/09/1990

Driving Experience

28 YEARS AND 3 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-81278779

Fax Number

Contact Number

OTHERS-81278779

EMail Address

NURUL_NAQIYAH@YHAOD.COM.SG

Address

APT BLK 312 TAMPINES ST 33 #10-12 (S) 520312

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

FIRE, EXPLOSION OR LIGHTNING

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

CHANGI N.P.C - 9 SIMEI ST 2 (S) 529914

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

refer with attach.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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.
- Information provided must be as truthful and accurate as passible. Any wilful misrepresentation or withholding of material facts may allow losurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy flability on the part of the insurance companies.
- S. Any false reporting may be referred to the Police for investigation.
- 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.
- By the ladgment 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)

f understand, adknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapote ("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 insurers) 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 :
 - 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
- (c) 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:
 - 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.

1 . 10.50AM

Infraholder's Sepando

Date & Time:

1050001

Driver's Signature | (If driver is not the policyholde

Date & Time:

Reporting Centor Personnel's Signature

Name:

NRIC/FIN N

Accident Sketch Plan

		A	Α.	≤FU87-74
CRIBE CIRCUMSTA	NCES OF THE A	CCIDENT A-T-1964	8012.5	report.
reter	With	artrigeh	01118	report.
LARATION declare the foregoin	e particulars are tr	tue in every respect.	10-504-1	ng Contro/Porsonnel's Signature

police report





Report No. G/20190111/2183

POLICE REPORT (NP299)

Police Station Of Origin Changi N.P.C 9 Simel Street 2 SINGAPORE 529914 Tel No: 1800-5872999

Date/Time Report Made 11/01/2019 23:55	Vide Report No. G/20190111/0184			Station Diary No. 87	
Name Of Informant	Address				
MOHAMAD NASER BIN YUSOP	APT BLK 312 TAMPINES STREET 33 #10-12 SINGAPORE 520312				
ID Type / ID No. NRIC NO / S7020052Z	Contact No. Home/Office		Mobile 81278779		
Nationality SINGAPORE CITIZEN	Email Address				
Occupation	Sex	Age	Date of Birth	Race	
OPERATIONS ASSISTANT	Male	48	18/06/1970	Malay	
Institution/School Name	Language				
Date/Time Of Incident 11/01/2019 20:55	Location Of Incident 311A TAMPINES STREET 33 UNNAMED SINGAPORE 521311 DECK 3A				

Brief details.

On 11/01/2019 at about 8.55pm I drove my Car (Toyota Wish with registration plate number SFU8778E) from Sengkang and back home. When I was reaching the carpark I noticed a burning smell coming from my car, I parked my car and switched off the engine by this time there was smoke being emitted from the Car's stereo. I waited for awhile and noticed that the black smoke was getting thicker. Suddenly my car burst into flames and members of public assisted me to put out the fire from the nearby hose reel. There

Signature Of Officer Recording The Report

G / Sgt 2 RANDY RONALD MINJOOT

Signature Of Interpreter: Not applicable

Officer in-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sgt 2 LEE WEI LUN Contact No.: 62447200

Authentication Stamp

Signature Of Inforpriant:

Date/Time: 11/01/2019 23:55

Classification Of Case:

SIGNATURE

police report





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190111/2183

was no damage to any government property and no one was injured as well. My car has been towed away.

Subjects Involved Victim MOHAMAD NASER BIN YUSOP (Informant) Person Name

Signature Of Officer Recording The Repor

G / Sgt 2 RANDY RONALD MINJOOT

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sgt 2 LEE WEI LUN Contact No.: 62447200

Authentication Stamp

Signature Of Inforgrant:

Mer

Date/Time: 11/01/2019 23:55

Classification Of Case:

SIGNATURE

insurer's nric & license