

NATIONAL Assessment Centre Services: (wef: Jan'05)

Date In: 07/02/2019 19:07	Job description	Date & Time Completed	Done by
Ref No: NAT AIG 19002224/K4	SAS e-filing		
Veh No: SJX 2524	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 03/02/2019 20:00	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SJX 388L INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC hotline: 6788 6616) Date & Time Completed: Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time Actions

NA 1901081

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add. Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) N1: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
ON*		
*N5: Courtesy Car / Tpf Allowance \$5		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
TP (N11): TP (N'n INC) against INC \$20		
9) N12: Idao Mobile 30		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

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 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.
5. **Any false reporting may be referred to the Police for investigation.**
6. 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.

ACCIDENT STATEMENT

Date Of Report	07/02/2019 19:07
Date Of Accident	03/02/2019 20:00
Exact Location Of Accident	PUNGGOL WAY NEAR BUS STOP OF B/261 PUNGGOL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX252U
Insured/Policyholder	
Name Of Registered Owner	CHEN XING JU
NRIC No	S8210484D
Email Address	KENNETHCHENXINGJU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84888437
Alternative Phone No	OTHERS-84888437

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800054672
Cover Note Number	

Driver

Name of Driver	CHEN XING JU
NRIC No	S8210484D
Date Of Birth	12/04/1982
Occupation	INDOOR
Date Of Driving Pass	10/04/2002
Driving Experience	16 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84888437
Fax Number	
Contact Number	OTHERS-84888437
Email Address	KENNETHCHENXINGJU@GMAIL.COM

Address	BLK 315A PUNGGOL WAY #12-641
Postcode	821315
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	CLEAR
Road Surface	DRY

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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL GENDER: : FEMALE
Passenger 3	NAME: : NIL GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190204/2115 / T/20190204/2117 / F/20190204/7027 /

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	SJX388L
Vehicle Make/Model/Colour	

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)

DETAILS OF INJURED PERSON 1

Name CHEN XING JU

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJX252U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

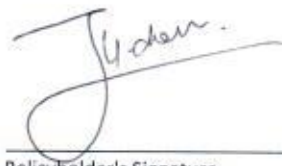
SKETCH PLAN

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 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.
5. 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
- (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:
 - (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.

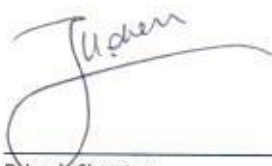


Policyholder's Signature

Date & Time:

7/2/19
12.30pm

GIA/MS Sketch Plan Form 2019

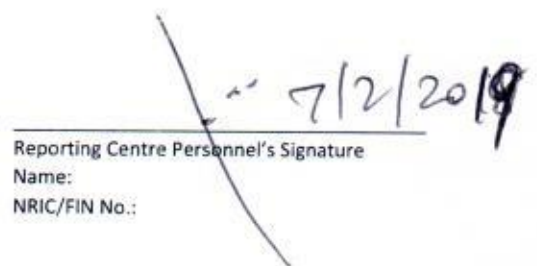


Driver's Signature

(If driver is not the policyholder)

Date & Time:

7/2/19
12.30pm



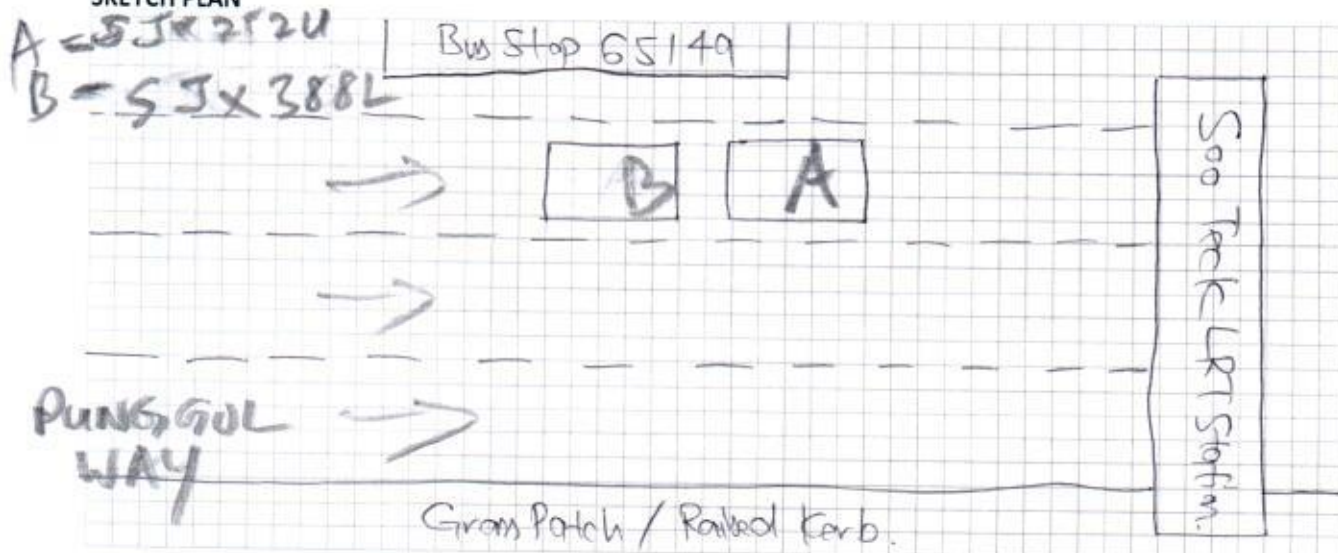
7/2/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, Chen Xing Ju, 58210484D, am the driver of vehicle, SMC78185, together with my 3 passengers, Goh Pei Wen, 59035176A, Chen Yu Zhang Kedric, T1310297F & Chen Yi Xin Ashley, T1537371C at the point of this accident. At around 8.30pm, our vehicle, SMC78185, came to a stop behind a vehicle (In front of Bus Stop no. 65149 along Punggol way). A few seconds later, we felt a strong impact followed by a loud bang from the rear of our vehicle. My son, Kedric Chen, was thrown off the rear seat. His head hit the front passenger seat and fell onto the carpet. My wife was thrown forward by the strong impact with her hand carried daughter, Ashley Chen, and the back of her head hit the rear passenger seat headrest. I was also thrown forward by the strong impact and the back of my head hit the driver seat headrest. On the next day, I brought my son and daughter, Kedric Chen & Ashley Chen, to Raffles Medical @ Raffles Place for a check up. I was given 5 days MC. Separately, my wife went to Raffles Medical @ Changi Business Park for checkup and was given 1 day MC.

— pls Refer to the Police Report —
T/20190204/2115
T/20190204/2117
F/20190204/7027

DECLARATION

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

J. Chen

Policyholder's Signature
Date & Time:

J. Chen

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

[Signature] 7/2/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190204/2115

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20190204/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2019 16:01	Vide Report No.:	Station Diary No.: 175
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Informant's Particulars

Name of Informant: CHEN XING JU			Address: APT BLK 315A PUNGGOL WAY #12-641 SINGAPORE 821315	
ID Type / ID No.: NRIC NO / S8210484D			Contact No.: Home/Office: Mobile: 84888437	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 36	Date of Birth: 12/04/1982	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: MANAGER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/02/2019 20:00	Type of Location: Straight Road
Location: Along Road 1 PUNGGOL WAY				
Near to the bus stop of B/261 Punggol				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJX388L	Car	AUDI		Grey	Seriously Damaged	1
SMC7818S	Car	TOYOTA	HARRIER 2.4G A	White	Seriously Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMC7818S	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800054672	15/05/2018	14/05/2019



**SINGAPORE
POLICE FORCE**



T/20190204/2115

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20190204/2115

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEN XING JU	ID No.	S8210484D
Related Vehicle	SMC7818S (Car)	Contact No.	84888437
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	04/02/2019	Date Discharge	04/02/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 03/02/2019 at about 2030hs, I was driving my vehicle bearing the registration plate number SMC7818S along Punggol Way and was driving along the bus lane. Upon reaching the bus stop of Soo Teck LRT, I slowly came to a stop as in front of my vehicle there was bus. While waiting for the aforesaid bus to move off, suddenly one vehicle bearing the registration plate number SJX388L collided to the rear of my vehicle. I then alighted from my vehicle and checked if anyone was injured.

I wish to state that there were no visible injuries found on us. The driver and I then exchanged particulars and also agreed to proceed with insurance claims.

The bumper of my rear vehicle was seriously damaged.

On the 04/02/2019 at 1200hrs, I felt sore and pain on the my back and the back of my neck.

I am lodging this report for insurance claims.



**SINGAPORE
POLICE FORCE**



T/20190204/2115

3 of 3

Report No. T/20190204/2115

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 1 TENG WEI KANG

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

04/02/2019 16:01

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Classification Of Case:

SN 085

Authentication Stamp
NP168



Signature: 

Singapore Police Force



SINGAPORE POLICE FORCE



T/20190204/2117

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20190204/2117

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2019 16:12		Vide Report No.: T/20190204/2115		Station Diary No.: 181	
Informant's Particulars					
Name of Informant: CHEN XING JU			Address: APT BLK 315A PUNGGOL WAY #12-641 SINGAPORE 821315		
ID Type / ID No.: NRIC NO / S8210484D			Contact No.: Home/Office: Mobile: 84888437		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 12/04/1982	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: MANAGER		Driving Licence Information: Class: Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/02/2019 20:30	Type of Location:
Location: Along Road 1 PUNGGOL WAY				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190204/2117

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20190204/2117

CONTINUATION OF REPORT

Driver			
Name	CHEN XING JU	ID No.	S8210484D
Related Vehicle	NIL	Contact No.	84888437
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LOH TECK YONG	ID No.	S8008960J
Related Vehicle	NIL	Contact No.	85880388
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

Reference to report T/20190204/2115, I wish to add on the other driver in the report.

That is all.



**SINGAPORE
POLICE FORCE**



T/20190204/2117

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20190204/2117

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

F /

Sgt 1 TENG WEI KANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/02/2019 16:12

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Classification Of Case:

SN 085

Authentication Stamp

NP168



Signature: 

Singapore Police Force



**SINGAPORE
POLICE FORCE**



F/20190204/7027

1 of 3

POLICE REPORT (NP299)

Report No. F/20190204/7027

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 04/02/2019 19:19	Vide Report No.	Station Diary No.
Name Of Informant GOH PEI WEN	Address APT BLK 315A PUNGGOL WAY #12-641 SINGAPORE 821315	
ID Type / ID No. NRIC NO / S9035176A	Contact No. Home/Office: Mobile: 81111160	
Nationality SINGAPORE CITIZEN	Email Address gohpeiwen90@yahoo.com.sg	
Occupation Sales and related associate professional nec	Sex Female	Age 28
Institution/School Name	Date of Birth 27/09/1990	Race Chinese
Date/Time Of Incident 03/02/2019 20:30 - 03/02/2019 21:00	Language English	
	Location Of Incident PUNGGOL WAY	

Brief details.

I, Goh Pei Wen,NRIC,S9035176A, was one of the 3 passengers on board vehicle number SMC7818S at the point of this accident. The other 2 passengers were my Son, Chen Yu Zhong Kedric,T1310297F and my Daughter, Chen Yi Xin,T1537371C.

At around 8.30pm, our vehicle,SMC7818S, that my Husband, Chen Xing Ju,S8210484D, was driving came to stop behind a vehicle.(Infront of Bus Stop no. 65149 along Punggol Way). A few seconds later,we felt a strong impact followed by a loud bang from the rear of our vehicle and my Son was thrown

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/02/2019 19:19
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20190204/7027

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190204/7027

off the rear seat. His head hit the front passenger seat and fell onto the carpet. I was thrown forward by the strong impact with my hand carried Daughter and the back of my head hit the rear passenger headrest.

On the next day, 04-02-19, my husband brought my Son and Daughter to Raffles Medical @ Raffles Place for a check to ensure that they are okay. I separately went to Raffles Medical @ Changi Business Park for my neck and back pain and was given a 1-day MC.

Subjects Involved			
Victim			
Person Name	GOH PEI WEN		
ID Type	NRIC NO	ID No	S9035176A
Gender	Female	Age	28
Race	Chinese	Language	English
Occupation	Sales and related associate professional nec	Address Type	
Address	APT BLK 315A PUNGGOL WAY #12-641 SINGAPORE 821315	Mobile No	81111160
Is Informant A Victim?	Yes		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

04/02/2019 19:19

Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20190204/7027

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190204/7027

Person Name	GOH PEI WEN (Informant)
-------------	-------------------------

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/02/2019 19:19
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

28 Jun 2018

Our ref 2806180203N057018665

CHEN XING JU
APT BLK 315A PUNGGOL WAY
#12-641
SINGAPORE 821315

Dear Sir/Madam

NOTIFICATION ON SUCCESSFUL REPLACEMENT OF VEHICLE REGISTRATION NO. SJX252U WITH VEHICLE REGISTRATION NO. SMC7818S

You may be pleased to know that your application of 28 Jun 2018 for replacement of registration number is approved.

2. The details of the vehicle after the transaction are as follows:

Vehicle Registration No. : SMC7818S (Previously SJX252U)
Vehicle Make : TOYOTA
Vehicle Model : HARRIER 2.4G A
Chassis No. : ACU300110602
Engine No./ Motor No. : 2AZB433848 / -

3. Please change the number plates on your existing vehicle (ie. Chassis No. : ACU300110602, Engine No./ Motor No. : 2AZB433848 / -) to display the new/ replacement registration number, SMC7818S by 01 Jul 2018. It is an offence to keep or use a vehicle without displaying the correct vehicle registration number assigned. The penalty for first offence is a fine not more than \$1,000 or imprisonment of not more than 3 months. For second or subsequent offence, the fine is not more than \$2,000 or imprisonment of not more than 6 months.

4. Please contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any questions. You can either quote the Business Transaction Reference No. 20180628121749909986 or the vehicle registration number when making your enquiry.

Yours sincerely

NG LAY CHOO (MS)
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS
VEHICLE SERVICES GROUP
LAND TRANSPORT AUTHORITY

(This is a computer-generated notice that requires no signature.)

From 15 February 2017, you do not need to display road tax disc on the windscreen of your vehicle. LTA has stopped issuing physical road tax discs as part of our efforts to streamline our processes. Please ensure that your original motor insurance certificate is readily available in your vehicle at all times. If you are driving into Malaysia, you are advised to carry printed proof of the validity of your road tax in your vehicle.

Reported on 7/2/2019
@ 1335 HRS

ACCIDENT STATEMENT

ACCIDENT DATE: (03/02/2019) (DD/MM/YYYY), TIME: (20:15) (HH:MM)

LOCATION: Along Punggol Way (In front of Bus Stop 65149)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SME 78185 SJX 252 TU
b) INSURANCE COMPANY: AIG
c) POLICY NUMBER: 1800054672
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Harrier
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Loh Teck Yong (Luo Derong) (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8008960J CONTACT: 85880388
c) ADDRESS: 312A, Sunang Link, #09-185, Spore 821312

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (28/03/1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) OWNER
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS Clear)

b) ROAD SURFACE: (DRY / WET / OTHERS Dry)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Sengkang N.P.C & Ang Mo Kio Division HQ

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SME 78185 MODEL: SJX 388L
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Vehicle number plate change old - SJX 2524
New -

email = Kennethchenxingju@gmail.com

fax = 68442641

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8210484D



Name
CHEN XING JU

陳 星 聚

Race
CHINESE

Date of birth
12-04-1982

Sex
M

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8210484D

Name
CHEN XING JU

Birth Date 12 Apr 1982

Issue Date 22 Sep 2011





002002629D

4722705



NRIC No. S8210484D



Date of issue
29-04-2011

APT BLK 315A PUNGGOL WAY #12-641
SINGAPORE 821315

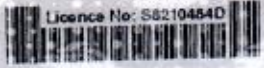
NRIC No. S8210484D Date: 20/09/2016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	01 Aug 2000
Class 2A Motorcycles between 201 cc and 400 cc	23 Aug 2001
Class 3 Motor Cars <= 3090kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	10 Apr 2002

NP 428A

Licence No: S8210484D





CERTIFICATE OF INSURANCE

AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : CHEN XING JU
Period of Insurance : 15 May 2018 To 14 May 2019
Engine No. : 2AZB433848
Chassis No. : ACU300110602

Vehicle No. : SJX252U
Policy No. : 1800054672
Endorsement No. :
Issued Date : 15 May 2018

ABOUT THE COVER

Make/Model : TOYOTA HARRIER 2.4
Engine Capacity/Tonnage : 2,362.00 CC
Driver Restriction : NA

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2010
Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

a) The Policyholder

b) Any other person who is driving on the Policyholder's order or with his/her permission.

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

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 hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, 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, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

CHEN XING JU

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, 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: SING INVESTMENTS & FINANCE LTD

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).

0504615000

COSMO INSURANCE AGENCY PTE LTD
210 TURF CLUB ROAD LOT A16, THE GRANDSTAND
SINGAPORE 287995

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. Anil

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

Cosmo Insurance Agency Pte Ltd