5 . per of 1 . 25" NATIONAL Assessment Centre Services. MNA 119026616. [seef | Jan'03] Done by Date & Time Completed Job description Date In: 26 12 119 13:54 SAS c-filling Ref No: MAI HE AIG 1900 3578144 E-mall (within Shrs, AIC 2hrs) Veh No 568 5311C I-Motor Claim Form DOA 25 12/19 21:30. I-Motor W/O (Within; OD 2hrs, TP 4brs) (1) (D) Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Proformed Wksp / INC Assign Wksp / QW: ()/Non-INC (Veh No: TP Particulars: JQT 4 23.7.) Tcl: Owner / Driver: (1 Cover Type: (Period: (Policy No: (Date: Confirmed by : (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: (Warranty: YBS ()/NO(Year of Registration: ()/\$2,000 (Loading: \$1,000 (Excess: (\$ General Remarks 5 % See Edge Bre Call Control of the Control of th) Walle-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. : to e-mail Insurer URGENTLY.) Total Loss Case) ; Towing Co: () / NO (); Invoice: YES ()/Towed-In (Drive-In (Itembeles (INC hothics 6788 6616) Season and 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury : MA1901511 30.00 1) AR : Acadent Reporting (530); Chimant's Particular is INC (\$80) 2) DA : Damego Assessment \$40/\$43 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) \$30 Por claiming against INC Only (wef 10 Jan 2005) Contact No: \$75 6) TR : Re-inspection \$160 Damaged Portion: 7) N1 : Idao DA + SMRT Survey 5) NTUC Additional Services:-23 QC Checked by (Engr-In-Charge): *NS: Courtesy Car / Tpt Allowance 510 *N6: Repair Cu-ordination \$25 *N7: Post Repair Inspection Auditors Comments 33 +N8: DV / Collect Excess Coordination TP (NII): TP (Non INC) against INC \$20 2at. 1: 9) N12: Idao Mobile Fee Charged Involve dated

Invoice dated

Fee Charged

SINGAPORE ACCIDENT STATEMENT

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.
- Information provided must be as truthful and accurate 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.
- 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	26/02/2019 13:54
Date Of Accident	25/02/2019 21:30
Exact Location Of Accident	ALONG KJE TWDS CHOA CHU KANG WAY FILTER LANE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGP5311C
Insured/Policyholder	
Name Of Registered Owner	CHRIS ANTHONY LAWRENCE
NRIC No	\$75386411
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96946527
Alternative Phone No	OFFICE-96946527
Vehicle Particulars	
Manufacturer	FORD
Model	FOCUS 1.6
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	2100489101-02
Cover Note Number	
Driver	
Name of Driver	CHRIS ANTHONY LAWRENCE
NRIC No	S7538641I
Date Of Birth	12/11/1975
Occupation	INDOOR
Date Of Driving Pass	07/11/2006
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96946527
Fax Number	CONTRACTOR AND THE CASE TO STOCK OF A DESCRIPTION OF A DE
Contact Number	OFFICE-96946527
EMail Address	NOEMAIL

Address

BLK 688B CHOA CHU KANG #19-324

Postcode

682688

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

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

YES

Foreign Vehicle Registration Number

JQT4237 (COMMERCIAL VEHICLE)

Number of vehicles (including own vehicle) involved in the accident

3

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

YES 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)

1

Details of Police Action

Was the accident reported to the police? If Yes, Please state which Police Station

YES

Police Station Name

BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 42 FAJAR ROAD, POSTCODE: 679005, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-8929999 - FAX NO: 67673650

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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

JQT4237

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

ONG CHONG HUAT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SHD9440M

TAXI

TOW KIM HIN

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

CHRIS ANTHONY LAWRENCE

NECK, KNEE, SHOULDER, RIGHT WRIST

SGP5311C

YES

NO

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.
- 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)
 - (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

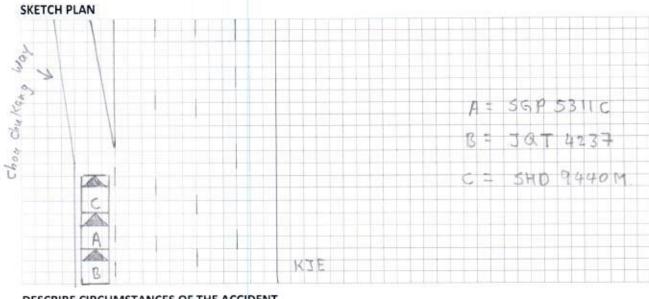
Date & Time:

24/2

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	+0	Police	Report	
			7		

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

1 of 4 Report No. T/20190226/2003

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 00:46	/lade:	Vide Report No.: J/20190225/0154	Station Diary No.			
Informa	nt's Partic	ulars					
Name of	Informant:		Address:	Address:			
CHRIS ANTHONY LAWRENCE		APT BLK 688B CHOA CHU KANG DRIVE #19-324 SINGAPORE 682688					
ID Type / ID No.:		Contact No.:					
NRIC NO / S7538641I		Home/Office:	Mobile: 96946527				
National SINGAP	ity: ORE CITIZ	EN .	Email:				
Sex: Male	Age:	Date of Birth: 12/11/1975	Type of Informant:				
Race: Ceylonese		Language: Institution / School Na					
Occupation: MANAGER		Driving Licence Inform	nation:				

seneral Infor	mation of the Accident	THE PROPERTY OF		Maria Maria Maria
Type of Accident:	Attended by Police	Drink Drive: No	Date/Time of Accident: 25/02/2019 21:30	Type of Location: Bend
Location: Along Road 1 KRANJI EXP CHOA CHU F Along KJE too Weather: Clear	RESSWAY	ay, Filter lane Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way	(8)	Traffic Control: Not Controlled	1.0	Traffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Head To R	ear		Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JQT4237	PICK UP TRUCK				Seriously Damaged	1
SGP5311C	Car	FORD	FOCUS HB TITANIUM 1.6 TI-VCT A/T 5DR	Blue	Seriously Damaged	0
SHD9440M	TAXI				Seriously Damaged	1





100220/2000

2 of 4

Report No. T/20190226/2003

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGP5311C	AIG ASIA PACIFIC INSURANCE PTE.	2100489101-02	26/11/2018	25/11/2019

Details of Person	n Involved					
Any Pedestrian In	volved: No					
No. of Pedestrian	s Injured: NIL		Use of Ped	estrian	Cross	ing: NA
PICK UP TRUCK						
Name	ONG CHONG HUAT			ID No.		NIL
Related Vehicle	JQT4237 (PICK UP TR	UCK)		Contact No.		98515857
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	narge	NIL	
	1.01.01	VIL	Degree of		Serio	us
Driver		THE PARTY		450	1115	
Name	CHRIS ANTHONY LAV	VRENCE		ID No.		S7538641I
Related Vehicle	SGP5311C (Car)			Conta	ct No.	96946527
Hospital/Clinic	NIL			Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	
	7.77	NIL	Degree of Injury Slight		t	
TAXI	The state of the s					
Name	TOW KIM HIN			ID No.		S2627182G
Related Vehicle	SHD9440M (TAXI)			Conta	ct No.	94264460
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
		NIL	Degree of		NIL	





T/20190226/2003

Report No. T/20190226/2003

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

CONTINUATION OF REPORT

Brief Details.

On 25th Feb 2019 at about 2130, I was driving my vehicle (SGP5311C) along lane 5 of KJE towards Choa Chu Kang Way while entering the filter lane. All of a sudden, a Malaysian Pick up Truck (JQT4237) collided against the rear of my vehicle. I tried to step on my brake however, the impact was to great that it had force my vehicle to collide with another Taxi (SHD9440M) which was in front of me. All of us then get down of our vehicle and exchange particulars. The driver and passenger of the Malaysian Pick up truck was injured and conveyed to NTFGH. I am injured on my neck, knee and shoulder, right wrist and had seek treatment at neighborhood clinics however they informed that I will need to proceed to A&E instead for check up. Police and ambulance attended to my scene. There is no CCTV in my vehicle.





Police Station Of Origin: Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

CONTINUATION OF REPORT

4 of 4

Report No. T/20190226/2003

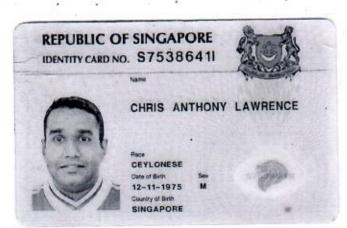
Sketch Plan

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: J / Sgt 2 AUSTIN TAN RI QUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/02/2019 00:46
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:











CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: Chris Anthony Lawrence

Period of Insurance

: 26 Nov 2018 To 25 Nov 2019

Engine No.

: FL47705

Chassis No.

: WF05XXGCC5FL47705

Vehicle No.

Issued Date

: SGP5311C

: 2100489101-02

Policy No.

Endorsement No.

: 13 Nov 2018

ABOUT THE COVER

Make/Model

: FORD FOCUS 1.6

Engine Capacity/Tonnage: 1,596.00 CC

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2015

Insuring with COE/PARF : Yes

Driver Restriction

: NA

Person or Classes of Persons Entitled to Drive*:

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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition

: 30 years old and above

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.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 96 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)

Chris Anthony Lawrence - \$600 (Own Damage), Tham Zhao Ru - \$600 (Own Damage)

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

Approved Reporting Centres/AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine 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: DBS BANK LTD

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

0502263000

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SAFE HARBOUR ASSURANCE AGENCY BLK 208 HOUGANG ST 21 #04-207

SINGAPORE 530208

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Mourite

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE