

NATIONAL Assessment Centre Services.

(part 1 Jan 2005)

MA1901717

Date In: 05/02/2019 15:00	Job description	Date & Time Completed	Done by
Ref No: MA190171700403914	SAS e-filing		
Veh No: 2725934	E-mail (Before 2hrs, A/C 2hrs)		
D.O.A: 05/02/2019 09:00	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SFC-7448J	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 repaler.

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

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

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time Assigned: _____

MA1901717	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)	
Contact No:	3) TP: Towing Fee \$40/\$43	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
	5) YT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: (See DA + SMRT Survey) \$160	
	8) NTUC Additional Services:	
	OD:	
	*NG: Courtesy Car / Tpr Allowance \$3	
	*NG: Repair Co-ordination \$10	
	*TP: Post Repair Inspection \$23	
	*NG: DV / Collect Excess Consolidation \$5	
	TP (NI) : TP (Non INC) \$30	
	NI: 18cc Mobile	
	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	05/03/2019 15:00
Date Of Accident	02/03/2019 09:00
Exact Location Of Accident	BUKIT BATOK STREET 25
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT2593U
Insured/Policyholder	
Name Of Registered Owner	ANG WEN HUI, DESMOND
NRIC No	S8636326G
Email Address	WENHUI1312@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81283347
Alternative Phone No	OTHERS-81283347

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3-1.6 (A)
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	1700069490-01
Cover Note Number	

Driver

Name of Driver	ANG WEN HUI, DESMOND
NRIC No	S8636326G
Date Of Birth	23/12/1986
Occupation	INDOOR
Date Of Driving Pass	13/12/2007
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81283347
Fax Number	
Contact Number	OTHERS-81283347
Email Address	WENHUI1312@GMAIL.COM

Address	BLK 706 PASIR RIS DRIVE 10 #09-155
Postcode	510706
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
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)	2
Passenger 1	NAME: : SON GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190302/2102

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFC7448J
Vehicle Make/Model/Colour	TOYOTA COROLLA
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

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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:

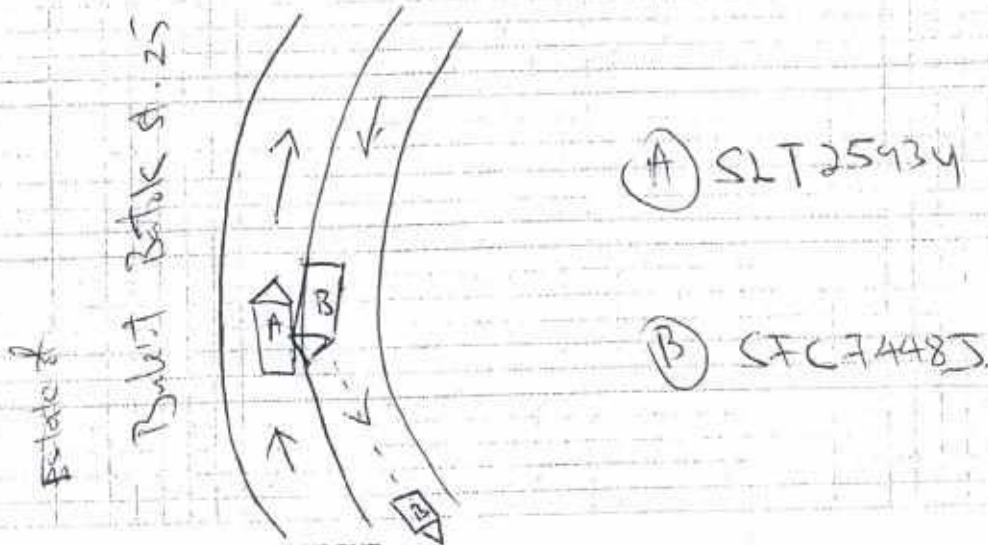


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No. 

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As Police Report - 7/20190302/2102

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
Name: *Joseph Lim*
NRIC/FIN No.: *05/03/2019*



**SINGAPORE
POLICE FORCE**



T/20190302/2102

1 of 3

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20190302/2102

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2019 15:06	Vide Report No.:	Station Diary No.: 91
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Informant's Particulars

Name of Informant: ANG WEN HUI, DESMOND			Address: APT BLK 289C BUKIT BATOK STREET 25 #05-182 SINGAPORE 652289	
ID Type / ID No.: NRIC NO / S8636326G			Contact No.:	Mobile: 81283347
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 32	Date of Birth: 23/12/1986	Type of Informant: Driver	
Race: Chinese		Language: English		Institution / School Name:
Occupation: SENIOR MANAGER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/03/2019 09:00	Type of Location:
Location: Along Road 1 BUKIT BATOK STREET 25				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFC7448J	Car					0
SLT2593U	Car	KIA	CERATO K3 1.6A SUNROOF	Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20190302/2102

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

2 of 3

Report No. T/20190302/2102

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT2593U	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700069490-01	24/10/2018	23/10/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANG WEN HUI, DESMOND	ID No.	S8636326G
Related Vehicle	SLT2593U (Car)	Contact No.	81283347
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 02/03/19 at about 0900hrs, I was travelling inside the estate area of B/289 Bukit Batok Street 25. While driving, there was another car driving on the opposite lane. The car was almost coming into my lane. Thus, I stopped. Suddenly, I felt the car hitting my driver side rear passenger door and my bumper. After which, I noticed that the car was driving away. I then got out of the car and tried chasing the car. However, the car drove away. I did not suffer any visible injuries. However, I feel slight pain on the right side of my neck and shoulder.



**SINGAPORE
POLICE FORCE**



T/20190302/2102

3 of 3

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20190302/2102

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:

J /

Staff Sgt S VIKNESHVARAN S/O
SUBRAMANIAM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Contact No.:

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

02/03/2019 15:06

Classification Of Case:

Date of Accident

: 23/19. Accident Time: 0900 (24-HR-FORMAT)

Accident Place

: Bukit Batok street 25

Vehicle Reg. No (Car plate No.)

: S2T 25934

Vehicle Make/Model

: KIA Cerato K3

Insurance Company

: A.I.G. Policy No. 1700069490-01

Owner or Company Names /IC NO:

: Ang Wen Hui, Desmond S863632/G.

Owner or Company Contact No.

: 81283347 Owner's HP _____ Company Tel _____

DRIVER'S Name & IC no.

: As above

DRIVER'S Date of Birth

: 23/12/1986 DRIVER'S License Pass Date 18/7/1972

Relationship bet. Owner & Driver

: Spouse \ Parents \ Children \ Sibling \ Employee \ Others:

DRIVER'S Address

: 31K Fob Pasir Ris Drive 10, #109-155, S(510706)

DRIVER'S Contact No./ Alt No.

: 1) 81283347 2) _____

DRIVER'S Occupation

: INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address

: Wenhui2312@gmail.com

Weather & Road Surface

: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type

: Reporting Only \ Claim Other Party \ Claim Own Ins

Number of Passengers (including Driver):

2

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No:

SFC 74485

Vehicle Make/Model:

Toyota Corolla

Name DRIVER:

IC No. DRIVER:

DRIVER'S Contact & add:

Vehicle Reg No:

Vehicle Make/Model:

Name DRIVER:

IC No. DRIVER:

DRIVER'S Contact & add:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8636326G



Name

ANG WEN HUI, DESMOND

洪文輝

Race

CHINESE

Date of birth

23-12-1986

Sex

M

Country/Place of birth

SINGAPORE

S8636326G



NRIC No. S8636326G



Date of issue

18-12-2017

APT BLK 289C BUKIT BATOK STREET 25 #05-182
SINGAPORE 852289

NRIC No: S8636326G

Date: 25/07/2018

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8636326G

Name: ANG WEN HUI, DESMOND

Birth Date: 23 Dec 1986

Issue Date: 13 Dec 2007



001552072A

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8636326G

Name:

ANG WEN HUI, DESMOND

Birth Date: 23 Dec 1986

Issue Date: 13 Dec 2007



001552072A

CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : ANG WEN HUI, DESMOND
Period of Insurance : 24 Oct 2018 To 23 Oct 2019
Engine No. : G4FGHH678908
Chassis No. : KNAFZ411MJ5741011

Vehicle No. : SLT2593U
Policy No. : 1700069490-01
Endorsement No. :
Issued Date : 20 Sep 2018

ABOUT THE COVER

Make/Model : KIA Cerato K3 1.6 SX
Engine Capacity/Tonnage : 1,591.00 CC
Driver Restriction : NA

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2017
Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

a) The Policyholder
or
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.

Loss of Use 1500cc - 1600cc

* 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)

ANG WEN HUI, DESMOND - \$600 (Own Damage)

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

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65664501
2. Cycle & Carriage Authorised Service Centre Add: 241 Alexandra Road Singapore 159931 64278800
3. Cycle & Carriage Authorised Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

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 360 Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

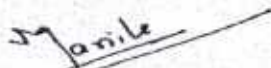
Hire Purchase Company/Employer's Loan: MayBank

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).

0500709915

CYCLE & CARRIAGE - GRACIE (KIA)
239 ALEXANDRA ROAD
SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSOF42