		i . per ct	7.
NATIONAL Assessment Ce.	ntre Services.   wet 1 Janos N	14119051590	7/1 /4
Date In: 87)17-16:50	Jeb description	Date &Time Completed	Done by
Ref No: 41/11/19/00/29/1/24	SAS e-filing		
Veh No: VICGY 270H	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 7/3/19-18:13	i-Motor Claim Form	4	
OD : TP ' Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4brs)	
OD: (1) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
17 insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(	Tol: Fa	x:
TP Particulars: Veh No: F	BKIGARY . INC (	)/Non-INC( )	
Owner / Driver: (	9(3)	Tel:	)
Policy No: ( )	Period: ( )	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %	Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-10	0%]
	Warranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: 5	\$1,000 ( )/\$2,000 ( )		
General Remarks;-		L. V. S. S. S. S. S.	200 8
( ) Walk-In Customer : Customer's			~
( ) Total Loss Case : to e-mail Ins		's	
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		towning co. (	,
Remarks: (INC hotline: 6788 6616	Date: The territory of the M	Date&Time Completed	Done by
	/ Courtesy Car ( )		
2) QC Check / Post Repair Inspection	( )		
3) Upload Resurvey Photo [Repair Cost>	\$3000] ( )	-	
Injury:			
Date/Time Actions		Sections	
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aumant's Particulars :-	1) AR : Accident	the state of the s	
iver/Owner:	2) DA : Damage 3) TF : Towing F	Assessment (\$100); INC (\$80)	
	4) FT : Follow-T	hrough Survey \$1	The second secon
ntact No:		hrough Survey (Resurvey) 5: gajnst INC Only (wef 10 Jan 2005)	30
maged Portion:	6) TR : Re-inspec	tion 5	75
	7) N1 : Idao DA · 8) NTUC Additio	The second secon	50
Checked by (Engr-In-Charge):	OD*		
, ,	*N5: Courtesy  *N6: Repair Co		10
ulitors! Comments :-	*N7: Fost Repo	nir Inspection \$7	25
1:		lect Excess Coordination (Non INC) against INC \$3	20 -
	9) N12: Idao Mol	pile 3	00
2/3:	Invoice dated Invoice dated	Fee Charged Fee Charged	salah
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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 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

A		C 17 //		1-13	
ACC	DENT	SIA	I EIV	IE IV	
			_		•

Date Of Report 08/03/2019 16:50
Date Of Accident 07/03/2019 18:10

Exact Location Of Accident PIE (TUAS) NEAR STEVEN RD EXIT

Country/State of Loss SINGAPORE

**DETAILS OF OWN VEHICLE** 

Vehicle Registration Number SKG4730H

Insured/Policyholder

Name Of Registered Owner PANG JIUNN YI ANDERSON

NRIC No S8114678J Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-96389754

 Alternative Phone No
 OFFICE-96389754

Vehicle Particulars

Manufacturer KIA

Model CERATO FORTE 1.6(M)

Exact Purpose for which vehicle was being used at time of accident WORKING

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 1800097713

Cover Note Number

Driver

 Name of Driver
 TAY AI WEI

 NRIC No
 \$8040118C

 Date Of Birth
 26/12/1980

 Occupation
 INDOOR

 Date Of Driving Pass
 25/09/2003

Driving Experience 15 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-93376978

Fax Number

Contact Number OFFICE-93376978

EMail Address NOEMAIL

Address

BLK 249 TAMPINES STREET 21

#02-546

Postcode

520249

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

21175

Insurance Company of Driver's Own Vehicle

33

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

YES

Foreign Vehicle Registration Number

JKU7107 (PRIVATE CAR)

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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?

YES

If Yes, Please state which Police Station

Police Station Name

CHANGKAT NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 109 TAMPINES STREET 11 #01-261, POSTCODE: 521109,

**COUNTRY: SINGAPORE** 

Police Station Contact

TEL NO: 1800-7819999 - FAX NO: 67832722

Was notice of intended Prosecution given?

If Yes, against whom?

NO

### Circumstances of Accident

REFER TO POLICE REPORT - T/20190307/2136.

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

FBK1972G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

JKU7107

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)

PRIVATE CAR

### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 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:
  - 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

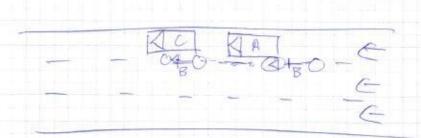
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne's Signature

Name:

NRIC/FIN No.:



Veh A Shk4730 H.
Veh B F B K 1972 G.
Veh C J KU 7107.

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was diving along the 1st lave from the right of DIE (Jorong). Somewhere plean stevens poly road, as I was diving straight and in my lane when I felt an impact from my left hand portion and I sam a motorcycle collided into my vehicle and went in to collide into the vehicle C ahead of one. After the accident I alighted to see that veh B had collided into my whole left nand portion from the war to the front and collided into vehicle C chead of me - I did not collide into vihible C. Heave I wan nowly! In an account of S vehicles.  Veh A - Gigk 4770 H  Veh B - 78x 1972 G  Veh C - JKV 7107.	
oned I saw a motorcycle collided into my vehicle and went of to collide into the vehicle ( ahead of me. After the accident I alighted to see that veh B had collided into my whole left nand portion from the near to the front and collided into vehicle ( chead of me - I did not collide into vihile ( - Henre I wan noolve in an accident of 3 vehicles.  Veh A - SGK 4730 H  Vih B - 78K 1972 6	I was diving along the 1st lave from the right of DIE (Juroup)
oned I saw a motorcycle collided into my vehicle and went of to collide into the vehicle ( ahead of me. After the accident I alighted to see that veh B had collided into my whole left nand portion from the near to the front and collided into vehicle ( chead of me - I did not collide into vihile ( - Henre I wan noolve in an accident of 3 vehicles.  Veh A - SGK 4730 H  Vih B - 78K 1972 6	Somewhere near stevens Rd road, as I was driving straight and
and I saw a motorcycle collided into my vehicle and went in to collide into the vehicle ( ahead of me. After the accident I alighted to see that veh B had collided into my whole left hand portion from the war to the front and collided into vehicle ( whead If me - I did not collide into vehicle ( thead I man accident of 3 vehicles.  Went A - 69k 4730 H  Veh B - 78k 19724	
in to callide into the valuable ( ahead of me. After the accident adjusted to see that value B had collided into my whole left hand portion from the war to the front and collided into value C thead of me - 1 did not collide into value C - there I wan wolve in an accident of 3 valuables.  Well A - 66k 4730 H  Value B - 78k 19724	and I saw a motorcycle collided into my vehicle and went
l alighted to see that veh B had collided into my whole left hand portion from the war to the front and collided into vehicle C themse I wan wolve in an account of 3 vehicles.  Veh A - 69k 4730 H  vih B - 7BK 19724	on to callide into the vehicle cahead of me. After the acider
nand portion from the war to the front and collided into value C thead of me - 1 did not collide into value C - Hence I wan notice in an account of 3 vehicles.  Veh A - 69k 4730 H  vih B - 78k 19724	
wolve in an account of 3 vehicles.  Veh A - 69k 4730 H  vih B - 78k 19724	
vih B - 7BK 19724	
Veh A - 69k 4730 H vih B - 78k 19729	
vih 8 - 78× 19724	
vih 8 - 78× 19724	MI A ALLTINA
veh C - JKU 7107.	VIL 8 - 78K 19729
	veh C - JKU 7107.

### 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:

NRIC/FIN No.:

GIANLE EXECUPEOCOCCU VS

Date of Accident	: 7- Mar - 2019 Accident Time: 18 10 hrs (24-HR-Format)
Accident Place	: PIE(Jurong) steven Rd exit.
Vehicle. No. (Car Plate No.)	: SGK 4730H Make/Model: KIA Gerato.
Insurace Company	: A16. Policy No: 1800097713
Owner or Company Name /IC No.	: Pang Jiunn Yi, Anderson (S8114678J)
Owner or Company Contact No.	:96389754 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Tay Ai Wei (\$8040118C)
DRIVER'S Date Of Birth	: 26 12 1980 DRIVER'S License Pass Date 25 9 2003
Relationship of Owner & Driver	Spouse Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	:BIKZ49 Tampines Street 21 # 02-548 Spore
DRIVER'S Contact No./ Alt No.	:1) 93376978 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	sales@mia.com.sg
Weather & Road Surface	CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river): 01-Diver.
Was there any video Captured by ca Exact purpose for which vehicle wa Any Injury (If YES, Pls state):	s being used at the time of accident: Private use \ Work purpose
Other I	Party Driver's Particular (if any)
Vehicle. No: FBK 197.	Vehicle. No: J K U 7107.
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	

\* NEW - Passenger's name & gender:





T/20190307/213

Date of Expiry:

Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No: 1800-7819999 1 of 3 Report No. T/20190307/2136

### REPORT OF A TRAFFIC ACCIDENT

Self employed

07/03/20	e Report 19 19:58	Made:	Vide Report No.:	Station Di 21	ary No.:	
Informar	it's Partic	ulars			200	
TAY AI W	(CTA)		Address: APT BLK 249 TAMPINES 520249	S STREET 21 #02-546 SING	APORE	
ID Type / NRIC NO		18C	Contact No.: Home/Office:	Mobile: 93376978		
Nationality SINGAPO		EN	Email:	) * F.	1, 1 3	
Sex: Female	Age: 38	Date of Birth: 26/12/1980	Type of Informant: Driver			
Race: Chinese			Language: English	e: Institution / School Name:		
Occupation			Driving Licence Information	on:	<del>'</del>	

Class: 3

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 07/03/2019 18:10	Type of Location: Straight Road
Towards Juro	EXPRESSWAY		9-6	
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collisi Between Movi	on: ng Vehicles - Side Sw	ripe - Same Direction		Anyone conveyed by ambulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passanger
FBK1972G	Motorcycle				Slightly Damaged	0
SKG4730H	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA
- New York	Table 1 add that of the said o





Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 S'N GAPORE 521109

Tel No: 1800-7819999

2 of 3 Report No. T/20190307/2136

CONTINUATION OF REPORT

Name	TAY AI WEI	the same are an		TO SERVED	THE PRESENTANCE
PARTICULAR STATE OF THE STATE O	55508	10 to	ID No	),	S8040118C
Related Vehicle	SKG4730H (Car)				A STATE OF THE STA
	CRO4730H (Car)		Conta	ct No.	93376978
Hospital/Clinic	NIL				The Second
			Class Drivin Licen	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NII			/ Date	
No. of Days gran	and Maria and American	Date Disc	harge	NIL	
	ted Medical Leave   NIL	Degree of	Injury	NIL	

### Brief Details.

On the above date, time and location, I was driving along PIE (Pan Island expressway) lane 1, when I saw a motorcycle FBK1972G passed by and knocked onto another vehicle in front of me. The front car, brake to a stop and I also stopped my car. I came out and realized that the left side of the rear bumper had scratches and a crack on the rear light cover. My front car bumper was dislodged from the left and samaged. My left mirror was also damaged. During the point when the motorcycle passed by, I heard something but I did not know that it was the sound of the motorcycle hit onto my car. We exchange particulars and took photo of the damages to my car.





Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No: 1800-7819999

3 of 3 Report No. T/20190307/2136

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: G / Sr Staff Sgt MUHAMMAD IMRAN BIN RAMLI	Signature Of Informant:	
Signature Of Interpreter:	Date/Time:	
Not applicable	07/03/2019 19:58	
Officer In Charge Of Case:	Classification Of Case:	
Staff Sgt WONG SIEU LUI		
Contact No.: 65476151		
Authentication Stamp		
PARTITION TO THE PARTITION OF THE PARTIT		

### IDENTITY CARD NO. S8114678J REPUBLIC OF SINGAPORE



PANG JIUNN YI, ANDERSON (PENG JUNYI, ANDERSON)



彭 俊 Race CHINESE Date of birth 26-05-1981

Sex

SINGAPORE Country of birth







NRIC NO. S8114678J



Date of issue 16-02-2012

APT BLK 249 TAMPINES STREET 21 #02–546 SINGAPORE 520249 SINGAPORE 520249 Date: 05/06/20

NRIC No:

05/06/2018 Date:

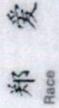


## IDENTITY CARD NO. \$8040118C REPUBLIC OF SINGAPORE



Name

TAY AI WEI





























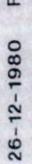


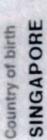


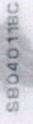




CHINESE Date of birth









NRIC NO. \$8040118C

Date of Issue

20-10-2011

APT BLK 249 TAMPINES STREET 21 #02-546 SINGAPORE 520249 Date:

NRIC No:

S8040118C

05/06/2018

PEPUBLIC OF SINGAPORE DRIVING LICENCE Licence Number: \$8040118C

TAY AI WEI

Issue Date: 25 Sep 2003 Birth Date: 26 Dec 1980

# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

25 Sep 2003

ss 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Licence No. S8040118C

NP 428A



### CERTIFICATE OF INSURANCE

### AUTOVALUE PRIVATE VEHICLE

Name of Policyholder

: Pang Jiunn Yi Anderson

Period of Insurance

: 06 Sep 2018 To 05 Sep 2019

Engine No.

: G4FCCH265968

Chassis No. : KNAFW411LD5664493 Vehicle No.

: SKG4730H

Policy No.

Endorsement No. Issued Date

: 1800097713 : 28 Aug 2018

### **ABOUT THE COVER**

Make/Model

KIA CERATO FORTE 1.6

Engine Capacity/Tonnage : 1,591.00 CC

Sum Insured : Market Value

First Year of Registration : 2012

Driver Restriction

NA

Off Peak Car : No

Insuring with COE/PARF : Yes

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 "Young and/or inexperienced Driver Excess" ("YORT) if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than

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 time or reward, driving test, racing, pace-making, reliability trial or speed-testing. the certiage of goods other than samples in connection with any triale or business or use for any purpose in connection with Motor Triade.

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cep. 189) and Section 95 of the Road Transport Act (Melayse), 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 - 50

Windscreen: \$100

Named Driver and Excess rates applicable:

Pang Jium Yi Anderson

### 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/A/G Authorised Repairers, please contact our 22-ho or A/G SG Mobile Acp. Simply search and download "A/G SG" from ITunes or Google Pay ase contact our 24 hour accident emergency hotine at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.aig

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

I/We hereby partify that the policy to which this Certificate of insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Rieks and Compensation) Act (Cap. 189). Part IV of the Road Transport Act, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia)

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

SINGAPORE 530208

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE