NATIONAL Assessment Centre Services. [wel 1 Jan'03] MNA 119032460 Date In: Date & Timo Completed Done by Jeb description 1113119 14:41 Ref No: SAS c-filling NA/ AIG 190043471 h4 Yeh No: E-mail (within this, AIC 2hrs) ES 7727 G. D.O.A : i-Motor Claim Form 913/19 13:55-I-Motor W/O (Within: OD 2hrs, TP 4brs) OD ? TP ! Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Pax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (Tol Fax: TP Particulars: Vch No: INC ()/Non-INC (FJ 1358 M. Owner / Driver: (Tcl: 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 Reinhelts by Spacetic) Walle-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: (Connects: - 2 (186 hothie: 6798 6616) 8-1) Apply for Transfort Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection .) Upload Resurvey Photo [Repair Cost > \$3000] Injury : W Wad bin Claimant's Particulars; 1) AR : Acadent Reporting (530); 2) DA : Dameye Assessment (5100) NC (\$50) \$40/\$4 Driver/Owner: 3) TP : Towing Fee 4) FT : Pollow-Through Survey \$120 5) PT : Follow-Through Survey (Resurvey) 230 Contact No: Por elaining against INC Only (wef 10 Jan 2005) 575 6) TR : Re-Inspection Damaged Portion: 2160 7) N1 : Idno DA + SMRT Survey 8) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): *NS: Courtesy Car / Tpt Allowance 22 *N6: Repair Co-ordination 510 \$25 * N7; Post Repair Inspection *N8: DV / Collect Excess Coordination 13 'at. 1: TP (N11): TP (Non INC) against INC \$20 30 9) N12: Idao Mobile 31 2/3; Fee Charged Involve dated Fee Charged Involce dated

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 5. Any false reporting may be referred to the Police for investigation.
- 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.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	11/03/2019 14:41
Date Of Accident	09/03/2019 13:55
Exact Location Of Accident	ALONG ANCHORVALE RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	ES7727G
Insured/Policyholder	
Name Of Registered Owner	KWOK PANG FAI
NRIC No	S7706628D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96837824
Alternative Phone No	OFFICE-96837824
Vehicle Particulars	
Manufacturer	KIA
Model	FORTE K3
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	REPORTING ONLY
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 2100431288-03

Cover Note Number

Driver

Name of Driver KWOK PANG FAI NRIC No. S7706628D Date Of Birth 09/03/1977 Occupation OUTDOOR Date Of Driving Pass 02/04/2002

Driving Experience 16 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96837824

Fax Number

Contact Number OFFICE-96837824

EMail Address NOEMAIL Address BLK 351D ANCHORVALE RD #04-227

Postcode 544351

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 SIDE SWIPE 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

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

2

Number of Passengers (Including Driver)

NAME:

: YAP YEN LIEW

Passenger 1

GENDER: : FEMALE

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

ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: Police Station Address

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

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FJ1358M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 17

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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

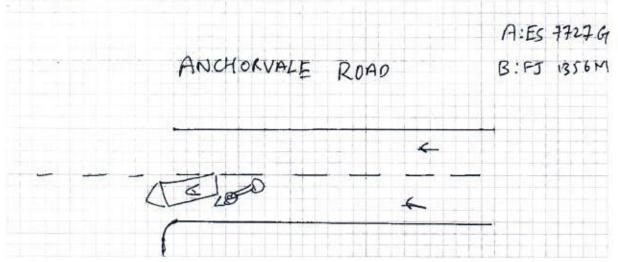
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- L.	(3)	POLICE	OF PORT	- 7/20190	309/2127	
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	/					
				CONTRACTOR OF THE SECOND		
/						
/						

DECLARATION

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

Policyholder's Signature

Date & Time:

nature

Dur

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Date of Accident	: 09/03/19 Accident Time: (3 58 (24-HR-Format)
Accident Place	ANCHORVALE ROAD
Vehicle. No. (Car Plate No.)	ES 7727 G Make/Model: KIA FORTE K3
Insurace Company	AIG Policy No: 2100431288-03
Owner or Company Name /IC No.	KWOK PANG FAI 577066280
Owner or Company Contact No.	9688 7824 Owner's Hp Company Tel
DRIVER'S Name / IC No.	KWOK PANG FAI 577066280
DRIVER'S Date Of Birth	: 09/03/1977 DRIVER'S License Pass Date 02/04/2002
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRJVER 'S Address	BLK 3510 ANCHORVALE ROAD #04-227 \$ (544351)
DRIVER'S Contact No./ Alt No.	:1) 9683 7824 2)
DRIVER'S Occupation	: INDOOR \ OUEDOOR (e.g. working inside or outside office)
Email Address	
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	niver): 02
	ar camera: (ES \ NO is being used at the time of accident: Private use \ Work purpose
D: Other	Party Driver's Particular (if any)
Vehicle No: FJ 1356M	Vehicle. No:
Vehicle Make\Model:	Vehicle MakeWodel:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

* NEW - Passenger's name & gender:

1 female: - yap yen liew



TANKA MARINE TANKA

1 013

Report No. T/20190309/2127

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.: Station Diary No.: 09/03/2019 19:37

09/03/2019 19:37 Informant's Particulars Name of Informant: Address: APT BLK 351D ANCHORVALE ROAD #04-227 SINGAPORS KWOK PANG FAI Contact No.: ID Type / ID No .: Mobile: 96837824 NRIC NO / S7706628D Home/Office: Nationality: Email: SINGAPORE CITIZEN Type of Informant: Age: Date of Birth: Sex: Male 42 09/03/1977 Driver Institution / School Name: Race: Language: Chinese Occupation: Driving Licence Information: Date of Expiry: Singapore Armed Forces personnel Class: 3

General Information of the Accident Date/Time of Type of Location: Non-Injury Drink Type of Others Drive: Accident: Straight Road Accident: 09/03/2019 13:55 Location: Along Road 1 ANCHORVALE ROAD Along Anchorvale Road Road Surface: Road Speed Limit: Weather: Clear Dry Traffic Control: Traffic Flow: Traffic Volume: Traffic Light - Working One Way Light Type of Collision: Anyone conveyed by Between Moving Vehicles - Side Swipe - Same Direction ambulance: No

Details of V	ehicle Involve	d			THE PERSON NAMED IN	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
ES7727G	Car	KIA	FORTE K3 1.6A SX S/R HID	Red		1
FJ1358M	Motorcycle	YAMAHA	RXZ			0

Details of Vehicle Insurance			
Vehicle No. Insurance Company	Insurance No.	Effective	Expiry Date





T/20190309/2127

2 of 3

Report No. T/20190309/2127

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

CONTINUATION OF REPORT

Cetails of V	ehicle Insurance	CANCEL MANAGEMENT OF THE PARTY	A SOFT PROPERTY OF THE PARTY OF	Particular States
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
ES7727G	AIG ASIA PACIFIC INSURANCE PTE.	2100431288-03	06/10/2018	05/10/2019

Details of Perso						
No. of Pedestrian			Use of Pe	destriar	Cross	ing: NA
Driver					4920	
Name	KWOK PANG FAI			ID No		S7706628D
Related Vehicle	ES7727G (Car)			Conta	ct No.	96837824
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	Access to the last of the last	NIL	
the same of the sa	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 09/03/2019 at about 1358hrs, I was driving my vehicle along Anchorvale Road when out of the sudden there was a motorbike drove pass the left side of my vehicle and hit onto the left side of my side mirror. The motorcyclist did not stop his vehicle whereas he continued to drive away.

I retrieved my car in-view camera rear and front footage and managed to capture the motorcycle's plate number.

No police or ambulance attended to my incident. I am lodging this report for police investigation purposes.





3013

Report No. T/20190309/2127

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

NP168

Informant is not able to provide sketch plan

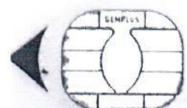
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Date/Time: 09/03/2019 19:37
Classification Of Case:



SINGAPORE ARMED FORCES

IDENTITY CARD



KWOK PANG FAI



NRIC No \$7706628D

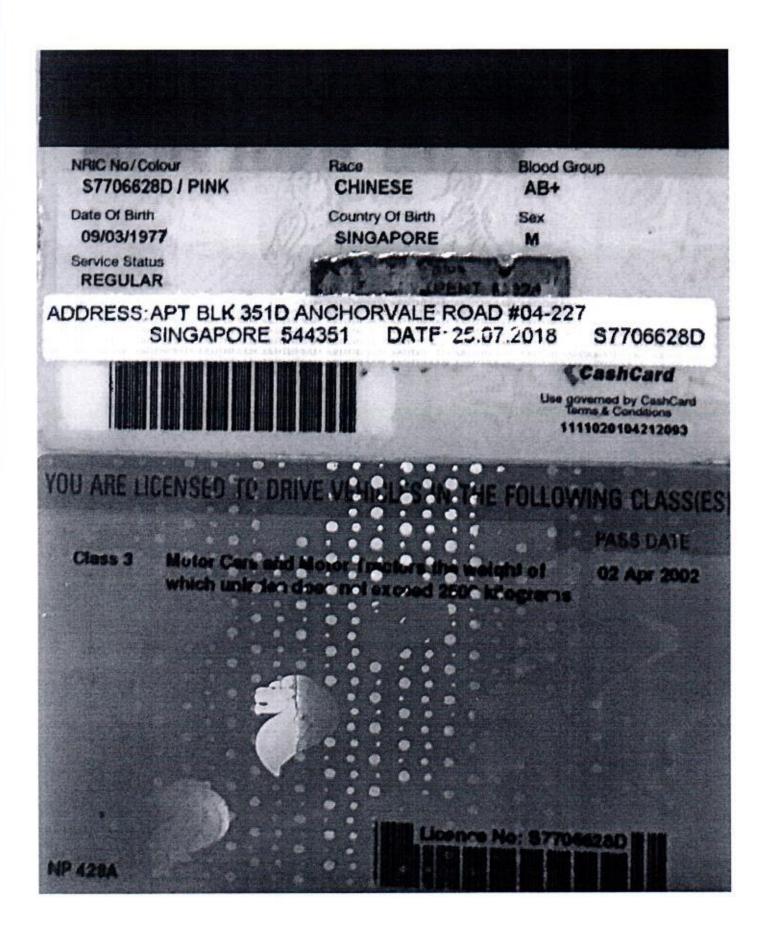
Name





This card is the property of the Singapore Armed Forces. Any person finding this card is requested to torward it without delay to Central Manpower Base or any Police Station.







CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: Nwox Pang Fai

Period of Insurance

: 00 Ckt 2018 To 05 Oct 2019

Engine No

: G4FGFH777837

Chassis No

: KNAF Z411MF 5452623

Vehicle No.

: ES7727G

Policy No.

2100431288-03

Endorsement No.

Issued Date

: 13 Sep 2018

ABOUT THE COVER

Make Model

KIA FORTE K3 1.6 A SX

Engine Capacity Tonnage 1,591 00 CC

Sum Insured

Market Value

First Year of Registration

2015

Driver Restriction

NA

Off Peax Car

No

Insuring with COEPARF

Person or Classes of Persons Emblied to Drive"

1 Min

as the Province Andrew Province or the Published area or and area habes personal and the Published Province or any Automobile and the Published Province or any Automobile and their ordy for the Published Province or any Automobile and their ordy for the Published Province of the Published Province or any Automobile and Automobile Andrew Province or any Automobile and Automobile Andrew Province or any Automobile and Automobile Andrew Province or Automobile Andrew Province Order Andrew Province Or

the transfer of the service of the State of

Age Condition

: All Age Condition

Limitation as to use"

Uses only he have discrete and pressure purposes and for the Policyholder's business. The Policy disease cover use for time or recently emeng turns, should be true or recently emeng turns of the property of production of the connection with any trade or business or the for any purpose or positionally findle

Loss of Use 1500cc - 1600cc

* Extractions removed responsive try Section B of the Motol Vehicles (Third Pump Hake and Companyous) Act (Cap. 189) and Section 95 of the Road Transport Act, 1967 (Minarism), are red to be reclaimed under these Newslands

EXCESS

Fire - \$3 Own Damage - \$500 Theft - \$3 Front Cover - \$0

Section 2 Property Damage - 50

Windscreen: \$100

Named Driver and Excess (www.square)

Kwee Pangita Seco (Own Darrege)

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

1 Oprio & Camuje Body & Part Centre, App. 205 Partain Gut to 9 Singapore (09020-0566401). 2 Cyras & Camuje Authorises Schice Cantre, App. 241 Alcost of News Striggeom 158831 (421629). 3 Cyras & Camuje Authorises Sensis Cantre (fin) windown darmonly). App. 333 Up. Re 3 Singapore Extensions.

For other Approved Reporting Companied Authorised Happines, please contact our 34 year account of or Arts SC Models App. Samply wants and sourcess "Arts 5:0" from (Tunes or Google Ples.

MPORTANT NOTES

Hiro Purchaso Company Employer's Loan: MayBank

file hereby cently that the policy to which this Committee of Insurance release to tested in accordance to the Hunt Transport Act, 1967 (Massault and Mater Valuetos (That Party Robe) Rules, 1974 (Material)

0500109274

EYELE & CAPRIAGE - ALTHAN KIA)

CACH ANGHAR PC

SHIGAPORT 1594%

Incommon by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

Scanned with CamScanner