NATIONAL Apsessment Centre	Services. will	Januar. M	MA 49045	866	
Dute In: 08/08/2019 14:45	Job description		te &Time Completed	d . Donot	y'
Ref No: 418A/AGGED 61611	SAS c-filing		***		723
Veh No. SGC 7740C	E-mallytjele shis, A	ic thrs)			
0.01:07/04/2019 15:15	I-Motor Claim I'o			1	
OD (TP)! Reporting Only ::	I-Motor W/O (win	hiet OD 2hrs, TP 41	m):. ::		!
Cos (Constant Conty	I-Photo Uploaded		*1.		
'TP Insurer:	Assessment/Survey	Report			
12.4119191	Ass't Report by Pay	/Hind to Ow	ner/Wksp		Designation of
Proferred Wksp / INC Assign Wksp / QW: (		To	lı .	Fax:	1
TP Panticulars: Veh No: 180	71156.	INC( , )	Non-INC().		
Owner / Driver: (		T			
Policy No: ( ) Perio	od: (	) Cov	er Type: (	),	
Confirmed by a		iter,	Timer	)	
	ote-Est. Status (WO):		P: 21-79%, P: 80	0-100%]	
The state of the s		ио()			
Excess: (\$ ) Londing: \$1,00	0 ( ) / \$2,000 (	) ************************************	REPORTED TO CHARLES	र नग्रहार हर हुन	) )
Sanga Bendulang Agaman ang Bulang	2002年1000年1000	PANTON BOST	11411	43.12.09 181.11	
( ) Walk-In Customer t Customers inform		nual & Strictly	NO talet of teballo	<u></u>	
( ) Total Loss Case : to e-mail Insurer		· · · · ·	' .1		1
Drive-In ( )/ Towed-In ( ); Invoice:	YES( )/NO(	) ; Towin	g Cor ( · , '	DUISMONT COURT OF	- American
em da a a esta a companya da companya		的知识的知识	是多的影響的影響	A Chila Citroup	y · ·
The state of the s	ourtesy Car ( )				
2) QC Check / Past Repair Inspection	( ·)			-7.	
3) Upload Resurvey Photo [Repair Cost> \$30	000] ( )	<u> </u>			10.00
Injurý r			· · · · · · · · · · · · · · · · · · ·	.(-):	
opanitora pizantaria e visar e e un esta e e e e	out that it out No. 40%			Will Street Street	कर्मकारण र १ •
	W. STORMAR OF SUPERVIOLES	***************************************	Clarit, a 2 1992 SATISTAN DECEMBER	•	
		res vorennesovo	MICHAEL STREET	NO PROPERTY OF	FARGES)
NA190260K	. 80	dike Malaya		PATRICE STATE	Helphan !
	1	R1 Assident Rapo	rting (530); INC	7 (250)	
Driver/Owner:	3) 7	Fi Towing Fre		\$120	
	101	T: Follow-Throug	Burvey (Resurvey)	230	
Contract No:	· P	orelaiming agains!	INCOMY (WEF 10 Jin	313	
Damaged Portion:	7))	R: Ke-Inspection	The second secon	20.00	
	144	R: Re-larpeotion	RT Survey	2160	
C Checked by (Engr-In-Charge):	3 8)1	(1   Idao DA + SM VIUC Additional S	RT Survey		
F F V	3 8)1	II 1 Ideo DA + SM VTUC Addillonel S VIII: NS: Courley Carr	Lbt.Vijon.suna.	31	10.61
F F V	100 0 //1 // (2000)	II   [day DA + SM VIUC Additional S DD: NS: Courlesy Cs. 7 No: Rayals Co-ord NS: Year Rayals (1)	Tervices:-	51 510 120 120 1400 0	10-C1
Addition Commissions Fig. 1	F.G. 0 , 14 k ,	N11 Iday DA + SM NTUC Additional S 2012 NS: Countary Co-17 NS: Lapair Co-and NS: Part Reput In 1806 DV / Collect In	orvices:- Ter Allowance Institut Of PERSOn Excess Contdination	31 510 120 140 35 520 T S-	10-C1
6 F V	FIG. 0 , 12 , 12 , 13 , 14 , 15 , 15 , 15 , 15 , 15 , 15 , 15	N11 Iday DA + SM NTUC Additional S 2012 NS: Countary Co-17 NS: Lapair Co-and NS: Part Reput In 1806 DV / Collect In	Tervices:-	510 510 510 520 520 520 520 520 520 520 520 520 52	THC

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 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.
- 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:
- 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	08/04/2019 14:42
Date Of Accident	07/04/2019 15:15
Exact Location Of Accident	ALONG TAMPINES STREET 91
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGC7740C
Insured/Policyholder	
Name Of Registered Owner	GOH JOON HUAT
NRIC No	S7121834A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90091438
Alternative Phone No	OTHERS-90091438
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180
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	1800053829
Cover Note Number	
Driver	
Name of Driver	GOH JOON HUAT
NRIC No	S7121834A
Date Of Birth	02/07/1971
Occupation	INDOOR
Date Of Driving Pass	20/07/1990
Driving Experience	28 YEARS AND 8 MONTHS
AND	

MALE

NOEMAIL

(LOCAL) +65-90091438

OTHERS-90091438

Address

BLK 657 CHOA CHU KANG CRESCENT

#03-33

Postcode

680657

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?

Number of vehicles (including own vehicle)

NO

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)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190407/2118

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

FBD7115L

Vehicle Make/Model/Colour

BAJAJ PULSAR

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)

### SKETCH PLAN

### IMPORTANT NOTICE

- 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.
- 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

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

ESCRIB	E CIRCUMSTANCES OF THE ACCIDENT
60	7/4/15 at around 15-15 hrs (was driving my vehicle into the perto at 928 tangings st 91, the motor cycle mas riding on the took and the corport Road and hit on the left front wheel are per ood on my vehicle, I horned him to signed him to stop but he st ride off, I monaged to fillow him till tampings are 2 shell tool standard and managed to record down his vehicle number force I lost sicht of him
Cor	jork at 929 tanginge at 91, the motor cycle mes riding on the
pro	tooth onto the corport Road and hit on the left first wheel an
bum	per out on my vehicle, I horned him to signed him to stop but he
Vici	it ride off, I managed to fillow him till tampings are 2 shell
2	to setion and mensped to record down his vehicle number
pe	fore 1 6st sight of him.

DECLARATION

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

Policyholder's Signature

Date & Time: 68 04 15

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

NRIC/FIN No.:





Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

1 of 3 Report No. 7/20190407/2118

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/04/2019 22:57		Made:	Vide Report No.:	Station Diary No.: 115		
Informa	int's Partic	ulars		STATE OF A STATE OF THE PARTY.		
	f Informant: OON HUAT		Address: APT BLK 657 CHOA CHU KA SINGAPORE 680657	ANG CRESCENT #03-33		
ID Type / ID No.: NRIC NO / S7121834A			Contact No.: Home/Office:	Mobile: 90091438		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Male	Age: 47	Date of Birth: 02/07/1971	Type of Informant:			
Race: Chinese			Language:	Institution / School Name:		
Occupation: GM			Driving Licence Information: Class:	Date of Expiry:		

General Infor	mation of the Accide	nt			
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 07/04/2019 15:15	Type of Location: Car Park	
Location: Along Road 1 TAMPINES S	TREET 91				
car park of 929 tampines st 91 Weather:		Road Surface:	ī	Road Speed Limit:	
Traffic Flow: Traff		Traffic Control:		Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side			6	Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBD7115L	Motorcycle	BAJAJ CHETAK	PULSAR 200 DTS-I	Black		0
SGC7740C	Car	MERCEDES BENZ	C 180	Silver	8.85.5	0

Details of V	ehicle Insurance	ER ER REPORT OF THE		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGC7740C	AIG ASIA PACIFIC INSURANCE PTE.		18/05/2018	17/05/2019





T/20190407/2118

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

2 of 3 Report No. T/20190407/2118

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrian			Use of Pe	destria	Cross	ring: NIA
Driver		1000	0000110	Geotina	101055	sing. NA
Name	GOH JOON HUAT			ID No	),	S7121834A
Related Vehicle	SGC7740C (Car)			Conta	act No.	90091438
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

### Brief Details.

600000 Å

On 7/4/19 at around 1515hours I was driving my vehicle into the car park of 929 tampines street 91, the above mentioned motorcycle was riding on the footpath onto the carpark and hit on the left front wheel on my vehicle. I horned him to signal him to stop but he just ride off. I managed to follow him till tampines ave 2 shell petrol station and managed to record down his vehicle number before I lost sight of him.





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

3 of 3 Report No. T/20190407/2118

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:	Signature Of Informant:		
Sgt 2 GAN JIAN CAI, DARREN	1 March		
Signature Of Interpreter:			
Not applicable	Date/Time: 07/04/2019 22:57		
Officer In Charge Of Case:	Classification Of Case:		
SI ABDUL KAREEM BIN ABDUL HAGUE			
Contact No.: 65476079			
uthentication Stamp			

# ACCIDENT STATEMENT

ACC	DENT DATE	104,7019 100/MI	involution /	15
LOCA	TION: BLONG	Tempiaus SI	Rh47 91	(HH:MM)
1.	DETAILS OF VEH	MBER: SSC 77 YO		4
9.	C)POLICY NUM	COMPANY: 419 BER: 1400053800	3	
	D) MAKE & MOD	(COMPREHENSIVE / THIS	PARTY / THIRD PAI	RTY FIRE &THEFT)
	1)TYPE:(SALOON g) VEHICLE GAT	EGORY PRIVATE COM		DLE / OTHERS)
	ARE YOU CLAI	MING UNDER YOUR OW!	E: Brung.	
2.,	INSURED / POLICE	Y HOLDER	M / REPORTING ONL	Y) .
	b) NRIC/FIN/PAS	SPORT: 112183 x 4	COURTOR	LE / FEMALE)
10 M	4	- 657 dua Cha Kom	1 Crescit #03-	33 (640657)
A No of passon gas	* CONTINUE TO :	3.d IF DRIVER ALSO POLK	CY HOLDER	
(Including driver)	O) NAME: DO! b) NRIC/FIN/PASS	FORT: 2/2/6761	- MAR	E / FEMALE)
(7)	CADDRESS: Bho	3-33 (6h (52)	Chescent	10011431
	d) DATE OF BIRTH	1:102/07/1971	(DD/MM/YYYY)	(4)
	DHIF OF DRIVE	INDOOR / OUTDOOR	7/1990	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EMPLOYEE OF THE IN NSHIP OF THE DRIVER	AAATTI TAIGET I IN NO.	7 (YES:/MO)
É	ROAD SURFACE	E: (DRY / WET / OTHERS	G / OTHERS	
0, V	VAS ANYBODY IN PREPORTED TO P	DURED (YES / NO)		* , ,
, B, TH	IF YES, PLEASE ST IIRD PARTY VEHIO	'ATE WHICH POLICE STAT	ION: Tampines	N.P.C
- Including deliver) t	DRIVER'S NAM	BER: FBD 7115 C	MODEL: <u>247</u>	AT .
( )	E) NRIC/FIN/PAS IIRD PARTY VEHIC	SPORT:	CONTACT:	
No of passanger c	) VEHICLE NUM ) DRIVER'S NAA	BER:	MODEL:	Ţ.,
Including driver)			CONTACT:	
	¥0	TLS Hate	Engineering	
	The season	v		
*		email = intoletis	sauto . com.sa	20. H
£0	38	VIDEO .		¥.











## CERTIFICATE OF INSURANCE

### AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : GOH JOON HUAT

Period of Insurance

: 18 May 2018 To 17 May 2019

Engine No. Chassis No.

: 27182030441493 : WDD2043492F858150 Vahicle No.

: SGC7740C : 1800053829

Policy No.

Endorsement No.

Issued Date

: 11 May 2018

### ABOUT THE COVER

Make/Model

: MERCEDES BENZ C180 1.8 [Sedan]

Engine Capacity/Tonnage : 1,796,00 CC

Sum Insured : Market Value

First Year of Registration

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARE

Person or Classes of Persons Entitled to Drive\*:

as one manyments.

If you have been also as droung on the Pakeyholder's order or man mather permassion.

This Pokey will independ the Pokeyholder or any authorized order only if heathe treats the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("VIDR") it You are or Your Authorised Shiver (named or produced) is under the ago of 23 and or has less than 2 years and on a produced or produced in a produced by a paying a paying and a paying a paying a paying and a paying a paying a paying and a paying a paying and a paying a pa

Age Condition

All Age Condition

Limitation as to use" :

Use dray for social dominion and planture purposes and for the Policyholder's pushess. This Policy social process or use for two or reliand, draining ruthorn converge test record process or use for any purpose or processor with Motor Trade.

Loss of Use 1600cc - 1800cc Optional

\* Limitations randered imperative by Section & of the Motor Vehicles (Third-Party Risks and Companisation) Act (Cap. 159) and Section 95 of the Ricci Transport Act. 1557 (Malbylaid) late for this are included under thisse headings.

### EXCESS

Section 1

Fire - SQ Own Damage - \$800 Trint - \$0 Flood Cover - \$0

Section 2

Property Damage - 50

Windscrean: \$100

Named Driver and Excess (white applicable)

GCH JOON HUAT

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRES [FOR CLAIMS RELATED REPAIRS]

Approved Papporting Commed Add Authorised Repaired (For claims related receivs).
Any activities repert to the Venuce must be carried out to yourself hardware. Within the first 3 years of this frequency of the venuce in Suggestion of the venuce in Suggest

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

If We haveby startly that the policy to work this Carolicate of Insurance relates is resultd in accompanies with the provisions of the Mulcir Venicles, Third Plant, River, and Compensation, Act (Carolicate) the Rose Transport Act, 1987 (Malaysia), and Motor Venicles (Third Planty Risks, 1959) (Malaysia).

0594326000

NEO & COMPANY INSURANCE AGENCY

22 SIN MING LANE #05-71

SINGAPORE 573959

Underwritten by AIG Asia Pacific Insurance Pts. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE