

NATIONAL Assessment Centre Services (wef 1 Jan'05)

Date In: <u>13/04/19</u>	Job description	Date & Time Completed	Done by
Ref No: <u>NA/A1419006604/12</u>	SAS e-filing		
Veh No: <u>5649572C</u>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <u>12/04/19</u> <u>2115</u>	i-Motor Claim Form		
OD <u>(TP)</u> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars:	Veh No: <u>FBE40897</u>	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%; F: 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 repairer.

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

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

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

<u>NA1902805</u>	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11): TP (Non INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac Mobile 30		
	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	13/04/2019 16:35
Date Of Accident	12/04/2019 21:15
Exact Location Of Accident	CTE TWDS CITY B4 AMK AVE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGY9372C
Insured/Policyholder	
Name Of Registered Owner	ANG ZHEN HONG
NRIC No	S8605517A
Email Address	ZEN86@ME.COM
Mobile Phone No	(LOCAL) +65-98451005
Alternative Phone No	OTHERS-98451005
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	EVOLUTION
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	2100487612-02
Cover Note Number	
Driver	
Name of Driver	ANG ZHEN HONG
NRIC No	S8605517A
Date Of Birth	07/02/1986
Occupation	OUTDOOR
Date Of Driving Pass	14/02/2005
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98451005
Fax Number	
Contact Number	OTHERS-98451005
Email Address	ZEN86@ME.COM

Address	38 LORONG TANGGAM
Postcode	798739
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	COLLISION - HEAD TO REAR
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: F20190413/7003

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT WORKING, SD CARD WITH TP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBE4089T
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 INJURED PERSON 1	
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Name	UNKNOWN
Approximate Age	
Injuries Sustain	BLEEDING FROM THE HEAD
Injured person in which vehicle?	FBE4089T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2	
-----------------------------	--

Name	ANG ZHEN HONG
Approximate Age	
Injuries Sustain	NECK,SHOULDER,BACK,WAIST & FOOT
Injured person in which vehicle?	SGY9372C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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**.
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:

13/4/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

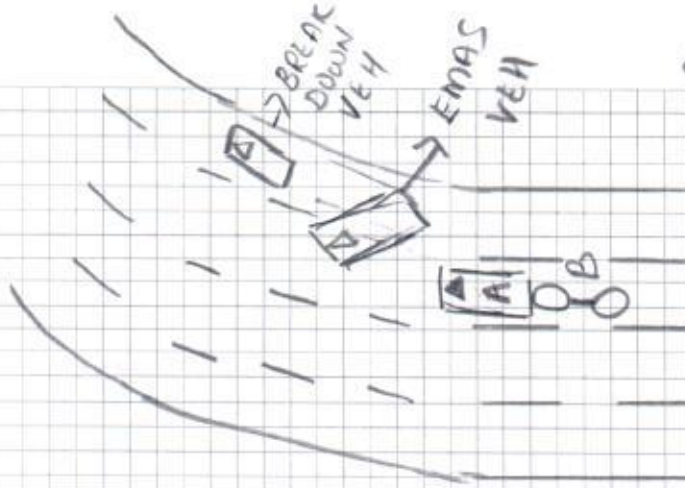
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

A - SG49372C
B - FBE4089T



CITE TOWNS CITY
BY AMK AVE 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to the police report: F/20190413/7003

DECLARATION

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

Policyholder's Signature

Date & Time: 13/4/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



F/20190413/7003

1 of 2

POLICE REPORT (NP299)

Report No. F/20190413/7003

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-2180000

Date/Time Report Made 13/04/2019 07:01	Vide Report No.	Station Diary No.
Name Of Informant ANG ZHEN HONG	Address 38 LORONG TANGGAM SINGAPORE 798739	
ID Type / ID No. NRIC NO / S8605517A	Contact No. Home/Office: Mobile: 98451005	
Nationality SINGAPORE CITIZEN	Email Address zen86@me.com	
Occupation SELF EMPLOYED	Sex Male	Age 33
Institution/School Name	Date of Birth 07/02/1986	Race Chinese
Date/Time Of Incident 12/04/2019 21:15 - 12/04/2019 22:05	Language English	
	Location Of Incident CENTRAL EXPRESSWAY	

Brief details.

i was driving my vehicle SGY 9372 C on the right most lane of the CTE towards City before AMK Ave 1 exit when around the bend i saw traffic cones and a EMAS vehicle with its blinker lights on attending to a vehicle breakdown on the right most lane. As it was a bend, i didnt see the traffic cones and EMAS vehicle until i was near them. As i signaled and tried to change lane to the middle lane, a vehicle on that lane sped up and prevented me from changing lanes. As such i had to brake hard as i was about to collide into the traffic cones. Immediately i heard a loud bam and my vehicle was pushed forward and i swerved to avoid the traffic cones. I alighted from my vehicle and saw a motorcyclist lying on the road beside his motorcycle(FBE 4089 T). I saw him bleeding from the head and called for an ambulance

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/04/2019 07:01
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190413/7003

immediately. He was conveyed to hospital. After which a Traffic Police officer arrived on the scene and took down my particulars. I went back home and not long after i started feeling pain in my neck, shoulder, back, waist and right foot. I went to Sengkang General Hospital A&E Dept and was given medication, an injection and MC for 2 days.

Subjects Involved			
Victim			
Person Name	ANG ZHEN HONG		
ID Type	NRIC NO	ID No	S8605517A
Gender	Male	Age	33
Race	Chinese	Language	English
Occupation	SELF EMPLOYED		Address Type
Address	38 LORONG TANGGAM	Mobile No	98451005
	SINGAPORE 798739		
Is Informant A Victim?	Yes		
Person Name	ANG ZHEN HONG (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/04/2019 07:01
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



Sengkang
General Hospital
SingHealth

Reg No : 201220357K

ORIGINAL

MEDICAL CERTIFICATE

EMD201935558

Name ANG ZHEN HONG -HONG ZHENHONG		NRIC No. S8605517A
This is to certify that the above-named is unfit for duty for a period of <u>2</u> days from <u>13-Apr-2019</u> to <u>14-Apr-2019</u> inclusive.		
Type of medical leave granted : <input type="checkbox"/> Hospitalization Leave <input checked="" type="checkbox"/> Outpatient Sick Leave Admitted on : _____ Discharged on : _____ <input type="checkbox"/> Maternity Leave, Delivered on : _____ <input type="checkbox"/> Sterilization Leave, Operated on : _____		
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u> Comments : The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
 Emergency Department Sengkang General Hospital 110 Sengkang East Way Singapore 544886 Not valid without official hospital stamp	Ward No. SKH Emergency Department	Signature, Name (In BLOCK LETTERS) and Designation/MCR No. LIM MIAN JIE , 61464E
	Date 13-Apr-2019	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8605517A



Name

ANG ZHEN HONG
(HONG ZHENHONG)

洪 禎 鴻

Race

CHINESE

Date of birth

07-02-1986

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8605517A

ANG ZHEN HONG
(HONG ZHENHONG)

Expiry Date: 07 Feb 1996

Issue Date: 29 Mar 2017



5687600



NRIC No. S8605517A



Date of issue

10-01-2017

Address

3B LORONG TANGGAM
SINGAPORE 798739

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B	Motorcycles \leq 200 cc	05 Jan 2006
Class 2A	Motorcycles between 201 cc and 400 cc	06 Mar 2007
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	14 Feb 2005

NP 428A



AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Ang Zhen Hong
 Period of Insurance : 24 Oct 2018 To 23 Oct 2019
 Engine No. : 4G63NA7416
 Chassis No. : JMYSNCT9A6U001063

Vehicle No. : SGY9372C
 Policy No. : 2100487612-02
 Endorsement No. :
 Issued Date : 05 Oct 2018

ABOUT THE COVER

Make/Model : MITSUBISHI EVOLUTION 9 (GSR)
 Engine Capacity/Tonnage : 1,997.00 CC Sum Insured : Market Value First Year of Registration : 2007
 Driver Restriction : Named Driver Basis Off Peak Car : No Insuring with COE/PARF : Yes
 Person or Classes of Persons Entitled to Drive* :

a) The Policyholder
 b) Any person who is named as a "named driver" under this Policy.

Age Condition : Not Applicable

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 - 1800cc Optional

* 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 - \$3000 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Ang Zhen Hong - \$3000 (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 hotline 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: ACE Financial Services Pte. Ltd.

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).

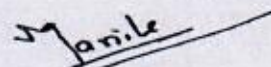
0503906000

CHESSA INSURANCE AGENCIES P L

10 KAKI BUKIT AVE 4 #04-84 PREMIER @ KAKI BUKIT

SINGAPORE 415874

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.



AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

Eng Seng Chng