NATIONAL	Assessment Centre	Services	ter cases				
Date In: /7/06		Jeb descrip		Date & Time Completed	Done	by	
Ref No NA/A14/9010715/13 Veh No SCD 5 93 9A D.O.A 15/06/19 1330		SAS e-filing					
		E-mail (widing Slas, AIC 2hrs,					
		i-Motor Claim Form					
OD TP Deporting Only TP Insurer:		i-Motor	W/O (Within: OD 2hr	s. TP 4hrs)			
		i-Photo Uploaded					
		Assessme	nt/Survey Report				
		Ass't Rep	ort by <u>Fax / Hand</u>	to Owner/Wksp			
	C Assign Wksp / QW: (The state of the s	Tel: Fax	с;		
TP Particulars:	Veh No:	4Z333	INC ()/Non-INC()			
Owner / Driver: (Tel:)		
Policy No: () Perio	od: ()	Cover Type: ()		
Confirmed Insured/Driver Li			Date:	Time:)		
Year of Registrat		arranty: YES		0%; P: 21-79%. F: 80-10	0%]		
Excess: (\$) Loading: \$1,000)			
General Remarks:		7()7 52,	(000)				
1) Apply for Transp		urtesy Car ()	Date&Time Completed	Done	.by	
		urtesy Car ()				
QC Check / Post Unload Resurvey	Photo [Repair Cost > \$30	001 (
Injury:	· noto (respan cost - \$50	00] (
Date/Time Action	ns					720	
						- 1075	
	NA1904541		Invoice Pre	paration Checklist	Amt (\$)	Amt (\$)	
laimant's Particula		1) AR: Accident Reporting (\$30),			Add Bill		
river/Owner:		2) DA : Damage Assessment (\$100); INC (\$80) 3) TF : Towing Fee \$40/\$45					
				4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30			
Contact No:		For claiming against INC Only (wef 10 Jan 2005)					
amaged Portion:				+ SMRT Survey \$1	75 60		
C Checked by V		8) NTUC Additional Services:- OD*					
C Checked by (En	(4)	*N5: Courtesy Car / Tpt Allowance \$5					
uditors' Commen	2 - 10 T S	*N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25					
at 1:	- N. J S S S S S S S.	+N8: DV / Collect Excess Coordination \$5 TP (N11): TP (Non INC) against INC \$20					
DEVICE OF THE PERSON OF THE PE	9) N12: Idac Mobile 30						
at 2/3:		Invoice dated	Fee Charged		斯斯斯		

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.
- Information provided must be as <u>truthful and accurate</u> 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.
- 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
 17/06/2019 18:03

 Date Of Accident
 15/06/2019 13:30

 Exact Location Of Accident
 BEDOK NORTH AVE 3

 Country/State of Loss
 SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD5929A

Insured/Policyholder

Name Of Registered Owner CHING KENG GIN
NRIC No S1471203H
Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-84842302

 Alternative Phone No
 OTHERS-84842302

Vehicle Particulars

Manufacturer NISSAN
Model QASHQAI

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
Vehicle Category

REPORTING ONLY PRIVATE CAR

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE, LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 2100471586-02

Cover Note Number

Driver

Name of Driver CHING YIHONG,GLENN

 NRIC No
 \$9234845H

 Date Of Birth
 07/09/1992

 Occupation
 INDOOR

 Date Of Driving Pass
 21/05/2013

Driving Experience 6 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84842302

Fax Number Contact Number

EMail Address NOEMAIL

BLK 8 KIM TIAN PLACE Address

#04-55

Postcode 163008

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident?

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)

NO

soliciting/offering accident claims assistance. 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

PLS REFER TO THE ATTACHED STATEMENT.

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?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGZ3337D Vehicle Make/Model/Colour HONDA FIT

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver EARNEST TAN REN WEI

NRIC/Passport Number S9432996E

Contact Number

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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: 15 6 119.

11-20

Reporting Centre Personnel's Signature

you 17/06/19

Name:

NRIC/FIN No.:

A-5405929A B-59233370	Ta la	BEDOK MORT
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	K 1 78 79	intachovatly
my course of travel. Stopping Just veered to my cour and his front. damage on his I my car all chose	to behind me to I followed him to to shake me off the he intentionally behind are. I to before the filt type but my fro un in pretures pre ticulars and left. It and toiled he	tried to contrast him. tried to contrast him. by aboutly turning eignalled to turn right bo decided to change or lone, he intentionally nt burger, no other avided. Following which. I made a call to him from a distance.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder) Date & Time: 16:20

75/6/19.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ANNEX E

NOTICE OF REPORTING

This is to confirm that CHING YIHONG, GLENN, NRIC: S9234845H, has reported to the Police a non-injury traffic accident which occurred along Bedok North Avenue 3 towards Bedok Reservoir Road on 15/06/2019 at 1330hrs involving the following vehicles:

- SLD5929A (Nissan Qashqai / White)
- SGZ3337P (Honda Fit / Silver)
- 2. If accident was reported to the Police within 24 hrs of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank / Name of Issuing officer: SSGT MUHAMMAD HAFIZAN BIN ASRI

Date: 15/06/2019 Time: 1420hrs

S/D Ref:

79

Police Post/ Unit: BEDOK NORTH NPC

Original - To be issued to informant Duplicate- to be submitted to Traffic Police

Bedok North NPC No. 30 Bedok North Road Singapore 469676 Tel: 1800-2449999

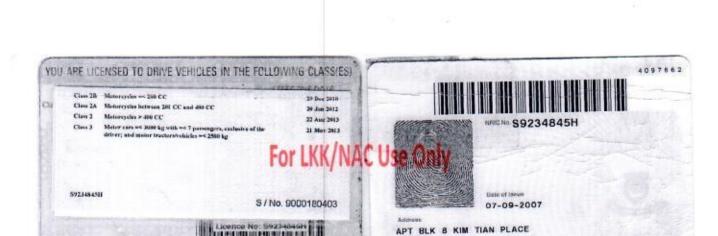
ACCIDENT STATEMENT

ACCIDEN	T DATE: (15 / 6 / 19)	DD/MM/YYYY), TIME:(? : 30)(HH:MM)	
LOCATION	1: Bedak North AVE	3		
1. DE	TAILS OF VEHICLE	1 V		
	VEHICLE NUMBER: SLD5929	AF	80 O S	
	NSURANCE COMPANY: AIG			
TW STORY	POLICY NUMBER:			
	POLICY TYPE: (COMPREHENSIV	E / THIRD DARTY / THIRD	A DEV FIRE A TUFFEL	
91	MAKE & MODEL: NISTAN QA	CHOAL PARTY / THIRD I	PARIY FIRE & I HEFT)	
(1) I	PE:(SALOON / COUPE / MPV	/VAN/LORRY/MOTORO	CYCLE / OTHERS)	
9)	EHICLE CATEGORY: PRIVATE	COMMERCIAL / MOTOR	RCYCLE)	
11/1	PURPOSE OF USING AT ACCIDE	NI TIME: PRIVATE US	-	
UA.	RE YOU CLAIMING UNDER YOU	JP OWN INSURANCE (YES	Z(NO)	
0 111	NO, PLEASE STATE (THIRD PART	Y CLAIM / REPORTING C	DNLY)	
	URED / POLICY HOLDER	0		(6)
	NAME: CHINCT KENG (MALE (FEMALE)	
	IRIC/FIN/PASSPORT: 5147	00111110	1: 96987803	
C) A	DDRESS: & KIM TIAN F	VACE #04-55		
	-			025
M., 1 *C	ONTINUE TO 3.d IF DRIVER ALSO	O POLICY HOLDER		
His of passenge DRI		MARKA NA COLONIA	1	
(Including driver) aIN	AME: CHING YIHONG,	GLENN (V	MALE / FEMALE)	
112	RIC/FIN/PASSPORT:	CONTAC	T: 84842302	
CIA	DDRESS: & KIM THAN PL	ACE #04-55		
	DATE OF BIRTH:			
e)O	CCUPATION: (NDOOR / OUTE	DOOR)		
f)YE	ARS OF DRIVING EXPRERIENCE	: 6	4	
	DRIVER AN EMPLOYEE OF		ANY? (YES (NO))	38
IF N	O, RELATIONSHIP OF THE D	RIVER WITH INSURED	. SON	
5. a)W	EATHER CONDITION: (CLEAR)	RAINING / OTHERS		
b)RC	DAD SURFACE: (DRY) / WET / Q	THERS	,	
6. WAS	ANYBODY INJURED (YES INC)		
7 a)RF	PORTED TO POLICE NEGLATO	1	PROBLEM OF THE PROPERTY.	
IF Y	ES, PLEASE STATE WHICH POLI	CESTATION Rodde	North NPC.	J NON
A THIRI	PARTY VEHICLE	OL ONTHON. DE	100) inje
	VEHICLE NUMBER: _SGZ 33:	ZZD MODELL	TIZ ACUOH	
Industry diserval b)	DRIVER'S NAME: CARNES	T TAIL DELL WILL	190	
	NRIC/FIN/PASSPORT: S94	329965 00000	-	
	PARTY VEHICLE	32976E CONTAC	1:	
22		0.000000000000000000000000000000000000		88
140 at hardrentelet	VEHICLE NUMBER:	MODEL:	**	
Including driver) f)	DRIVER'S NAME:			
7	RIC/FIN/PASSPORI:	CONTAC	T:	
	28		ES.	
-			1160	
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15/06/19		TI &	0.00	
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TP/RP	tax =		6.0	
	1106.0 =			



NP 428A





#04-55 SINGAPORE 163008



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder Ching Keng Gin
Period of Insurance 23 Jun 2018 To 22 Jun 2019
Engline No. MR20411004W
Chassis No. SINFBAJ11U1683063

Vehicle No.

: SLD5929A

Policy No. Endorsement No.

: 2100471586-02

: 11 Jun 2018

ABOUT THE COVER

NISSAN GASHQAI 2.0 PREMIUM 2014

Engine Capacity/Tonrage 1,997.00 CG Sum Insured Market Value
Driver Restriction NA Off Peak Car : No

First Year of Registration | 2016 Insuring with COE/PARF | Yes

Person or Classes of Persons Entitled to Drive*

or this holispecture.

If he public persons who is divertig on the Polispecture order is with heather percentage.

If you give you not not not a production or or any extraction desired only 4 heather make the payor dust again condition.

This have to pake an additional state of \$2,000 or "Young bridge independence Driver Except" ("FOR" of You are of YOU Authorized Cover (named or advanced) in Under the large of \$2 article has done of providing adjacenture.

Age Condition All Age Condition

Limitation as to use"

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cons of time 1500cc - 1000cc

* Limitations rendered properative by Si minimal croser three headings.

EXCESS

Section 1
Fee - 50 Dan Damage - \$600 Theft - \$0 Feod Cover - \$0

Section 2 Properly Distinge - \$5

Windscreen \$100

Named Driver and Excess (were assume)

Crimig Keng Gin - \$600 (Own Darlinge)

APPROVED REPORTING CENTRESIAUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1.7C Auto-Civide: Add No. 5. Suth List Yang Road Singupore 528009 63632212 2 Auto-Civide: vidualitios Add. 19 List Road 8 Singupore 538023 64909996 3 TC Auto-Civide: Add. 25 Living Real Road Singupore 150007 57136511 67036512 67009013 4 Tain Chang Better States And 1913 Sush Times Road Singupore 539022 540954051 64004000 54004065 5 Tair Chang States Sales Add. 17 Living 8 Tain Planch Singupore 539022 5407526-9870754

For other Agentual Reporting Committee A.C. Authorized Reporting please contact our 26-has or ACC 500 Million Ago, Serger pearst, and download "ACC 507 from Planes or Google Play.

IMPORTANT NOTES

Hire Purchase Company Employer's Loan: HL Bank

the News Frances and 1907 (Analysis) and the substitute of impress related a few of a projection of the News Frances and 1907 (Malaysia) and their visitions (They Pury Hear) Males. Total (Malaysia)

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AN CHOND GREDIT PTE LTD - JRC HTT BURTTIMAH ROAD TAN CHONG MOYOR CENTRE SINGAPORE SISSEZZ ANSP-MOTOR Inderwritten by AIG Asia Pacific Insurance Pie. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

A Branch of Way 2017 12 AuG Bussing 81/70120 [Y = 85 6419 1510 | E = 15 6415) 1771 (when , egictro, but