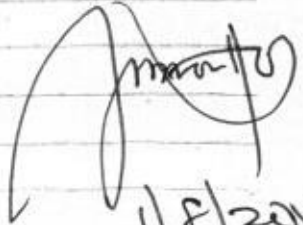


REF: CS3 / A1619001854 / BAF3-11
 Special Instructions:
 ASSIGNMENT (Office)
 From (Person): Mr. Lim Norsiah
 Date/Time: 12.7.2019
 Estimated Cost: Bill to: AIG
 OD (TP) / WS / TP RES / OD RES / EVA / INV / MV / CS
 To inspect Vehicle No: SLH 3311Z Insured: SME 841J
 at Workshop n/s: Hup Jey Huat Tel: 9677 2832
 of: Blk1, Kaki Bukit Ave 6 #01-35
 Policy No: 0999994322 Claim No: 936635707236
 Sum Insured: Excess:
 Make of Veh: D.O.A. 25/01/2019
 (Client's Record)
 CA / REV / REF. / REV 24 HRS up
 Date/Time: 10:30am 29/1/19 Person Contacted: Mr. Tan Vehicle: IN OUT

| Date/Time | Action/Instruction (x) Estimate |
|-----------|-------------------------------------|
| | SLH 3311Z - x |
| | SME 841J - x |
| | Dismantle : 30/1/19 |
| | Submit |
| | lump sum \$ 5650 (Red: 7850+ : 58%) |

4 days.

518- File pass to typist.


 1/8/2019

REF: 4.0

ASSIGNMENT

From:

Date: 22/1/19

Estimated Cost:

QD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

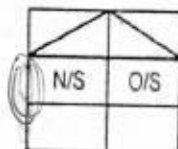
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Date / Time Action / Instruction

Veh No:

SLH 3311 ZYr Regn: 7/18/2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toyota Hilux 2.8 CC 1986

Colour:

A/C: Insured / Std / NI / NA

Sp. Reading:

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / SiRim / STD A/Rim or

Tyre Size:

F: 225/65 R17R: 225/65 R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 23/1/19D.O.I. 23/1/19

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision

L/S 5,650 /-TGRim Hill
1/8/19TGRim Hill
8/4/19

Date/Time, File Pass to?

☐ : Prel. ReportDays Of Repair: 6

1)

☐ : Final ReportResurvey No. of Trip: 1

Date/Time, File Return to?

Survey Fee:

Transportation

2)

Add Fee: ☐ : Site Insp (\$

) S + RS, St

☐ : Interview (\$

) Photos

☐ : Tech Invs (\$

) Charges

☐ : Weekend (\$Report Format: DAR

Lump Sum / I.B.I: (\$

TOTAL

Surrey

REF:

AIG

ASSIGNMENT

From:

Date: 22/1/19

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

SLH 3311Z

at Workshop m/s

Hup Lay Huat

of

Bik / Kaki Bukit Ave 6, #01-35

Insured:

Policy No.

Claims No.

Sum Insured:

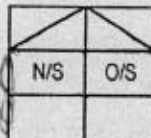
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

6 days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

3LH 3311Z

Yr Regn:

7/10/2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toyota Harrier Elegance 2.0 C 1986

Colour

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

29539

T/Radio:

Insured / Std / NI / NA

Eng/No:

3E2B837006

C/No:

250600084355

Gen. Cond:

Good / Fair / Poor / Burnt

Steering:

In order / Jammed / Leaked / Burnt or

Brake:

In order / Jammed / Leaked / Burnt or

Modi:

Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 225/65R17

R: 225/65R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

25/1/19

D.O.I.

22/1/19

Survey held at

Hup Lay Huat

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MV

23,000/2

PV

62,071/2

NV

30,929/2

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

6

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

) \$ + RS. \$

) Photos

) Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format: DAR

Lump Sum / I.B.I: (\$

Catherine Chong (LKK Auto)

From: Md Noor, Norsiah <Norsiah.MdNoor@aig.com>
Sent: Friday, 12 July, 2019 5:17 PM
To: SUR; assignments
Subject: Claim No: 9366357072SG-Paper Survey
Attachments: 9366357072SG_SR.pdf; SME841J- OI.pdf; SLH3311Z- TP.pdf
Importance: High

Dear Team,

Refer to the above.

Please assist to conduct paper adjustment as attached.

Thank you

Kind regards
Norsiah

Norsiah Md Noor
AIG
Complex Claims Examiner
Claims | AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way #08-16 Singapore 079120
Tel +(65) 6419-1606
Norsiah.MdNoor@aig.com | www.aig.com.sg



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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 willful 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 | 25/01/2019 09:58 |
| Date Of Accident | 25/01/2019 07:30 |
| Exact Location Of Accident | BLK750 PASIR RIS ST71 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLH3311Z |
| Insured/Policyholder | |
| Name Of Registered Owner | DAVE LIM CHONG KOK |
| NRIC No | S1347655A |
| Email Address | 13TOPE@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-93833311 |
| Alternative Phone No | OFFICE-93833311 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | TOYOTA |
| Model | HARRIER |
| Exact Purpose for which vehicle was being used at time of accident | |
| 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 | AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | P10021533R01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | DAVE LIM CHONG KOK |
| NRIC No | S1347655A |
| Date Of Birth | 28/06/1959 |
| Occupation | INDOOR |
| Date Of Driving Pass | 19/09/1978 |
| Driving Experience | 40 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93833311 |
| Fax Number | |
| Contact Number | OFFICE-93833311 |
| Email Address | 13TOPE@GMAIL.COM |

| | |
|---|------------------------------|
| Address | BLK751 PASIR RIS ST71 #12-74 |
| Postcode | 510751 |
| 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 - 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) involved in the accident | 2 |
| 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) | 2 |
| Passenger 1 | NAME: : YATI GENDER: : FEMALE |

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

I WAS DRIVING ALONG THE WAY, SUDDENLY VEHICLE B DROVE OUT FROM THE LOADING AND UNLOADING LOT AND HIT ONTO MY LEFT PORTION.

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 | SME841J |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

Sketch Plan

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 late 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

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the way, suddenly vehicle B drove out from the loading and unloading lot and hit onto my left portion.



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:
NR/C/FIN No.:

Certificate of Insurance

Comprehensive Car Policy
Policy Number: P10021533R01

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189) (Republic of Singapore), Motor Vehicles (Third-Party Risks And Compensation) Rules, 1996 Edition (Republic of Singapore), Road Transport Act, 1987 (Malaysia), Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Certificate Number P10021533R01 (Comprehensive / Authorised Driver Plan)

| | |
|---|------------------------------|
| 1) Vehicle Registration Number | : SLH3311Z |
| Chassis Number | : ZSU600084355 |
| 2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act | : 07/10/2018 (00:00) |
| 3) Date / Time of Expiry of Insurance | : 06/10/2019 (23:59) |
| 4) Excess (i) Policy | : S\$ 1,500.00 |
| (ii) Windscreen | : S\$ 100.00 |
| 5) Policyholder | : Lim Chong Kok Dave |
| 6) Persons or Classes of Persons Entitled to Drive* | |
| <p>Drivers named as a Main / Named Driver in this Certificate of Insurance and any other person provided he is driving on the Policyholder's order or with the Policyholder's permission. Household members of the Main Driver not named in this Certificate of Insurance will not be covered.</p> <p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by any reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.</p> <p>Main Driver / Date of Birth : Lim Chong Kok Dave (28/06/1959)</p> <p>Named Driver(s) / Date of Birth : Choo Chiu Hieh (17/02/1978)</p> | |
| 7) Limitation as to use* | |
| <p>Use only for social, domestic and pleasure purposes. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.</p> <p>* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</p> | |
| 8) Finance Company | : Hong Leong Finance Limited |

I / We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Issued in Singapore on:
27/09/2018

Auto & General Insurance (Singapore) Pte. Limited
Trading as Budget Direct Insurance



Simon Birch

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1347655A



Name
DAVE LIM CHONG KOK

林從國

Race
CHINESE

Date of Birth
28-06-1959

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE


IDENTITY CARD NO. S1347655A

Name
DAVE LIM CHONG KOK


Issue Date: 28 Jun 1959

Expiry Date: 26 Jun 2009





NRIC No. S1347655A



Short Group: **AB+** Date of issue: **27-01-1993**

APT BLK 761 PASIR RIS STREET 71 #12-74
SINGAPORE 610751


NRIC No: S1347655A Date: 02-05-2009 (R) No: 5337461

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

| | PASS DATE |
|--|-------------|
| Class 2B Motorcycles not exceeding 200 cc | 22 Aug 1978 |
| Class 2A Motorcycles between 201 cc and 400 cc | 22 Aug 1978 |
| Class 2 Motorcycles exceeding 400 cc | 22 Aug 1978 |
| Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 19 Sep 1978 |
| Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms | 07 Mar 1983 |

NP 428A

Licence No: S1347655A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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 | 25/01/2019 15:38 |
| Date Of Accident | 25/01/2019 07:30 |
| Exact Location Of Accident | BLK 752 PASIR RIS ST 71 CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SME841J |
| Insured/Policyholder | |
| Name Of Registered Owner | BIS MOTORING PTE LTD |
| Co Reg No | 201735055D |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | Office-97836235 |

Vehicle Particulars

| | |
|--|------------------------------|
| Manufacturer | KIA |
| Model | CARENS-1.7 D DCT 5DR FWD (A) |
| Exact Purpose for which vehicle was being used at time of accident | |
| Are you claiming under your own insurance policy for repair to your vehicle? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | PRIVATE HIRE |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | YES |
| Policy Number | 999994322 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------------|
| Name of Driver | LIN CHWEE FONG (LIN CUIFENG) |
| NRIC No | S7625418D |
| Date Of Birth | 18/08/1976 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 11/12/1999 |
| Driving Experience | 19 YEARS AND 1 MONTH |

| | |
|---|-----------------------------|
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-97836235 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |
| Address | BLK 156 BISHAN ST 13 #06-90 |
| Postcode | 570156 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - PRIVATE HIRE |
| 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 ON COLLISION |
| 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? | 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

ON 25 JAN 2019 ABOUT 7.31AM AT BLK 752 PASIR RIS CAR PARK, I REVERSE INTO THE LOADING AND UNLOADING BAY IN ORDER TO UTURN OUT WHEN CAR HIT SLH3311Z LEFT SIDE DOOR.

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 | SLH3311Z |
| Vehicle Make/Model/Colour | TOYOTA HARRIER |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | DAVE LIM CHONG KOK |
| NRIC/Passport Number | S1347655A |

Contact Number
Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to cancel 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 insured 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 based 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 (a) 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:

25/1/19
1000HRS

STAMP YOUR SIGNATURE HERE

Lu Chuaifeng

Driver's Signature

(if driver is not the policyholder)

Date & Time:

25/1/19
1000HRS



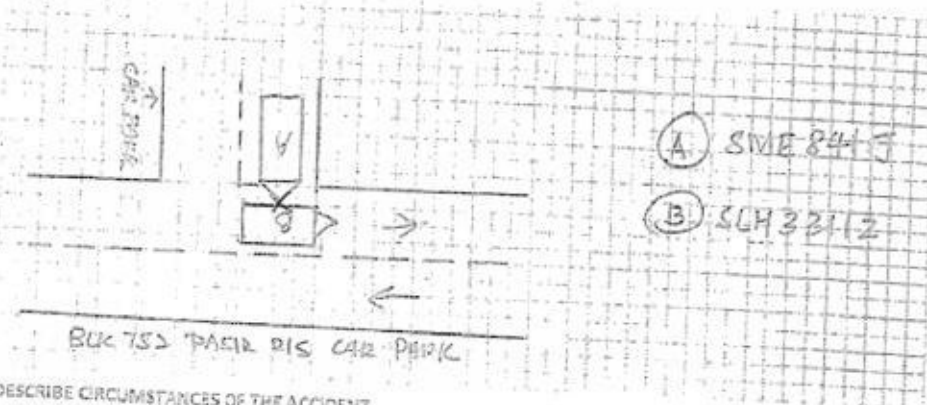
Reporting Centre Person's Signature

Name:

NRIC/PIN No.:

Melody Teoh
88526524E

SKETCH PLAN



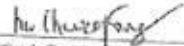
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25 Jan 2019, about 7.31 am @ BUK 752 Pasir Ris Car Park,
I reverse into the loading and unloading bay in order to turn
out when car kit SLH 33112 left side door.

DECLARATION

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


Policyholder
Date & Time: 25/1/19
1500 HRS


Driver's Signature
(If driver is not the policyholder)
Date & Time: 25/1/19
1500 HRS


Personnel's Signature
Name: Melody Teoh
NRIC/FIN No.: 88526524E



HOTLINE TEL. (65) 6419-3000

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

M 2 495

| COMPREHENSIVE | | COMMERCIAL MOTOR | |
|--|-----------|------------------------|-------------------------------|
| CERTIFICATE NO. | SME841J | POLICY EXCESS | S\$1500.00 (Sect I & Sect II) |
| POLICY NO. | 999994322 | WINDSCREEN EXCESS | S\$100.00 |
| 1) VEHICLE REGISTRATION NO. | | SUM INSURED | Market Value |
| 2) NAME OF INSURED | | INSURING WITH COE/PARF | YES |
| 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT | | SME841J | |
| 4) DATE OF EXPIRY OF INSURANCE | | BIS MOTORING PTE LTD | |
| 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE* | | 26 December 2018 | |
| Any person who is driving on the Insured's order or with their permission. | | 25 December 2019 | |
| Authorized driver must be between age 23 to 45 with at least 2 years driving experience. | | | |
| Accident repair can be carried out at Munich Auto Care in the condition that all repairs have to be supervised, reported by AIG surveyors before proceeding with repair. | | | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle | | | |
| 6) LIMITATION AS TO USE* | | | |
| 1) Use for social, domestic, pleasure purposes and business purposes of Insured | | | |
| 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired | | | |
| 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired | | | |
| The Policy does not cover: 1) Use for livery, driving test, racing, game-making, reliability trial or speed-testing; 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle; 3) Use for any purpose in connection with the Motor Trade | | | |
| LOSS OF USE | | Not Included | |
| HIRE PURCHASE COMPANY | | HONG LEONG FINANCE | |

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings

I) We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Issued in Singapore 19 Dec 2018

500654-000
Cowell Insurance (Agency) Pte. Ltd.
8 Burn Road
#09-09 Trivex
Singapore 369977

AIG Asia Pacific Insurance Pte. Ltd.



ORIGINAL

AUTHORIZED REPRESENTATIVE

SSPOEC

IC & DL

REPUBLIC OF SINGAPORE
IDENTITY CARD NO S7625418D



Name

LIN CHWEE FONG
(LIN CUIFENG)

林翠凤

Race

CHINESE

Date of birth

18-08-1976

Sex

F

9/0394 1811

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S7625418D

Name

LIN CHWEE FONG (LIN
CUIFENG)

Valid Until 18 Aug 1976

Issue Date 08 Jan 2003



000114983C



NRIC No S7625418D



Valid till

04-09-2005

APT BLK 156 BISHAN STREET 13 #06-90
SINGAPORE 570158

NRIC No: S7625418D

Date: 11/03/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE

Class 3 Motor Cars and Motor Tractors the weight of
which laden does not exceed 2500 kilograms.

PASS DATE

11 Dec 1999

NP 428A



License No: S7625418D

Accident Photo



Accident Photo

