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Vehiller SKR 68 E	E-mail (white this, AIC 2hrs)		
18/7/19 13:20:	i-Motor Claim Form		·
(ii) D' Reporting Only	I-Motor W/O (Within: OD 2h	rs, TP 4hrs)	
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TP Insurer:	Ass't Report by Pax / Hand	to Owner/Whon	A CONTRACTOR OF THE PARTY OF TH
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3) Upload Resurvey Photo [Repair Cost> \$30	000] (-) - 1	1 1 1 1 1 1	
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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 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.

	ACCIDENT STATEMENT
Date Of Report	19/07/2019 12:03
Date Of Accident	18/07/2019 13:20
Exact Location Of Accident	ALONG BISHAN ST 21 TWDS RI (RAFFLES INSTUTION)
Country/State of Loss	SINGAPORE
Saliks and a saliks and a saliks and a saliks and a saliks	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKR68E
Insured/Policyholder	
Name Of Registered Owner	CHANG CHENG GROUP PTE LTD
Co Reg No	201013928N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96557473
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALPHARD 2.5
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	1800122270
Cover Note Number	
Driver	
Name of Driver	LIEW SIAU JIN
NRIC No	S7375135G
Date Of Birth	22/06/1973
Occupation	OUTDOOR
Date Of Driving Pass	25/01/2013
Driving Experience	6 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96557473
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

BLK 781 YISHUN RING RD #09-3560

Postcode

760781

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? 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 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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMK6912S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SHUFEN PAPHASSARANG

NRIC/Passport Number

S7703900G

Contact Number

81686018

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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 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
- 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)

l 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 nutices 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
- 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:

NRIC/FIN No .:

Reporting Centre Personnel's Signature

Name:

Peticyholder's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No .:

Email: <u>sm@idac.com.sg</u>
Tel no: 6555 6888 Fax no: 6454 3279

Lam auto 0107 @ smail. com

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 18 / 7 /2018 (dd/mm/yy)	Time of Accident:(24-HR-FORMAT)
Vehicle No.: SKR 68 E Vehicle Make &	: Model: Toyota Alphard 25
Exact location of Accident: Along Bishan	St 21 towards RI (Roffles Instation) e SI
Policyholder's Name / IC No. : Chang Chen	g Group Pte Ltd / 2010/3928 N
Driver's Name / IC No. : Lien Sigu Jin	/ S73751356 (As Above)
	Company Contact No:
Driver's Address: BIK 781 YIShun Ring	Rol #09-3560 8760781
Relationship between Owner & Driver: (Please CIF	RCLE one only) Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one o	nly)
Own Insurance / Other Vehicle (The one your	want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	No. of Passengers (Including Driver):
Passenger Name :	Gender: Male / Female Gender: Male / Female
Weather condition & Road conditions? (On the day of	of accident)
Clear & Dry / Raining & Wet / After-R	ain & Wet / Drizzling & Wet / Others;
Was there any video captured by your Car Camera?	Yes / No
Any Injuries: Yes / No (If YES) Injured P	'erson' Name:
Injuries Sustain:	Injured Person in Which Vehicle:
Police Report filed: Yes / No (If YES) W	Vhich Police Station:
	er Party(s) Details:
1. Driver's Name / IC No: Shufen Paphassa	Insurance Company (If any):
	Vehicle No:
	Insurance Company (If any):
*Independent Witness (If Any):	

^{*}If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7375135G



LIEW SIAU JIN



CHINESE Date of birth

MALAYSIA

22-06-1973 Country of birth



For LKK/NAC Use On

REPUBLIC OF SINGAPORE **DRIVING LICENCE** Licence Number: S7375135G

LIEW SIAU JIN

Birth Cote 22 Jun 1973 Issue Date 25 Jan 2013

002145582K

4417960



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

Class 3 Motor Cars < 3000kg with =<7 passengers, exclusive 25 Jan 2013 of the driver; and other motor vehicles < 2500kg

15-06-2009

For LKK/NAC Use Only

APT BLK 781 YISHUN RING ROAD #09-3560 SINGAPORE 760781

NRIC No: \$7375135G

Date: 21/03/2013

No: 7248390

NP 428A





CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

: CHANG CHENG GROUP PTE LTD Name of Policyholder

Period of Insurance : 26 Oct 2018 To 25 Oct 2019

Engine No. : 2AR-J114267

Chassis No. : AGH30-0198987 Vehicle No.

: SKR68E

Policy No.

: 1800122270

Endorsement No.

Issued Date

: 25 Oct 2018

ABOUT THE COVER

Make/Model

Driver Restriction

: TOYOTA ALPHARD 2.5 [MPV]

Engine Capacity/Tonnage : 2,494,00 CC

Sum Insured ; Market Value Off Peak Car : No

First Year of Registration : 2018

Insuring with COE/PARF : Yes

: NA Person or Classes of Persons Entitled to Drive*:

Any person who is driving on the Policyholder's order or with their permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition,

You have to pay an additional sum of \$3,000 as "Young anti/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than

Age Condition

: All Age Condition

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 Molor Trade.

Loss of Use 1500cc - 1600cc 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, 1967 (Malaysia), are not to be

EXCESS

Section 1

Fire - \$0 Own Damage - \$1000 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Kok Kuan Hua - \$1000 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRES (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 hottine 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: NA

I/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).

0504467000

LECO AUTOMOBILE PTF LTD 61 UBI AVENUE 2 #01-05 AUTOMOBILE MEGAMART SINGAPORE 408898

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

SSPWTC



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Business Profile (Company) of CHANG CHENG GROUP PTE. LTD. (201013928N)

Date: 26/02/2019

The Following Are The Brie	ef Particulars of :				
Registration No.	: 2010	13928N			
Company Name.	: CHA	CHANG CHENG GROUP PTE. LTD. (w.e.f.07/12/2010) CHANG CHENG HOLDINGS PTE. LTD. 01/07/2010 EXEMPT PRIVATE COMPANY LIMITED BY SHARES Live Company			
Former Name if any					
Incorporation Date.					
Company Type					
Status					
	· Live (
Status Date	: 01/07	/2010			
Principal Activities					
Activities (I)	FOOD	FOOD COURTS, COFFEE SHOPS, AND EATING HOUSES (WITH MAINLY FOOD AND BEVERAGE INCOME) (56122)			
Description	į.				
Activities (II)	· WHO	ESALE ON A FEE OR CONTRACT THE			
Description	:	LESALE ON A FEE OR CONTRACT BASIS (EG COMMISSION AGENTS) (46100)		
Capital					
Issued Share Capital	Number of Shares *	Currency	Share Type		
(AMOUNT)					
1370000	1370000	SINGAPORE, DOLLARS	ORDINARY		
Number of Shares includes	number of Treasury Shares				
Paid-Up Capital	Number of Shares	Currency	Share Type		
(AMOUNT)					
1370000		SINGAPORE, DOLLARS	ORDINARY		

COMPANY HAS THE FOLLOWING ORDINARY SHARES HELD AS TREASURY SHARES

Number Of Shares Currency

Authentication No.: W19126158R

Page 1 of 4



INFORMATION RESOURCES

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Business Profile (Company) of CHANG CHENG GROUP PTE. LTD. (201013928N)

Date: 26/02/2019

Sha	reholder(s)				
Name Address		ID	Nationality/Place of	Source of	Address Changed
			incorporation/Origin	Address	
1	YAP WING SANG	S2631819Z	SINGAPORE CITIZEN	ACRA	01/07/2010
	43 CHUAN VIEW SINGAPORE (554768)				
	Ordinary(Number)	Currency			
	342500	SINGAPORE,	DOLLARS		
2	KOK KUAN HWA	S6972062E	MALAYSIAN	ACRA	01/09/2016
	55 BINCHANG RISE LAUW & SONS GARDEN SINGAPORE (579917)				
	Ordinary(Number)	Currency			
	678600	SINGAPORE,	DOLLARS		
3	LIM LAI HIANG, DELPHINE	S7300933B	SINGAPORE CITIZEN	ACRA	19/09/2017
	58 CLOVER CRESCENT LAUW & SONS GARDEN SINGAPORE (579219)				
	Ordinary(Number)	Currency			
	348900	SINGAPORE, DOLLARS			

Authentication No.: W19126158R

Page 3 of 4