NATIONAL Assessment Cer	tre Semilces. per spiron.	PHILA 1190961	10.
Date In. 23 17 119 10:38	Jeb description	Date &Time Completed	
14A1 A16 190 129421h	4 SAS c-filing		
Volt Ho SLX 8053 B	E-mail (while thes, AIC 2hrs)		48
11(1) 1415119 13:39.	I-Motor Cialm Form	,	
	I-Motor W/O (Within: OD 2	hes, TP +hes)	
100 - Had Reporting Only	I-Photo Uplonded		
7.10.1	Assessment/Survey Report	i	
The finance:	Ass't Report by Fax / Hant	to Owner/Wksp	
Prototred Wksp / IMC Assign Wksp / QW: (	A STATE OF THE PARTY OF THE PAR	Tol:	Pax:
TP Particulfus: Veh No:	SET 9777 K. ! INC	( , )/Non-INC ( )	7.00
Owner / Driver: (		'Tel:	)
Policy No: ( )	Period: ( )	Cover Type: (	
Confirmed by : (	Dates.	Timet	Law March
The state of the s	[Note-Est. Status (WO); N; 0-	20%; P: 21-79%; P 80-	100%]
Year of Registration: ( )	777 297 2970	1	Arbert Arbert St.
Hacess: (\$ ) Londing; \$	1,000 ( ) / \$2,000 ( )		HER BOOK
the second secon	The state of the s	THE RESIDENCE OF THE PARTY OF T	ACON BIRLIAN
( ) Walk-In Customar : Customor's ir			Market Barrier Co.
( ) Total Loss Case : to e-mail Inst	The state of the same of the s	Touristic Control of the Parising Control of the Paris	1 8 2 0 0 1 1 1
Enive-In ( )/Towed-In ( ) Invo	ioe: YILS ( ) / NO ( ) )	TOWING COT ( - 1.1	THE STREET WHEN THE STREET
		the state of the s	in a full thought
1) Apply for Transfort Allowance ( )		(中国的14年 2000年 1971年)	10 31 00
2) QC Choole/Post Repair Inspection	( ')	*	7.73
1) Upload Resurvey Photo [Repair Cost>	39000]	A State Hall	A CONTRACTOR
Injury:	ring and the little way and in process of the		Survey Add 44
	1.00年至60年6日	10. 特殊地位1	1388年7月4日上,
and the second s	1/15-2-1	Acres 1	حنانه انتعب
	1	1	A Total Control Control
2 to 1 constant			Interpolation a
Name of the contract of the co			Mary Might Kanada
MA1905432	4. 4.2		Kir Subliki a kanioni
innonestromoral property	TO A COLUMN TO DATE OF THE PARTY OF THE PART	Arestment (5100); 1NO GI	0) = 0
ivo/O)vner:	4) PT : Vellow-T	The second secon	120 - 10 1
ntactNo;	3) Propiosity	irdugii Buryoy (Resurvey) masti NG Only (yet 10 Jan 200)	530
rnaged Portions	6) TRTRadiusper	Non water the money	573
	7) NL'; Idan DA-	Company of the Property of the Parket of the	
Checked by (Bugr-In-Charge);	Oll' NSi Courlesy	Car/Tpt Allowance	33 -11, 11
THE PARTY OF THE P	Not Report C	The state of the s	510
muorsi oomindalisi ay ka	STATE OF THE PROPERTY OF	led Excess Coordination	220
.ll	9) N12: 1040 Mo	(Kon INO) equina INO	30
3/3;	lavolos dated Involve dated	Per Charged	TIMES A
50 es	1 money man		14
	145 1 1 1.	116 S. T. L. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	w Waggins wants or growing

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

EMail Address

- 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.
  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

AND THE RESERVE OF THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	23/07/2019 10:38
Date Of Accident	14/05/2019 13:30
Exact Location Of Accident	BEDOK NORTH AVE 4 CARPARK LOT 78
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX8053B
Insured/Policyholder	
Name Of Registered Owner	CHAN CHAK SOON
NRIC No	S2171663D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98342115
Alternative Phone No	OFFICE-98342115
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200
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	REPORTING ONLY
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	1800036220-01
Cover Note Number	•
Driver	
Name of Driver	CHAN CHAK SOON
NRIC No	S2171663D
Date Of Birth	21/12/1958
Occupation	INDOOR
Date Of Driving Pass	07/04/1997
Driving Experience	22 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98342115
Fax Number	unitarion de la company de la
Contact Number	OFFICE-98342115

NOEMAIL

Address BLK 91 BEDOK NORTH ST 4 #03-1519

Postcode 460091 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 COLLIDED INTO PARKED VEHICLE

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

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) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : UNKNOWN

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

YES

2

Police Station Name

BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2449999 - FAX NO: 62447258

Was notice of intended Prosecution given?

If Yes, against whom?

### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 SLT9777K

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

#### 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 as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

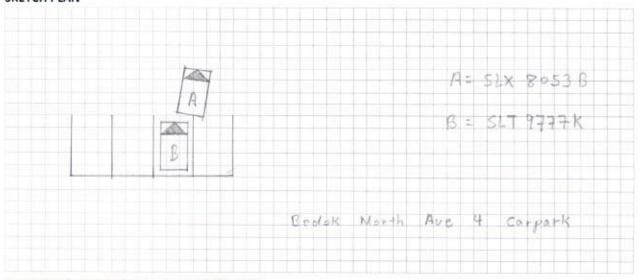
I understand, acknowledge, agree and consent that:

- (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: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	to	Police	Report

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:

NRIC/FIN No.:

# **ACCIDENT STATEMENT**

	1. DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: SLX 8.53 B	
	b)INSURANCE COMPANY: ALG.	
	C)POLICY NUMBER:	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE	
	e)MAKE & MODEL:	E & I HEFT
	f)TYPE:(SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / C	OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)	50
	h) PURPOSE OF USING AT ACCIDENT TIME: Private USE	4
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	
9	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER	
	A) NAME: Chan Chak Soon, (MALE / FE.	MALE)
	b) NRIC/FIN/PASSPORT:CONTACT: 983	4 2115
	The break.	
122	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
le of passanga	3. DRIVER	
ncluding driver	a) NAME: As Above. (MALE / FEN	***
	b)NRIC/FIN/PASSPORT:CONTACT:	MALE
(2)	c)ADDRESS:	
/		
F	*d)DATE OF BIRTH: (/)(DD/MM/YYYY)	
	e)OCCUPATION: (INDOOR / OUTDOOR)	-
	FIVE ARE OF DRIVING EVERTER	
	17 EARS OF DRIVING EXPRERIENCE:	
4	f) YEARS OF DRIVING EXPRERIENCE:	(014):2
4	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES	S/NO)
	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES	lae r
	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OW OWEATHER CONDITION: (CLEAR / RAINING / OTHERS	lae r
5.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  OWEATHER CONDITION: (CLEAR / RAINING / OTHERS  DIROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)	lae r
5.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  OWEATHER CONDITION: (CLEAR / RAINING / OTHERS  DIROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)	lae r
5.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  OW OWEATHER CONDITION: (CLEAR / RAINING / OTHERS  D)ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)  O)REPORTED TO POLICE (YES / NO)	lae r
5. 6. 7.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  O) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  D)ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)  O) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE	lae r
5. 6. 7. 8. 04 pussinger	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  OWNEATHER CONDITION: (CLEAR / RAINING / OTHERS  D)ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)  O)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  O) VEHICLE NUMBER:  SLT 9777 K. MODEL:	lae r
5. 6. 7. 8. 04 pussinger	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  OWNEATHER CONDITION: (CLEAR / RAINING / OTHERS  D)ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)  O)REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  O) VEHICLE NUMBER:  SLT 9777 K. MODEL:	lae r
5. 6. 7. 8. Of passenger	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)  a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  a) VEHICLE NUMBER:  b) DRIVER'S NAME:	lae r
5. 6. 7. 8. 04 passenger lucting elriver)	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)  a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  a) VEHICLE NUMBER:  b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT:  CONTACT:	lae r
5. 6. 7. 8. of passenger luding driver) 9.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  OWNEATHER CONDITION: (CLEAR / RAINING / OTHERS	lae r
5. 6. 7. 8. 04 passenger lucting chriver) 9. 04 passenger	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)  a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  a) VEHICLE NUMBER:  b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT:  CONTACT:  THIRD PARTY VEHICLE  d) VEHICLE NUMBER:  MODEL:	lae r
5. 6. 7. 8. 04 passenger lucting chriver) 9. 04 passenger	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)  a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  a) VEHICLE NUMBER:  b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT:  CONTACT:  THIRD PARTY VEHICLE  d) VEHICLE NUMBER:  MODEL:	lae r
5. 6. 7. 8. 04 passenger lucting chriver) 9. 04 passenger	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  Q) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	lae r
5. 6. 7. 8. 04 passenger lucting chriver) 9. 04 passenger	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)  a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  a) VEHICLE NUMBER:  b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT:  CONTACT:  THIRD PARTY VEHICLE  d) VEHICLE NUMBER:  MODEL:	1000
5. 6. 7. 8. 04 passenger lucting chriver) 9. 04 passenger	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)  a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  a) VEHICLE NUMBER:  b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT:  CONTACT:  THIRD PARTY VEHICLE  d) VEHICLE NUMBER:  MODEL:	1000
5. 6. 7. 8. 04 passinger lucting chriver) 9. 04 passinger lucting driver	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b) ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)  a) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  THIRD PARTY VEHICLE  a) VEHICLE NUMBER:  b) DRIVER'S NAME:  c) NRIC/FIN/PASSPORT:  CONTACT:  THIRD PARTY VEHICLE  d) VEHICLE NUMBER:  MODEL:	lae r
5. 6. 7. 8. 04 passinger lucting chriver) 9. 04 passinger lucting driver	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	ner.
5. 6. 7. 8. 04 passenger lucting chriver) 9. 04 passenger	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	ner.
5. 6. 7. 8. 04 passinger lucting chriver) 9. 04 passinger lucting driver	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	ner.
5. 6. 7. 8. 4 passenger eding driver) 9. of passenger ading driver	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	ner.





1 of 3

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676

Report No. T/20190604/2176

Tel No: 1800-2449999

REPORT OF	A TRAFFIC	ACCIDENT		Station Diary No.:
Date/Tim 04/06/20	e Report M 19 17:00	ade:	Vide Report No.:	96
Informar	nt's Particu	lars		
Name of	Informant: HAK SOON		Address: APT BLK 91 BEDOK NORTH : SINGAPORE 460091	STREET 4 #03-1519
ID Type	/ ID No.: D / S217166	33D	Contact No.: Home/Office:	Mobile: 98342115
Nationali			Email:	
Sex: Male	Age:	Date of Birth: 21/12/1958	Type of Informant: Driver	L. W. War / Sahasi Name:
Race: Chinese			Language: English	Institution / School Name:
Occupa			Driving Licence Information: Class: 3	Date of Expiry:

eneral Information Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 14/05/2019 13:30	Type of Location Car Park
Carpark Clus Weather:	TH AVENUE 4	dok North St 4, lot 78 Road Surface: Dry		Road Speed Limit:
Clear Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Two Way  Type of Colli  Unsure	sion:	110. 30		Anyone conveyed by ambulance: No

Details of V			Model	Color	Condition	No of Passenge
Vehicle No.	Туре	Make	WICCC	Section of the last of the las	No	0
SLT9777K	Car	MERCEDES BENZ		Silver	Damage	
			E200 AVG	Black	No	1
SLX8053B	Car	MERCEDES BENZ	(R18 LED)	Diack	Damage	200

Vehicle No. Insurance Company Insurance No Effective 12/04/2019 11/04/2	Details of V	ehicle Insurance	Telephone Control	Effective	Expiry Date
12/04/2019 11/04/2	A STATE OF THE PARTY OF THE PAR		Insurance No	SCC Chambridge Contractions	The second secon
	Venicle No.	Illisurance company	1000036330-01	12/04/2019	11/04/2020
CLASUPAGE THIS WOLL IN HIGH AND THE COLUMN TO THE COLUMN THE COLUM	SLX8053B	AIG ASIA PACIFIC INSURANCE PTE.	1800036220-01	12/04/2010	1110
		LTD.			





2 of 3 Report No. T/20190604/2176

Police Station Of Origin: Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian Ir	rvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	destriar	Cross	ing: NA
Driver		AN ASSOCIATION	MANAGE PARTY	100000	5555	
Name	CHAN CHAK SOON	V		ID No		S2171663D
Related Vehicle	SLX8053B (Car)			Conta	ct No.	98342115
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

### Brief Details.

On 14/5/2019 at around 130pm, I was driving Black Mercs E200 bearing registration number SLX8053B. I was attempting to reverse into a lot next lot 78 where SLT9777K was parked. As there were road works beside and behind the lot, it took me multiple maneuvers to get into the lot.

While making the maneuver, my vehicle beeped suggest that I was extremely near an object/vehicle. I alighted from my vehicle and made a check at SLT9777K but discovered no damages to the vehicle. However, I recall that I did not collided onto the said vehicle. I did take multiple images of the said vehicle.

A few days ago, I received a letter from Traffic Police, TP/IP/32917/2019 informing me to lodge a Traffic Accident report. I showed IDAC the picture of SLT9777K and after much effort then they realised that there were two small brackets protruding out at SLX8053B's engine grill.





3 of 3

Report No. T/20190604/2176

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

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 <u>report number</u> as reference.

ne: 19 17:00
ation Of Case:
77

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. S2171663D



CHAN CHAK SOON



CHINESE Date of birth 21-12-1958 Country/Place of birth MALAYSIA



For LKK/NAC Use Only



07-01-2015

APT BLK 91 BEDOK NORTH STREET 4 #03-1519 SINGAPORE 460091

5407074

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

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

For LKK/NAC Use Only



# CERTIFICATE OF INSURANCE

# MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder

: CHAN CHAK SOON

Period of Insurance

: 12 Apr 2019 To 11 Apr 2020

Engine No.

: 27492031306399

Chassis No.

: WDD2130422A375078

Vehicle No.

: SLX8053B

Policy No.

: 1800036220-01

Endorsement No. **Issued Date** 

: 28 Feb 2019

#### ABOUT THE COVER

Make/Model

: MERCEDES Benz E200 Sedan Avantgarde

Engine Capacity/Tonnage : 1,991.00 CC

Sum Insured : Market Value

First Year of Registration : 2018

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or with his/her 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 "inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition

: 30 years old and above

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 fest, racing, pace-making, reliability trial or speed-lesting, 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 2000cc

\* 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 - \$800 Theft - \$0 Flood Cover - \$0

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

CHAN CHAK SOON - \$800 (Own Damage)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Cycle & Carriage Euros Service Center (For accident reporting only). Add: 330 Ubi Road 3 Singapore 408650 62061818
 Cycle & Carriage Pandan Loop Service Center - Body Care & Repair. Add: 188 Pandan Loop Singapore 128378 62061818

For other: Approved Reporting Centres/A/G Authorised Repairers, please contact our 24-hour accident emergency holdine at +65 8338 8200. Alternatively, you may refer to A/G website www.aig.com.ag or A/G S/G Mobile App. Simply search and download "A/G S/G" from iTunes or Google Play.

### **IMPORTANT NOTES**

Hire Purchase Company/Employer's Loan: DBS BANK LTD

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 (Melaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Melaysia).

0504612243

CYCLE & CARRIAGE - SSHEN 239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

Our Ref: CC6/AIG19008978/Ahb3

sidnsaltaets

24 May, 2019

Chan Chak Soon 91 Bedok North Street 4 #03-1519 Singapore 460091

Dear Sirs,

## ACCIDENT INVOLVING SLX 8053B AND SLT 9777K ON 14/05/2019 ALONG/ AT BLK 97 BEDOK NORTH AVE 4 CARPARK

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, AIG Asia Pacific Insurance Pte Ltd (AIG) to settle a THIRD PARTY claim against you for an accident which happened on the above-mentioned date and location.

Kindly proceed to lodge your GIA report within five (05) working days of receipt of this letter, giving the version of the accident amongst other things related to the accident. The GIA report can be lodged at any of AIG reporting centres. You may refer to your Certificate of Insurance for the list of the reporting centres.

If you have any information to add or any amendments to make, please contact the undersigned within five days from the date of this letter.

Please note that the standing of your insurance policy such as NCD, premium & etc would be affected.

Yours faithfully,

7917

Vic Alpeh Sanghilan

Claims

Tel: 6841 2096 Fax: 6741 4108

Email: vicalpeh@lkkauto.com

c.c. Claims Manager

AIG Asia Pacific Insurance Pte Ltd

(Motor Claims Dept)



Singapore Police Force 10, Ubi Avenue 3 Singapore 408865 Tel : 6547 0000

Fax: 6547 6259

Date : 25 May 2019

Your Ref

Our Ref : TP/IP/32917/2019

000027

CHAN CHAK SOON APT BLK 91 BEDOK NORTH STREET 4 #03-1519 SINGAPORE 460091

# հրվեկի-վի-կիկդկիվ

Dear Sir / Madam,

CASE OF TRAFFIC ACCIDENT INVOLVING SLX8053B ALONG BEDOK NORTH AVENUE 4 ON 14 MAY 2019 @ 1.30 PM

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

- 2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (http://www.police.gov.sg/epc).
- Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.
- 4 You may contact the Investigation Officer ABD KAREEM B ABD HAGUE at his / her office number: 65476079 or the supervisor CHEW SOOK YENG at 65476425 if you have any further queries.
- 5 Thank you.

Yours faithfully,

PUTEH BTE SHARIFF (DSP)
CHIEF INVESTIGATION OFFICER
INVESTIGATION BRANCH
TRAFFIC POLICE

This is computer generated and does not require a signature.

