Date In: 2019 17:47 1				And in case of the last of the		********
Date In. 15th 1867	ob description		Date & Time Comptete	ed (Done by	
Ref No: NEA / ATG VO 3 16/14	SAS e-filing	LAS .	Name of the second			
Veh No. SMD 8428M	E-mail (within Mire	, AIC 2hts;		1		
DOA : 03/01/2019 16 00	I-Motor Claim	Form .				
	I-Mator W/O (V	Vithin: OD 2hrs."	("P-43irs)	_		
OD TP Reporting Only	i-Photo Upload	****	!			3 37
	Assessment/Surv	ey Report			2000	
TP Insurer:	Ass't Report by	ax / Hand to	Owner/Wksp			
Preferred Wksp /4NC Assign Wksp / QW; (Tel:	Fax:		1
TP Particulars: Veh No: GA	13852	_ INC()/Non-INC(
Owner / Driver: (T'el:)	
Policy No: () Period	:()	Cover Type: ()	
Confirmed by t (Dates	Timer)	
Insured/Driver Limbility: (%) [Note	e-Est. Status (WC): N: 0-20	%; P: 21-79%. F:	80-100%]		
Year of Registration: () War	200200000000000000000000000000000000000)/NO()			
Excess: (\$) Londing: \$1,000 (THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I)		2		-
General Remarks	的人的主義計劃	men a ser a service of the service of	可能的更加。这些本立上	i u to not .		
() Walk-In Contomar : Customer's informa		dential & Str	cily NO rater of repa	(fist.		
() Total Loss Case : to e-mail Insurer (1.0.7			````
Drive-In ()/ Towed-In (); Invoice: Y	ES()/NC)();10	wing Co: (
Romarks P. (INC harling: 6788 6616)			Dates: Time Complet	新科·东西	Done b	<u>y</u> .
1) Apply for Transport Allowance ()/ Cou	rtesy Car ()					
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$300	0) ()		1 - 20.000// 2 - 25			
	0) ()	-				
Injury:		A PERSONAL PROPERTY OF THE PERSON NAMED IN	anges executive to			==
Injury:				p. 25. 1.25	y	
Injury:				0.000.11.00	V V	
Injury:				2 7 0 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
Injury:					20, ±1 ° f.	
Injury: Directions Actions						Ani (\$)
MAIGUESTE		Invaice Pri	paration Checklists			Ain (5)
Injury: Distertion Actions Services NAIGUSSS NAIGUSSS NAIGUSSS NAIGUSSS NAIGUSSS NAIGUSSS NAIGUSSS NAIGUSSS NAIGUSS NA		Invaice: Pre	paration Checklists tReporting (\$30); Assessment (\$100);	10 (SAU)		
Injury: Distertional Actions Actions Liumant's Particulars:		Invalce Pre	paration Checklists t Reporting (\$30); Assosament (\$100); Fee	NC (\$80) \$40/\$45 \$120		
Injury: Distributed Actions Actions Liumant's Particulars Driver/Owner:		Invoice Pre	paration Checklist tReporting (\$30); Assetsment (\$100); Fee Through Survey Through Survey (Resurvey)	INC (380) \$40/543 \$120 \$30		
Injury: Distriction: Actions Liumant's Particulars Driver/Owner: Contact No:		Invalce Pre	paration Gircklist tReporting (\$30); Assetament (\$100); Fee Through Survey Through Survey (Resurvey) nacinal INC Only (well 10) cotion	INC (580) \$40/345 \$120 \$30 an (1005)	Aircs)	
Injury: Distributed Actions Actions Liumant's Particulars Driver/Owner: Contact No:		In Vaice: Pate 1) AR: Accider 2) DA: Dumogra 3) TF: Towing 4) FT: Fallow 5) FT: Follow Cor claiming 6) TR: Re-iarp 7) NI: Idao DA	paration Checklist tReporting (\$30); Assosament (\$100); Yes Through Survey Through Survey (Resurvey) ngoingt INC Only (well to	NC (580) \$40/345 \$120 \$300	Aircs)	
Injury: Directions Actions Actions Claumant Printeculars Driver/Owner: Contact No: Damaged Portion:		Invarice Pre 1) AR: Accident 2) DA: Dumay 3) TF: Towing 4) FT: Fellow 5) FT: Follow Excelainfus 6) TR: Re-lam 7) NI: Iday DA 8) NTUC Addi OH!	paration Gircklists t Reporting (\$30); Assessment (\$100); Fee Through Survey Through Survey (Reservey) nnainat INC Only (well 10 cetion + SMRT Survey tonel Servines;	INC (580) \$40/345 \$120 \$30 an (1005)	Aircs)	
Injury: Distertime: Actions Claumant's Particulars: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):		Invarce Pre 1) AR: Accident 2) DA: Dumay 3) TF: Towing 4) FT: Fellow- Extelainfus 6) TR: Re-lam 7) NI: Idae DA 8) NTUC Addi OI! NI: Courte +N6: Repair	paration Gircklists t Reporting (\$30); Assessment (\$100); Fee Through Survey Through Survey (Reservey) nnaint INC Only (well 10) cetion + SMRT Survey tional Servines; ty Car / Tpl Alinewands Co-ordination	INC (550) \$40,745 \$120 \$500 an (1005) \$75 \$160	Aircs)	
Districtions Actions Claimant's Particulars: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):		Invarioe Pris	paration Gircklists t Reporting (\$30); Assessment (\$100); Yes Through Survey Through Survey (Resurvey) nnainst INC Only (well to cetion t + SMRT Survey tional Servines; ty Car / Tpt Allowance Co-ordination that Inspection older Encass Coordination	INC (550) \$40/345 \$120 \$510 \$75 \$160 \$525 \$55	Aircso)	
Injury: Directions Actions Chainant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):		Invarice Res 1) AR: Accident 2) DA: Durings 3) TP: Towing 4) FT: Fellow- 5) FT: Follow- Eor claiming 6) TR: Re-inm 7) NI: Idae DA 8) NTUC Addi 1011 1NI: Feat Re- 1NI: Feat Re	paration Checklists t Reporting (\$30); Assotament (\$100); Fee Through Survey Through Survey (Restrivey) nacinal INC Only (well 10) cetion + SMRT Survey tional Servines; Ty Cor / Tpl Allowands Co-ordination typic Inspection other Excess Coordination other Excess Coordination F (Non INC) sgainst INC	S100 S100 S100 S100 S100 S100 S160 S150 S160 S150 S150 S150 S150 S150 S150 S150 S150	Aircse)	
Distributed Actions Actions Actions Chainsant Particulars Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):		Invarioe Pris	paration Gircklists t Reporting (\$30); Assessment (\$100); Fee Through Survey Through Survey (Reservey) navinat INC Only (well to cetion + SMRT Survey tional Servines; ty Car / Tpt Allowance Co-ordination pair Inspection office Excess Coordination F (N-m INC) against INC	1NC (580) \$40/345 \$120 \$50 an 7005) \$55 \$5160 \$55 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$	Adicto)	Iliee bby

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.

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

ALCOHOLD TO SERVICE STATE OF THE SERVICE STATE OF T		
	ACCIDENT STATEMENT	/ 12 to keep
Date Of Report	25/07/2019 17:47	
Date Of Accident	23/07/2019 16:00	
Exact Location Of Accident	ALONG FINLAYSON GREEN	
Country/State of Loss	SINGAPORE	
A STATE OF THE STA	DETAILS OF OWN VEHICLE	0.000
Vehicle Registration Number	SMD8538M	
Insured/Policyholder		
Name Of Registered Owner	WONG TUCK SOON (HUANG DESHUN)	
NRIC No	S8538452Z	
Email Address	WTUCKSOON@HOTMAIL.COM	
Mobile Phone No	(LOCAL) +65-92298314	

(LOCAL) +65-92298314

OFFICE-92298314

Alternative Phone No. Vehicle Particulars

Manufacturer KIA

Model CERATO-1.6 EX (A)

Exact Purpose for which vehicle was being used at WORKING PURPOSES

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

if No. Please state action to be taken

Vehicle Category

NO

THIRD PARTY

PRIVATE CAR

Insurance Company

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

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 1800111803

Cover Note Number

Name of Driver WONG TUCK SOON (HUANG DESHUN)

NRIC No S8538452Z Date Of Birth 25/12/1985 Occupation OUTDOOR Date Of Driving Pass 12/01/2006

Driving Experience 13 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92298314

Fax Number

Contact Number OFFICE-92298314

EMail Address WTUCKSOON@HOTMAIL.COM Address

BLK 492D TAMPINES STREET 45

#12-280

Postcode

523492

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

2

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

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)

3

Passenger 1

NAME:

PASSENGER

GENDER:

MALE

Passenger 2

NAME:

: PASSENGER

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

PLEASE REFER TO POLICE REPORT T/20190725/2061

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGN3855Z

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

WONG KUM KONG

NRIC/Passport Number

S0852905A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

WONG TUCK SOON (HUANG DESHUN)

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SMD8538M

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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
- 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
- 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)
 - (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

Mame:

SKETCH PLAN ALUM	4 FINLAYSON GRAN	M.
	Color Color	D. 2 Cm 2 0122N
	1111	B) SGN 3855Z
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
		Dupol
		A 601
	(D) (Q)	75/90
	JEER / 2019	
The state of the s		
DECLARATION		
I/We declare the foregoing particulars	are true in every respect.	2/25les/2018
Policyholder's Signature Date & Time: 2 0 200	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel', Signature MRS Name: NRIC/FIN No.:





1 of 4

Report No. T/20190725/2061

Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE

Tel No: 1800-2959999

Manual Street Street Freeze	STORY SELECTION OF	A TRAFFIC ACCIDENT					
Date/Time Report Made: 25/07/2019 12:32		ade:	Vide Report No.:	240			
Informa	nt's Particu	ilars		CA PARTITION OF THE PARTY OF TH			
Name of	Informant: TUCK SOO	in the second	Address: APT BLK 492D TAMPINES : 523492	STREET 45 #12-280 SINGAPORE			
ID Type / ID No.: NRIC NO / S8538452Z Nationality: SINGAPORE CITIZEN		52Z	Contact No.: Home/Office: Mobile: 92298314				
			Email:				
Sex: Male	Age:	Date of Birth: 25/12/1985	Type of Informant: Driver	10 1 10-01			
Race: Chinese	Race:		Language: English	Institution / School Name:			
Occupation: PIT SUPERVISOR			Driving Licence Information: Class:	Date of Expiry:			

Type of	Injury	Drink Drive:	Date/Time of Accident:	Type of Location Y-Junction	
Accident: Others		No.	23/07/2019 16:00		
Weather:	GREEN	e Quardrant in front of R Road Surface: Dry	affles Place MRT.	Road Speed Limit:	
Traffic Flow: Traff		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Moderate	
One Way Type of Collision: Between Moving Vehicles - Side Swipe - San				Anyone conveyed by ambulance: No	

Details of Ve	PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS	Make	Model	Color	Condition	No of Passenger
Vehicle No. SGN3855Z	Car	Wake	Grand Market Street		Slightly Damaged	0
SMD8538M	Car	KIA	CERATO 1.6(A) EX	Red	Slightly Damaged	2

The second secon	Insurance Company	Insurance No	Effective	Expiry Date
Venicle No.	Insurance Company	The state of the s	25/09/2018	24/09/2019
SMD8538M	AIG ASIA PACIFIC INSURANCE PTE.	1800111803	25/09/2010	24/05/2018





2014

Report No. T/20190725/2061

Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892

Tel No: 1800-2959999

CONTINUATION OF REPORT

Any Pedestrian In	n Involved				Maria III	
No. of Pedestrian		_	Use of Pe	destriar	Cross	ing: NA
Driver		02/2/200	und the market	V. 1904		LAKETO ALDOMORDA
Name	WONG KUM KONG			ID No	Ç.	S0852905A
Related Vehicle	SGN3855Z (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment NIL			Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	
Driver		THE PERSON NAMED IN		400000	DONER	STATE OF THE PARTY OF
Name	WONG TUCK SOO	N		ID No		S8538452Z
Related Vehicle	SMD8538M (Car)			Conta	ct No.	92298314
Hospital/Clinic	FARRER PARK HOSPITAL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	23/07/2019		Date Disc			
No. of Days gran	ted Medical Leave	06	Degree o	f Injury	Sligh	t

Brief Details.

On 23/07/2019 at about 1540hrs I was doing my grab driver job and that point of time there were 2 other passenger in my car. I picked up my passenger from Depot Close and was heading to One Raffles Quay. While I was driving along Cecil Street and Finlayson Green heading towards Marina Boulavard. I was on the second lane from the right turning left when the car (SGN 3855Z) were on the first lane on the right cut into my lane while turning left. As such the car hit onto my right side of the vehicle. At that point of time, none of us were injured as such there were no police or ambulance were called in.

However after the accident my passenger decided to stop the ride and told me that it was near for them to walk over. Afterwhich I stopped driving as I was feeling giddy and went home. While I was at home, my neck and my back felt pain as such I went to the hospital to make a check. I was then admitted in the hospital as the doctors afraid that it could be due to slip disc. I was admitted on the same day and was discharged on 25/07/2019 and was given 6 days medical leave upon admission to the hospital.

My car suffers scratches on the right side from the right mirror to the bumper area. There were a dent on my right driver door.





3 of 4 Report No. T/20190725/2061

Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892

Tel No: 1800-2959999

CONTINUATION OF REPORT





4 of 4

Report No. T/20190725/2061

Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892

Tel No: 1800-2959999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

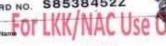
Signature Of Officer Recording The Report E / Sgt 2 NURASHIKIN BINTE MOHAMAD IDIDA FAUZE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/07/2019 12:32
Officer In Charge Of Case: TP / AEIT / Insp NEO CHENG BEET, CECILIA	Classification Of Case:
Contact No.: 65476069	

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have

ACCIDENT STATEMENT

			14
ACCIDEN	T DATE: (23, 07, 2019) (1)	AM WANDAMED TO THE TOTAL PROPERTY AND A STATE OF THE PARTY OF THE PART	/
LOCATION	· F nl · · ·	DD/MM/YYYY), TIME:(M:HH)(00 : 0
LOCATION	v: Finlayson grein	102	
1. DE	TAILS OF VEHICLE		
all	VEHICLE AUDITED COOR COL	of the second	
IId	VEHICLE NUMBER: SMD 8538	s m	W 78
CIE	NSURANCE COMPANY: A FE		
-115	OLICY NUMBER: 18 30 1118	13	
u/r	OLICY TYPE: (COMPREHENSIVE	/ Tilling a comme	
. 9/N	OLICY TYPE: (COMPREHENSIVE	, MILLY THIKD F	ARTY FIRE &THEF
1/11	LETZYTOOM / COTIBE TIME		
- g)v	EHICLE CATEGORY: (PRIVATE / C JRPOSE OF USING AT ACCIDEN	COMMERCIAL MOTORC	CYCLE / OTHERS)
11/1-6	JRPOSE OF HEINIC AT A DOLL	WOION WOION	CYCLE
			(Car
2. INSU	NO. PLEASE STATE (THIRD PARTY RED / POLICY HOLDER	CLAIM V REPORTING	(NO)
DALL (M) AIN	RED / POLICY HOLDER		MEAL
IBY DINE	AME: Wony THUE SOOM	6	ALE
(11)	C/FIN/PASSPORT: 58538452		14 9224 8314
C VIND	DRESS: Inm pines 5+45	BIL 4920 #12-21	100
* co	NTINUE TO 2 11-		
THO of prissing & DRIVE	NTINUE TO 3.d IF DRIVER ALSO F	OUCY HOLDER	
(Including driver) al NAI			
(35 Sinver) binRi	C/FIN/PASSPORT:	IM	ALE / FEMALE)
CADO	DRESS:	CONTACT	THE THEM ALE
*d)DA	TE OF BIRTH: (/	140	
9)000	TE OF BIRTH: (](DD/MM/YYYY)	-
HOAYE	OF DRIVING PASS	JR)	
THE PARTY OF THE P	TUVER AN EMPLOYEE	TAIGUE	
IF NO,	RELATIONSHIP OF THE DRIV THER CONDITION: (CLEAR) RAI	INSURED'S COMPAN	Y? (YES / (NO))
J. GIWEAT	THER CONDITION (OLT -)	THE WITH THOURED!	ouner ~
DIROA	SURFACE: ORY / WET / OTHER	PS OTHERS	
	MICU TO POHOE WEEKING		W W
11 120,	LICASE STATE WHICH DOLLAR	TATION Kampaha	Tava N.P.C.
C4 THE SERVICE THE THE STATE OF	ARTY VEHICLE		14.4.
cluding driver) b) DRIV	HICLE NUMBER: SGN 3855	MODEL: Toyo	ota.
(NRIC	VER'S NAME: Wong Kum Ko		-
THE PLANE	C/FIN/PASSPORT: 5085 1405 RTY VEHICLE	ACONTACT:_	
o of passunger a) VEHI	CLE NUMBER:		
el DRIV	ER'S NAME:	MODEL:	£1752
duding driver) 1) NRIC	/EIN /PARROOM		
3 3 7 1,000	/FIN/PASSPORT:	CONTACT:	
	€ 17		
10 July 10		14	
(10)			1
- 6	t. Land Auto-1919	son @ hotmail.com	
	· · · email = WTuck St	DU CA IDIWALL'OW	20,000
*	LINES		
	VIDEO		
	20		

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8538452Z



WONG TUCK SOON (HUANG DESHUN)

黄

徳 順

CHINESE

Date of Wirth 25 - 12 - 1985

M

Country/Place of birth SINGAPORE



5607311



MRG No. S8538452Z

For LKK/NAC Use Only

Date of lease 03-06-2016

Adtirees

APT BLK 492D TAMPINES STREET 45 #12-280 SINGAPORE S23492 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

ş

Class 3 Motor Cars=< 3000kg with <7 pessengers, exclusive 12 Jan 2006 of the driver; and other motor vehicles >< 2500kg

For LKK/NAC Use Only

NP 428A



RIDE SHARE PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder

--- WONG TUCK SOON (HUANG DESHUN) Period of Insurance 7 18 Sep 2018 to 17 Sep 2019

Engine No. Chasis No.

: G4FGJH703422 : KNAF3416MK5016014 Vehicle No.

Cover Note No.

: 1800111803

Endorsement No. Issued Date

: 18 Sep 2018



ABOUT THE COVER

Make/Model

: KIA Cerato

Engine Capacity/Tonnage : 1,591.00 CC Driver Restriction

: NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2018

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder

a) The PolicyNotion:
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 ho/she meets the specified age condition.

When the Vehicle is used for the carriage of passenger for hire or reward, such authorised driver must be named under the Policy and registered with an intermediary which facilitates the carriage of passengers for hire or reward

You have to pay an additional sum of \$3,000 as "Young and/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 2 years" driving experience.

Age Condition

: All Age Condition

Limitation as to use*

Use for social, domestic, pleasure purposes and business purposes of any person to whom the Vahide is hired. Use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired.

This Poscy does not cover

I) use for driving suffice, driving test, racing, pace-making, reliability trial or speed-lesting.

2) use whitst drawing a traiter except the towing (other than for reward) of anyone disabled using a mechanically propelled vehicle; and

3) use for any purpose in connection with Motor Trade.

* 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

EXCESS

Section 1

Fire - \$0 Own Damage - \$2000 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$2000

Windscreen : \$100

Named Driver and Excess (where applicable)

WONG TUCK SOON (HUANG DESHUN) - \$2000 (Own Damage) \$2000 (Property Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of neving the accident repairs carried out at the Side Agents workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour section temergency hotine at +95 6338 6200. Alternatively. You may refer to AIG website www.aig.com.sq or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Goldbell Financial Services Pte Ltd

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.

I/We hereby perfly that this Cover Note 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 (Malasiya) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0500709934

CYCLE & CARRIAGE - FRANCI

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte, Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

3