NATIONAL Assessment Centi	w Services	Ser Colonial			
Date In: 31/07/19	Jeb description	Vir. + 24H (2-1	Date &Time Completed	Done	by
Rel No. NA /AIG 19013425/13					
Veh No SG75107E	E-mail (within 8)	irs. AIC 2hrs;			
DOA 30/07/19 1820					
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TP Insurer:	Assessment/Sur	vey Report			
113 House	Ass't Report by	Fax / Hand t	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax	:	
TP Particulars: Veh No:	56222189	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
	riod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
		and the properties	0%; P: 21-79%. F: 80-100	%]	
	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,0	000 () / \$2,000 ()			
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Remarks:- (INC horline: 6788 6616)			Date&Time Completed	Done	by
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2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost > \$3	3000] ()				
Injury:					
Date/Time Actions		C. (K. 94) Mark	grade de la grade de la companya de	34-	-
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river/Owner:		4) FT : Follow-Ti	rough Survey \$12	0	
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C Checked by (Engr-In-Charge):		8) NTUC Addition			
Checked by (Engr-in-Charge):		*N5: Courtesy *N6: Repair Co	Car / Tpt Allowance \$ p-ordination \$1		
uditors' Comments :-		*N7: Post Rep	nir Inspection \$2	5	
t. 1.	J. Say Make orghine		lect Excess Coordination \$ (Non INC) against INC \$2		
		9) N12: Idae Mol	oile 3	0	
at. 2 / 3:		Invoice dated	Fee Charged Fee Charged		

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible, Any wilful misrepresentation or 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,
- 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.

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 Date Of Report
 31/07/2019 10:37

 Date Of Accident
 30/07/2019 18:20

Exact Location Of Accident ALONG SENGKANG EAST AVE JUST BELOW TONGKANG LRT

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGT5107E

Insured/Policyholder

Name Of Registered Owner HO SIANG TENG
NRIC No S1792588A

 Email Address
 PETER.HOST@GMAIL.COM

 Mobile Phone No
 (LOCAL) +65-90903982

 Alternative Phone No
 OTHERS-87428586

Vehicle Particulars

Manufacturer HONDA

Model STREAM

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 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 2100325808-06

Cover Note Number

Driver

Name of Driver TAN SU YIN SHARON(CHEN SUYIN SHARON)

 NRIC No
 \$7434234E

 Date Of Birth
 27/10/1974

 Occupation
 INDOOR

 Date Of Driving Pass
 13/06/1993

Driving Experience 26 YEARS AND 1 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-87428586

Fax Number Contact Number

EMail Address TANSUYIN@GMAIL.COM

BLK 25 ANCHORVALE CRESCENT Address

#15-32 544656

3

YES

NO

NO

2

NO

NO

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

Passenger 1

NAME: : HO SIANG TENG

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES NO

YES

Details of Witness 1

Name

ROY SIM

Phone Number

93660065

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLZ2218Y

Vehicle Make/Model/Colour HONDA CIVIC

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHEW JUN HONG

NRIC/Passport Number S8712231Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJB1718C

Vehicle Make/Model/Colour

HONDA VEZEL

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

YANG TZE CHIEH KELVIN

NRIC/Passport Number

S8007241D

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAN SU YIN SHARON(CHEN SUYIN SHARON)

Approximate Age

Injuries Sustain

BACK, NECK AND RIGHT ARM AND LEG

Injured person in which vehicle?

SGT5107E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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:
 - 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:

Briver's Signature

(If driver is not the policyholder)

Date & Time: 31 07 20 0

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SENGRANG EAST AVE JUST BELOW TONG KANG A - S975107E B-51233184 C- SJB1718C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

12/5	repu	to	the	attached	statement.

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

Policyholder's Signature

Date & Time: 3

Driver's Signature

(If driver is not the policyholder) Date & Time: 31/07/2019 Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

PARTICULARS OF PE			
	ERSON MAKING THE AMENDMEN		
Original Report No	MNA119100059	Vehicle Registration N	10: SGT5107E
Name(as shownin NRIC)	TAN SU YIN SHARO	NRIC/FIN/Passport No	SHARON) 0: 57434234
(*Vehicle Driver / Ve	ehicle Owner) (*) Please delete as	appropriate	
Address	BLK DS ANCHOR	EVALE CRESCE	Singapore()
Contact (Tel)		Mobile No.: 87	428586
Email Address	:		
Date of Accident	30/07/19	Time of Accident :	18:20
Place of Accident	ALONG SENGKA		
Insurance Company	AIG		
I have made a report make the following a	t on the above mentioned accider amendments:	nt and would like to include	e additional information or
	J ADJUCY NUM	BER	
ADD 1	1 POLICY NUM	BER	
ADD 10	I POLICY NUM	BER	
ADD 1^	1 POLICY NUM	BER	
ADD 1	Y POLICY NUM	BER	
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ADD 10	J POLICY NUM	BER	
ADD 10	J POLICY NUM	0	31/07/19

Date:

LKK Paya Ubi

From:

Peter Ho <peter.host@gmail.com>

Sent:

Wednesday, 31 July 2019 10:27 AM

To:

LKK Paya Ubi

Subject:

Fwd: On 30 July 2019 while travelling along Sengkang East Ave just below...

On 30 July 2019 while travelling along Sengkang East Ave just below the TongKang LRT junction at about 6.20pm we (Sharon Tan S7434234E SGT 5107E SILVER HONDA STREAM) came to a stop at the red light behind a White Honda Vezel SJB 1718C (driven by YANG TZE CHIEH KELVIN S8007241D)

Shortly after a White Honda Civic (SLZ 2218Y driven by CHEW JUN HONG S8712231Z) crashed into the back of our car and propelled our stationary car forward. My right foot was still on the brakes when the crash occurred. Our car was forcefully propelled forward and crashed into the Honda Vezel in front of us.

After we exchanged contact numbers, I felt pain on my back, neck and right arm and leg. I visited the doctor immediately [Island Family Clinic (Anchorvale) 338 Anchorvale Crescent #01-01 S 540338]. I was prescribed medication for my pain and given a 1 day MC [#7162].

Peter

At the end of life, we will not be judged by how many diplomas we've received, how much money we've made, how many great things we've done. We'll be judged by: I was hungry, and you gave me something to eat... (MOTHER TERESA)

At the end of life, we will not be judged by how many diplomas we've received, how much money we've made, how many great things we've done. We'll be judged by: I was hungry, and you gave me something to eat... (MOTHER TERESA)











CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : HO SIANG TENG

Period of Insurance : 16 Apr 2019 To 15 Apr 2020

Engine No. : R18A1730554

Chassis No. : RN61027163 Vehicle No.

: SGT5107E : 2100325808-06

Policy No. Endorsement No.

Issued Date : 10 Apr 2019

ABOUT THE COVER

Make/Model : HONDA STREAM 1.8

Engine Capacity/Tonnage : 1,799.00 CC Sum Insured : Market Value First Year of Registration : 2007 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 "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

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 suition, 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 Motor 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, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

HO SIANG TENG - \$600 (Own Damage)

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

pproved 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 hotline 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).

COWELL INSURANCE (AGENCY) P L 8 BURN ROAD #09-09 TRIVEX SINGAPORE 369977 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE