Date to: 06/08/2008 65/2-	title Services por Charge	JULI WILL LIVE OF STREET	75	
	7 Job description	Date & Pine Completed	Done by	,,
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D.O.A: 27/01/2018 08:3	1-Motor Claim Form			
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OD . The Reporting Only	i-Photo Uploaded			9.0
TP Insurer:	Assessment/Survey Report		- Je 1	
re-matter;	Ass't Report by Fax / Hand	Lto Owner/Wksti		*****
Preferred Wksp / HNC Assign Wksp / QW:			fax:	1
TP Particulars: Veli No:	PRY STROT INC	()/Non-INC()		
Owner / Driver: (100150	T'cl:)	
Policy No: ()	Period: (Cover Type: (
Constrmed by : (Date:	Time)	
Insured/Driver Liability: (%	6) [Note-Est Status (WO): N: 0-	20%; P: 21-79%. F: 80-	[00%]	
Year of Registration: () Wattanty: YES()/NO()		
Excess: (\$) Londing:	\$1,000()/\$2,000()			
Gengent Remarks:	新小司等的推销的基本的	Part Now Lead Land		
() Walk-In Castomer's		Strictly NO refer of repairer.		
() Total Loss Case : to e-mail In	surer URGENTLY.			
Drive-In()/Towed-In(); Inv	voice: YES () / NO ();	Towing Co: (,)
Remarks: 4 (INC) harling 6788 661 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection)/Courtesy Car ()	2.000		
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()			
Injury:				_
Date/flime / Actions 100 17 17 17		SECTION OF THE PROPERTY OF THE	PRODU	
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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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	06/08/2019 15:37
Date Of Accident	21/07/2019 09:35
Exact Location Of Accident	ALONG YISHUN STREET 51
Country/State of Loss	SINGAPORE
A RESERVE AND THE LOCAL PROPERTY OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ3845C
Insured/Policyholder	
Name Of Registered Owner	DANDELION ED PTE LTD
Co Reg No	201314301M
Email Address	EDWINFONG, EFY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87484599
Alternative Phone No	OFFICE-B7484599
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E220
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994436/100862229-00000
Cover Note Number	
Driver	
Name of Driver	FONG YING CHEUN
NRIC No	S6818550E
Data Of Birth	

Date Of Birth 10/05/1968 Occupation OUTDOOR Date Of Driving Pass 18/07/1990

Driving Experience 29 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87484599

Fax Number

Contact Number OTHERS-87484599

EMail Address EDWINFONG.EFY@GMAIL.COM Address

BLK 623 HOUGANG AVENUE 8

#11-250

Postcode

530623

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

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?

Number of vehicles (including own vehicle)

2

NO

involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

YES

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?

YES

If Yes, Please state which Police Station

Police Station Name

SENGKANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE:

545025 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800 - 3438999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190721/2032

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 Vehicle Make/Model/Colour

FBN8190J

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

HASAN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name

HASAN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBN8190J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Veh A: SLG 3845C Veh B: FBH 81901

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. 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)

Lunderstand, 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.

**! AM AVVARED THAT MY INBURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS

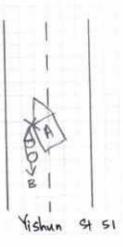
DANDELION ED PTE LTD ROC: 201214301M

Policyholder's Signature Date & Time:

Driver's Signature (if driver is not the policyholder)

Eporting Centre Porsonnel's Lignar Fre HTB

SKETCH PLAN Veh A: SLA 3845 C Veh B: FBN 81903



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Lase	Kefer	Ponce	Report	No. T/20190721/2032
			(39)	
	_			
		-		

DECLARATION

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

DANDELION ED PTE LTD ROC: 201314301M

Policyholder's Signature Date & Time:

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

Date & Time: 6 8 19





1 of 3

Report No. T/20190721/2032

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/07/2019 11:54		/lade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of	f Informant: 'ING CHEU		Address: APT BLK 623 HOUGANG AV 530623	/ENUE 8 #11-250 SINGAPORE	
ID Type / ID No.: NRIC NO / S6818550E		50E	Contact No.: Home/Office:	Mobile: 87484599	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Age: Date of Birth: Male 51 10/05/1968		Date of Birth: 10/05/1968	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: LIMO DRIVER			Driving Licence Information: Class: 3,4	Date of Expiry	

Type of Accident:	Injury Conveyed By Ambulan	Drink Drive: No	Date/Time of Accident: 21/07/2019 09:35	Type of Location	
Location: Along Road 1 YISHUN STR	Sengkar 2 Sengkar 2 Sengkar #01-02 Si Tel: 1800. is Blk 505 Yishun St 51	ng Square 5450251			
Weather: Clear		oad Surface:	F	Road Speed Limit:	
Traffic Flow:	T	affic Control:	1	Traffic Volume:	
Type of Collis Between Mov	ion: ing Vehicles - Side Swipe - (pposite Directi	on a	Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBN8190J	Motorcycle					0
SLQ3845C	Car			3-2-2-5		0

Details of Person Involved	DIGIGAL STREET, TO SERVICE AND ASSOCIATION OF THE PARTY O
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20190721/2032

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Rider			AL SE	Feb.	VARY BUILDING
Name	HASAN	ID No	£0	NIL	
Related Vehicle	FBN8190J (Motorcycle)			ct No.	82392867
Hospital/Clinic	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days gran	Degree of	Injury	NIL		
Driver				1000	
Name	FONG YING CHEUN			22.	S6818550E
Related Vehicle	SLQ3845C (Car)			ct No.	87484599
Hospital/Clinic	NIL			of g ce & Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of		NIL	

Brief Details.

On the 21/07/2019 at about 0933hrs, I was driving my limousine SLQ3845C along Yishun Street 51. When I wanted to do a lane change from the right lane to the left lane, I made a check and there is a motorcycle from a distance away and I turned on my left signal and did a lane change. Suddenly there is an impact from the left of my vehicle and it was the motorcycle FBN8190J that had hit onto the left side of my vehicle. After the accident, I got off my vehicle to make a check and the rider was on the ground bleeding from his mouth. I quickly called for the ambulance and the ambulance arrived shortly and he was conveyed by the ambulance. The traffic police also arrived at the scene and I was advised to make a traffic accident report with regards to the accident. I was unable to converse with the rider as he was bleeding from his mouth. I had viewed back my rear car cam and the rider was ridding very fast from behind when I was doing the lane change and he squeeze into the left lane which I was changing to.

My vehicle's left side portion was also badly scratched and my left side mirror was damaged.





3 of 3

Report No. T/20190721/2032

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

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 report number as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 3 LEOW CHONG WAI	Eli-
Signature Of Interpreter: Not applicable	Date/Time: 21/07/2019 11:54
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Sr Staff Sgt NOR HIDAYU BINTE ABDUL SAMAD Contact No.: 65476423	
uthentication Stamp P168 SN 08	S.E.

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com Particular Of Insured/Driver & Details Of The Accident Motor Accident Report *Time of Accident: 0935 am *Date of Accident: *Accident Location: Vehicle Details *Vehicle Number: SLQ 3845 C * Make & Model: Mex cedes Benz EDDOD Insured / Policyholder *NRIC: 201314 301 M *Owner Name: Dandelion ED he hed *Address: * HP: *Email: *Occupation: (Indoor / Outdoor) * Tel /H /Other: Driver () same as above *NRIC: S 68/8550 E *Address: BIK 633 Hougang Are 8 # 11-250 *Date of Birth: 10 May 1968 *Driving Pass Date: 18 July 1990 * HP: 8748 4599 *Email: ed winforg. efyc@gracil. 6m *Gender: Male / Female *Occupation: Limous The Driver (Indoor / Outdoor) * Tel /H /Other: *Driver an employee: Yes / No (*If no, what is relationship with the policyholder: Passengers Details * P/Name: ______(Male/Female) * P/Name: _______

* P/Name: ______(Male/Female) * P/Name: ______ (Male/Female) Insurance Company *Coverage: C / TPFT / TPO * Policy No: _____ *Insurer: Detail of other vehicle / Property 1 Detail of other vehicle / Property 2 Vehicle No.: FBN 8190,T Vehicle No.: Make & Model: Make & Model: Vehicle Category: Vehicle Category: Name of Driver: _____ Name of Driver: NRIC : NRIC : No. of Passengers (Including Driver):_____ No. of Passengers (Including Driver): For Official Use Only *Claiming against Own Ins.: Yes / No (If No, Reporting only / TP Claims) General Information of the accident *Type of accident: Head-Rear / Side wipe / others: *Weather conditions: Clear / Raining / others: ______ *Any video cam: Yes MB *Road Surface: Ney / Wet / others: *Witness: Yes / 🚱 (Name: NRIC :_____ HP:____ *Accident reported to police: Yes No *Summon against whom: *Injured party: New / No *No. of passengers (include driver): -I/Name: Hasan *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No -I/Name:

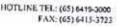






TIT-100A







CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT(CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACY, 1937 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR

OWN DAMAGE EXCESS WINDSCREEN EXCESS

S\$1,500.00 (1811)

CERTIFICATE NO. 999994436/100862229-00000

(for policies with effect from 1st Nevember 2002)

\$\$100.00

SUM INSURED

\$\$1.00

INSURING WITH COE/PARF

YES

1) VEHICLE REGISTRATION NO.

SLQ3845C

2) NAME OF INSURED

Dandelion ED Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

14 Sep 2018

4) DATE OF EXPIRY OF INSURANCE

13 Sep 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE

Any person who is driving on the Insured's order or with their permission.

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

6) LIMITATION AS TO USE *

Use for the carriage of passengers or goods in connection with the Insured's business,

Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.

The Policy does not cover

1) Use for racing, pace-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.

are of passengers for hire or reward by any person to whom the vehicle is hired.

LOSS OF USE NOT INCLUDED

N/A * NAMED DRIVER

HIRE PURCHASE COMPANY AUTO LEASE PTE LTD

* 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 Venicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 27 Sep 2018

AIG ASIA PACIFIC INSURANCE PTE, LTD.

000064-000 DIRECT CLIENTS 01.4.95 AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120

Authorised Representative

ORIGINAL

SSPYTE