NATIONAL Assessment Centre Services	pert i Jarres	July 401010	3492	
Date In: 07 08 30 10 10 15 Job description	00	Date & Time Comple	trick	Done by
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OD TP Reporting Only	loaded	1		
Assessment	Survey Report			
TP Insurer: Ass't Repor	t by Fax / Hand to	Owner/Wksp		
Preferred Wksp /4NC Assign Wksp / QW: (-		Tol:	Fax:	
TP Particulars: Veh No: Wy 1966.	, INC ()/Non-INC ()	
Owner / Driver: (Tel:	Į!)
Policy No: () Period: ()	Cover Type: (<u>)</u>
Confirmed by : (Dates	Time:		1
Insured/Driver Liability: (%) [Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. F:	80-100%]	
Year of Registration: () Wattanty; YES	()/NO()		
Excess: (\$) Londing: \$1,000 ()/\$2,0				
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Drive-In () / Towed-In (); Invoice: YES ()	/ NO();T	owing Co: (
Remarks: P. J. (TNC harling: 6788 6616)		Date&Time Comple	edder Sitt	Done by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			
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	8) NTUC Add	Honel Services:		
QC Checked by (Engr-In-Charge):		sky Car / Tpt Allowance		
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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 wilholding 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.

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企业的企业,通过企业的企业的企业	ACCIDENT STATEMENT
Date Of Report	07/08/2019 10:24
Date Of Accident	06/08/2019 13:50
Exact Location Of Accident	ALONG NEW BRIDGE ROAD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMJ5284H
Insured/Policyholder	
Name Of Registered Owner	PANG DAISY
NRIC No	S0001613F
Email Address	KEVINTANEC@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96756609
Alternative Phone No	OTHERS-98350200
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE
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	
Cover Note Number	1900017586
Driver	
Name of Driver	TAN ENG CHEK KEVIN
NRIC No	S0160553D
Date Of Birth	05/05/1951
Occupation	INDOOR

INDOOR Occupation Date Of Driving Pass 05/02/1969

Driving Experience 50 YEARS AND 6 MONTHS

Gender MALE

(LOCAL) +65-96756609 Mobile Number

Fax Number

Contact Number OTHERS-98350200

EMail Address KEVINTANEC@YAHOO.COM Address

413 UPPER CHANGI ROAD

Postcode

486946

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

COLLISION - HEAD TO REAR

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

200724

ambulance?

NO

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?

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 SKETCH PLAN

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

SJN9590L

Vehicle Make/Model/Colour

HYUNDAI

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MOHAMED ABDUL KADER SHAIKNA LEBBAI

NRIC/Passport Number

S7979506B

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.
- 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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

(14 1740 Was

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN		V V V	2 2	
NOPER &		Fu Tough	e-/ 	E HAURLON ROAD
19	1/1/2	# 4 4) 	2) SMJ 5284H1
SMJ (A) 172844 NAL 18000	80			3) SJN 9590L
DESCRIBE CIRCUMSTANCE	-	- Fill the last of		
	(B)			
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	Cherry Street.	2		2 . 1
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	7			
DECLARATION				7
I/We declare the foregoing part	iculars are true in every respec	it.		alod me
Policyholder's Signature	Driver's Signature	-	Reporting Centre	Personnel's Signature
Date & Time:	(If driver is not the poli	cyholder)	Name:	ROPZ MAH

ACCIDENT STATEMENT

84	CCIDENT DATE: 6	\$ 12019 1(DD/MM	(YYYY), TIME:((-:	12)(HH:MM)
			Cornei/cossoud -	
	1. DETAILS OF VEHICL	E 0 -		(I)
	a) VEHICLE -NUMBE		184 H .	100 400
	DINSURANCE COA	APANY: AIG		
	CIPOLICY NUMBER:	190001758	6	
			D PARTY / THÍRD PART	V CIDE PTUCETI
	OMAKE & MODEL:	KIA CERAT	O FART / THIRD I ART	I THE BUILDIN
*			LORRY / MOTORCYCL	E (OTHERS)
	gIVEHICLE CATEGO	RY PRIVATE Y COMA	MERCIAL / MOTORCYC	E/OITIERS)
	h)PURPOSE OF USIN	GAT ACCIDENT TIME	: PRIVITE LISE	, LE) .
	I) ARE YOU CLAIMIN	G UNDER YOUR OWN	INSURANCE (YES/NO	17
53	IF NO. PLEASE STAT	E THIRD PARTY CLAIM	A REPORTING ONLY	
	2. INSURED / POLICY H	OLDER	y menoninio onen	
and have		A154 PANG	IMALE	(FEMALE)
CHARGE INC	DINRIO/FIN/PASSPO	RT: 50001613		
	c)ADDRESS: 413	UPPER CHANGI ROM	40	
		SINGHOORE 41694		
Maria A	* CONTINUE TO 2 41	F DRIVER ALSO POLIC	Y HOLDER	· · · · · · · · · · · · · · · · · · ·
# No of passon	DRIVER			
. Clincluding driv	a) NAME: IN	ENG CHEK KEN	MALE	/ FEMALE)
ar Carlo	DIMMIC/LIM/LY22LO	KI: 20(60713 D	CONTACT	18350200
"-FE)	C)ADDRESS: 413	LIMPER CHANGE		
	*-000 AVE OF SHEET	DINGHORE 41		525-101 (2011)
	"d) DATE OF BIRTH: (_		(DD/MM/YYYY)	
	e)OCCUPATION: (IIK	DOOR / OUTDOOR)	18than v	(37)
	FIDINE OF DRIVING	PASS 5 TES	1969	1 III 1
	4. WAS DRIVER AN EN	TPLOYEE OF THE INS	SURED'S COMPANY?	(YES / NO)
	5 GIWEATHER CONDITIONS	ILP OF THE DRIVER	WITH INSURED: H	36400
	 a) WEATHER CONDITION b) ROAD SURFACE: (C 	ON: (CLEAR / RAINING	DRY .	
6	6. WAS ANYBODY INJUR	NED (YES (NO)	DICT .	
	7. a) REPORTED TO POLI	CE IVES VIOL		* · · ·
	IF YES, PLEASE STATE	WHICH POLICE STATE	loki.	
	THIOD DADTY WELLIAM	TITIOTTI OLICESTAL	ION.	
At He of passing en	a) VEHICLE NUMBER	: 55N 9590	MODEL: Y	NOTI
(Including drive) b) DRIVER'S NAME:	MOHAMED ABDUL	KADER SHAIKNA	LEBRAL
()	C) NRIC/FIN/PASSPO	DRT: 57979506	G_CONTACT:	
·· /	. THIRD PARTY VEHICLE	MILE TO CONTRACT OF CONTRACT O		
to of passang	d) VEHICLE NUMBER		MODEL:	4 / L
(but he had	el DRIVER'S NAME:_			9 20
(Including driv	I) I) NRIC/FIN/PASSPO	RT:	CONTACT:	
()		STEP SHOWS		
		1970C W		
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email = kenndanec@yahoo.com VIDBO











COVER NOTE

KIA AUTO PROTECTOR 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 Period of Insurance

: PANG DAISY

: 05 Mar 2019 to 04 Mar 2021

Engine No.

: G4FGJH721851 /

Chasis No. : KNAF3416MK5031048 < Vehicle No.

Cover Note No. Endorsement No.

: 1900017586

Issued Date

: 05 Mar 2019



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 : 2019

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Ofive*:

a) the reacynoper
 b) Any other person who is driving on the Polloyholder's order or with higher permission.
 This Folloy will indemnify the Policyholder or any authorised driver only if heishe meets the specified age constitution.

You have to pay an additional sum of \$3,000 as "Young and/or inexperienced Onver Excess" ("YIDR") If You are 25 Your Authorized Oriver (named or unnamed) is unuser the age of 35 and/or has less than 2.

Age Condition

: All Age Condition

Limitation as to use*

use only for social comestic and pleasure purposes and for the Poksyholder's quariess.
This Poksy does not cover use for him or reward, driving tutton, driving test, recing, pocerhasing, reliability that or speed lesting the carriage of got is utiliar than carried in connection with any trade or quaries or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Art (Cap. 189) and Section 95 of the Royal Transport Act. 1987 (Mataysia), are not to be

EXCESS

Section 1

Fire - 50 Own Damage - \$600 Thet - 50 Flood Cover - 50

Section 2

Property Damage - 80

Windscreen: \$100

Named Driver and Excess (where applicable)

PANG DAISY - \$600 (Own Damage)

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

1 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000

2.Cycle & Carriage Body & Paint Centre, Add, 209 Pandan Gardens Singapore 609339 65684501

3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 241 Alexandra Raud Singapore 159901 84278-000 4 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 330 Util Rd 3 Singapore 408556 67481000

市等等并特別的特性自然學

For other: Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour socident emergency hothre at +65 0338 6200. Alternatively, you may relat to AIG visballs www.aig.com.ag.or.AIG 53 Mobile App. Simply search and download "AX3 50" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan; NA

THE WAR SAN TO STORE BORING SAVE BUY THE SAME SHOP SAVE BY AND ASSESSMENT

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 AlG immediately.

I/Wa hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 185), For IV of the Road Transport Act, 1987 (Malasiya) and Motor Vehicles (Third Party Risks) Rules, 1989 (Malasysie). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0504622200

C&CKICP2 - ALTHAM

239 ALEXANDRA ROAD

SINGAPORE 150930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

ATE IN COMPANY OF THE