	e Services wet 1 Jan'05] M	HH11319733 0	
Date In: 17/8/19-14:44	Jcb description	Date &Time Completed	Done by
Res No: NA AIG 9014060 try	SAS e-filing		
Veh No: Jup317416	E-mail (within Shrs, AIC 2hrs)		, w
D.O.A : 10/8/19 17:00	i-Motor Claim Form		
	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)	
OD (PP) Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
17 Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax	
TP Particulars: Veh No: 6532	965B . INC ()/Non-INC()	*
Owner / Driver: (Tel:)
Policy No: () Per	iod: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [N	Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. F: 80-100	0%]
Year of Registration: () W	Varranty: YES () / NO ()	
	00 ()/\$2,000 ()		
General Remarks:-			& S
the second second			5-AWXW-2 "W"X-"
Remarks:- (INC hotline: 6788 6616)		3	SAWXWAT WYX:"
kemarks:- (1812 hotune: 6788 6616)	6. ACM 10. CO. C.	Date& Time Completed	Done by
	ourtesy Car ()	Dates: Time Completed	Done by
Apply for Transport Allowance ()/Co		Dates Timb Complet 34	Done by
Apply for Transport Allowance ()/Co QC Check / Post Repair Inspection	ourtesy Car ()	Datek Tamil Complet 34	Done by
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30]	ourtesy Car ()	Dates Tamb Complet 34	Done by
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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.

	ACCIDENT STATEMENT	
Date Of Report	13/08/2019 14:44	
Date Of Accident	10/08/2019 13:00	
Exact Location Of Accident	BUKIT TIMAH RD BEFORE DALVEY ESTATE	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLP3174K	
Insured/Policyholder		Mile
Name Of Registered Owner	JIN & WEI ENTERPRISES	
Co Reg No	52998339K	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-89999999	

Vehicle Particulars

Manufacturer HONDA

Model VEZEL HYBRID 1.5 AUTO

Exact Purpose for which vehicle was being used at WORKING

time of accident

NO

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY

If No, Please state action to be taken Vehicle Category PRIVATE HIRE

Insurance Company

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

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 999994251

Cover Note Number

Driver

Name of Driver KOH GEE JONG (XU YURONG)

NRIC No S7422752Z Date Of Birth 13/07/1974 Occupation OUTDOOR Date Of Driving Pass 22/05/1995

Driving Experience 24 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87880082

Fax Number

Contact Number OFFICE-87880082

EMail Address NOEMAIL

BLK 436 TAMPINES STREET 43 Address

#04-109

Postcode 520436

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

NO

1

NO

NO

NO

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

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)

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBJ2965B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

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

- Please report correctly the details of the accident to speed up the claims process.
- 7 This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3 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>.
- 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)

l 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:

ENT

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

vehicle A: SLP3174K vehicle b: 48J2965B guest through road

were on-coming rehicles, I applied my beates. About 1-2 seconds later, vehicle 'B', 983 2965B, hit and my stationary vehicle 'c rear partion.			011	1	ne	stat	ed o	late		tin	ne,	I,	Veni	cle 7	4, 5	SLP?	5174K
seconds later, vehicle 'B', 98J 2965B, hit anto my stationary	NOS	trav	/ettiv	ng .	SIVO	ignt	alone)	ne	stated	l v	enu	e. X	3	ther	e	
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								11000					- 62				

DECLARATION

rticulars are true in every respect.

52998339k

Policybolder's Date & Time

Driver's Signature

(If driver is not the policyholder) Date & Time:

Reporting Centre Personney's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 10 / 08 / 2019 1(DD/MM/YYYY), TIME: 13: 03 HHH:MM)
LOCATION: Along Bukit Timah Road, before Dalvey Estate
1. DETAILS OF VEHICLE GIVEHICLE NUMBER: SLP 3174K. DIINSURANCE COMPANY: AIG
CIPOLICY NUMBER:
HONDEL: 110nda Vezel Hubrid f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: WOTE DUI POSE
IJ ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/140) IF NO, PLEASE STATE (THIRD PART) CLAIM / REPORTING ONLY)
A)NAME: JIN & WEI ENTERPRICES (MALE / FEMALE)
DINRIC/FIN/PASSPORT: 52998339K. CONTACT: CIADDRESS: 210 TUNG CLUB ROAD, #CO3 TWE Grand Ctand S(287995).
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Chadading driver) DINDICKEN/PASSPORT: ST4227527 CONTACT: \$758 0082. [8678 100]
6) DINRIC/FIN/PASSPORT: ST421707 CONTACT (520436)
e)OCCUPATION: (INDOOR / OUTDOOR)
1) YEARS OF DRIVING EXPRERIENCE: (YES / 60)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:
B. THIRD PARTY VEHICLE HO of passenger a) VEHICLE NUMBER: GBJ 2968B MODEL:
(01) males third Party Vehicle
d) VEHICLE NUMBER:MODEL:
Including driver) f) NRIC/FIN/PASSPORT:CONTACT:

email =

lax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7422752Z



Name



KOH GEE JONG (XU YURONG)

许



Race

CHINESE

Date of Birth

Sex

13-07-1974

M

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE

PURIE DRIVING



-TEIMIT

Licence Number: S 7 4 2 2 7 5 L Name:

KOH GEE JONG (XU YURONG) Use Only

Birth Date: 13 Jul 1974

Issue Date: 06 May 2003







S7422752Z NRIC No.

For LKK/NAC Use I

Blood Group

Date of issue

18-10-2001

T BLK 436 TAMPINES STREET 43

#04-109

SINGAPORE 520436

THE LICENSED TO DRIVE VEHICLES AN THE FOLLOWING CLASS(ES)

RASS DATE

Motor Cars and Motor Tractors the weight of

which unladen does not exceed 2500 kilograms

Heavy Motor Cars and Motor Tractors the Class 4 weight of which unladen exceeds 2500 kilograms

Motor Vehicles which are not constructed Class 5 themselves to carry any load and the weight of which unladen exceeds 7250 kilograms

22 May 1995

05 Sep 2002

03 Oct 20C2

NP 428A





CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

Comprehensive Commercial Motor (Autoplus)

CERTIFICATE NO.

SLP3174K

POLICY NO.

999994251

POLICY EXCESS POLICY EXCESS S\$2,000.00 (I) \$\$2,000.00

WINDSCREEN EXCESS

S\$100.00

SUM INSURED

Market Value

INSURING WITH COE/PARF Yes

(The below excess is subject to GST)

SLP3174K

Jin & Wei Enterprises

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

4) DATE OF EXPIRY OF INSURANCE

1) VEHICLE REGISTRATION NO.

2) NAME OF POLICYHOLDER

22 February 2019

21 February 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

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

The Authorised driver must be age within 22 to 65 years old with at least 2 years driving experience unless specified otherwise This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition. Additional Excess \$ 1,000 is applicable Outside Singapore

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 from driving the Motor Vehicle.

6) LIMITATION AS TO USE*

- 1) Use for social, domestic, pleasure purposes and business purposes of Insured
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for tuition, driving test, 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. 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

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

Issued in Singapore 21 Feb 2019

0500656-000

Cowell Insurance Agency Pte Ltd

8 Burn Road

#09-09 Trivex

Singapore 369977

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPIUS