NATIONAL Assessment Cu	ntre Services.	[well   Jarrost .	ming (9) 1405	3	51
Date In: 09 01/200 11/10	Job description		Date & Timo Complete	d Done	e by
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Veh No. Of C	E-mail(Spain	Nor. AIC 2lus)		†	-
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antestood (215	V	(Within: OD 2hrs	7P (hrs)		
OD (TP)' Reporting Only	i-Photo Upic		1	<del> </del>	
	Assessment/St		<u> </u>	-	
TP Insurer:			0		
Profured Wksp / INC Assign Wksp / QW:	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.	y Pax Things	Owner/Wkan	Faxt	- Calvar
TP Particulars: Veh No: /	(M) K - 71602 D	INC (	)/Non-INC( )	-1.000.5	
Owner / Driver: (	app (DOD)	inct	Tel:	· · · ·	
Policy No: (	Period: (	)	Cover Type: (		
Confirmed by : (		Date:	Timer	)	
The state of the s	6) Note-Est Status (		0%; P: 21-79%. P: 8	0-100%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (5 ) Loading:	\$1,000 ( )/\$2,000	( )	-		
Concentrationales & Concentration	THE PARTY AND THE TO	PICKEN AND SEC	APSTANCE ASSOCIATE \$5	1181	
( ) Walk-In Customer : Customer's	Information strictly Co	niidential & Str	ictly NO refer of repair	or.	
	surer URGENTLY.		·		
Drive-In ( )/Towed-In ( ): Inv	oice: VES( )/I	10 ( ) T	owing Co: ( · , '		)
Complete Washington Complete C				A Carlon	by ·
The state of the s	/Courtesy Car (	)	WHILLIAM COMPANIES AND VOTA	1000000	
2) QC Check / Post Repair Inspection	( :	-	<b> </b>	1	
3) Upload Resurvey Photo [Repair Cost		5		17:	
		<u> </u>			
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iver/Owner:	¥	3) TF : Towing Fe 4) FF : Follow-Th	rough Survey	\$120	
ntact No:		A Ler. Hallow-Th	rough Survey (Resurvey)	230	
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rnaged Portion;		7) N1 : Idae DA +	SMRT Survey	\$160	
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Checked by (Engr-In-Charge):	·	*N6: Hanale Co	Car/Tpi Allowance	\$10 \$10	
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		19) N121 Ideo Mob	Fee Charg	4	PHANTS TO
2/3		Involce dated	Fee Charg	MANAGE AND ASSESSED.	L

## 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.
- 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	09/09/2019 11:19
Date Of Accident	06/09/2019 13:20
Exact Location Of Accident	ALONG NICOLL HIGHWAY BESIDE SUNTEC
Country/State of Loss	SINGAPORE
the later of the burns with this later of	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC4770B
Insured/Policyholder	
Name Of Registered Owner	TAN SOH CHOO
NRIC No	S0147103A
Email Address	WPETERHL@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96622790
Alternative Phone No	OTHERS-96622790
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
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	2100466412-03
Cover Note Number	
Driver	
Name of Driver	TAN SOH CHOO
NRIC No	S0147103A
Date Of Birth	06/02/1951
Occupation	INDOOR
Date Of Driving Pass	14/12/1970
Driving Experience	48 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96622790
Fax Number	
Contact Number	OTHERS-96622790
EMail Address	WPETERHL@YAHOO.COM

Address

3 ELIAS GREEN

#10-06

Postcode

519960

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

-

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

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

1000

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)

31

**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/20190906/2120

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

GBE7603P

Vehicle Make/Model/Colour

Details Of Properties

VACABAGAS ANTARAS

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

- 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: 9 9 9

10110

Driver's Signature

(If driver is not the policyholder

Date & Time: 9 9 19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

• 05.

SKETCH PLAN	Along Micou Highway Brelon sunner &
	E E PAT DE LEADON
	SLC 4970B  GBE 7603P  NCES OF THE ACCIDENT
	A Policy Mor
	Coll (20)
DECLARATION I/We declare the forego	g particulars are true in every respect.
Policyholder's Signature Date & Time: 9 9	Driver's Signature (If driver is not the policyholder) Date & Time:  Reporting Centre Personnel's Signature Name: NRIC/FIN No.:





1 of 3

Report No. T/20190906/2120

Police Station Of Origin: Bukit Merah East N.P.C

A 391 New Bridge Road Police Cantonment

Complex SINGAPORE 088762

Tel No: 1800-2369999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/09/2019 16:20			Vide Report No.:	Station Diary No. 94
Informan	t's Partice	ulars		
Name of I TAN SOH	nformant:		Address: 3 ELIAS GREEN #10-06 SINC	SAPORE 519960
ID Type / ID No.: NRIC NO / S0147103A		03A	Contact No.: Home/Office: Mobile: 96622790	
Nationalit	y:	4.07240.000	Email:	
Sex: Age: Date of Birth:			Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/09/2019 13:20	Type of Location Straight Road	
Location: Along Road 1 NICOLL HIGI <u>Beside Sunte</u> Weather:	YAWH	Road Surface:	F	Road Speed Limit:	
TIAMO TIOW.		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collis	sion: ving Vehicles - Side S		1	Anyone conveyed by ambulance:	

Details of V	ehicle Invo	lved			1300 7000	The second second
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
GBE7603P	Lorry			Grey		0
SLC4770B	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Red	Seriously Damaged	

Details of V	ehicle Insurance		1	I = to Date
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100466412-03	17/05/2019	16/05/2020





Police Station Of Origin: Bukit Merah East N.P.C. A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762 Tel No: 1800-2369999

2 of 3 Report No. T/20190906/2120

CONTINUATION OF REPORT

<b>Details of Perso</b>	on Involved		Control of the latest and the latest			
Any Pedestrian I	nvolved: No					
No. of Pedestrian			Use of Pe	destria	n Cross	ing: NA
Driver			030 011 0	uestria	Closs	sing: NA
Name	TAN SOH CHOO		ID No	).	S0147103A	
Related Vehicle	SLC4770B (Car)		Conta	act No.	96622790	
Hospital/Clinic	NIL			Class Drivin Licen	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date		Date Disc		NIL	
No. of Days granted Medical Leave NIL		NIL	Degree of		NIL	

# Brief Details.

On 06/09/2019 at about 1320hrs, I was driving my red color Mitsubishi Attrage bearing registration plate number SLC4770B along the first lane of Nicoll Highway. Subsequently, a grey color lorry bearing registration plate number GBE7603P that was on the second lane of Nicoll Highway suddenly moved towards my car and brushed against it.

I immediately slowed down and sounded my horn. I also moved to the left side of the road to stop and speak to the driver. However, he drove off without stopping.

My car does not have an in-car camera.

I was not injured

Damages to my vehicle as follows:

- 1) Dislodged bumper on left side;
- 2) Scratches on left side of front bumper;
- 3) Dent on left side of front bumper
- 4) Scratches on left side of car above the front left tyre;
- Abrasion on both left passenger doors.

I am unsure if there are any damages to his lorry





3 of 3

Report No. T/20190906/2120

Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762

Tel No: 1800-2369999

# 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.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: A / Staff Sgt SURAJDEEP SINGH S/O RAJVENDER SINGH	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 06/09/2019 16:20	
Officer In Charge Of Case: TP / HRT / Insp GOH GEOK LYE Contact No.: 65476148	Classification Of Case:	

# ACCIDENT STATEMENT

ACC	IDENT DATE: (6. 19 19 ) (DD/MM/YYY), TIME: (13 : 20) (HH:MM)	
LOCA	ATION: Nicoll Highway	Ü
	(1.	
€K;	DETAILS OF VEHICLE	
	alvehicle Number: 5 C 47708	
	DINSURANCE COMPANY: A G	
920	CIPOLICY NUMBER: 2100 466 412 -03	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	
046	OJMAKE & MODEL: Mishbishi	
4	()TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE. / OTHERS)	
	9) VEHICLE CATEGORY: (PBWATE / COMMERCIAL / MOTORCYCLE)	
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	
20	IF NO. ILEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
2.,	MASORED / POLICY HOLDER	
	A)NAME: 16n Soh cho.0 [MALE / FEMALE]	
	DINRIC/FIN/PASSPORTS DIV 7 103 M CONTACT: 96622790	
- 60	CIADDRESS: MIC 3 RIVER Green # 10-06	
risc w	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	ő
#No of passonger	DRIVER	
(Including driver)		
(1)	THE CONTACT: 100 TP 10	
	CIADDRESS: 12/16 3 Klim Green# 10-06.	
	*d) DATE OF BIRTH: (06) 01/ 57 100/MM/YYYY)	
	B)OCCUPATION: (INDOOR / OUDOOR)	
	FIDATIE OF DRIVING PASC	
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO)	
	IF NO, KELATIONSHIP OF THE DRIVER WITH INSURED!	
S.	g) WEATHER CONDITION: (CLEAR / RAIMING / OTHERS	
//25	b)ROAD SURFACE: [DRY / WET / OTHERS	
7.	WAS ANYBODY INJURED (YES / NO)  a) REPORTED TO POLICE (YES / NO)	
10/4 /2	IF YES, PLEASE STATE WHICH POLICE STATION: Can to a ment Police 8 x to	h
8.	THIRD PARTY VEHICLE	
the of passanger	a) VEHICLE NUMBER: G BE 76 037	
( laduating driver)	b) DRIVER'S NAME: HIT & Kun	
() 。 ,	O) NRIC/FIN/PASSPORT: CONTACT:	
	THIRD PARTY VEHICLE  d) VEHICLE NUMBER: MODEL:	
& No of passanger		
(Industing driver)	I) NRICYFIN/PASSPORT:CONTACT::-	
( )	CONTACT	
	1 A 1 - C 2 M	

email = W Peter ht @ yehoo. com.



# CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Policy No. : 2100466412-03

Period of Insurance : 17 May 2019 to 16 May 2020 Issued Date : 02 Apr 2019

## ABOUT THE POLICYHOLDER

Name of Policyholder

: Tan Son Choo

Address

: 3 Elias Green

#10-06

SINGAPORE 519960

Occupation/Nature of Business: Manager/Director/Management

## ABOUT THE VEHICLE

Registration No. : SLC4770B

Engine Capacity/Tonnage: 1,193.00 CC

Chassis No.

: MMBSTA13AFH018886

Engine No. : 3A92UCX0280

Seating Capacity: 5

First Year of Registration : 2016

Body Type

Sedan

Make/Model

: MITSUBISHI ATTRAGE 1.2 CVT

Hire Purchase Company/Employer's Loan

: DBS BANK LTD

## ABOUT THE COVER

Sum Insured

: Market Value

Off Peak Car

: No

Driver Restriction

: NA

Insuring with COE/PARF : Yes

## Person or Classes of Persons Entitled to Drive :

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 Oriver Excess" ("YIDR") if You are or Your Authorised Oriver (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 only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hite or reward, driving tuition, driving test, recing, pace-making, reliability trial or speed-testing. The connection with any trade or business or use for any purpose in connection with Motor Trade.

## Other Key Policy Benefits :

Act of God, Glass Rooff Moon Rooff Panaromic Glass Roof, Loan Protection, NCD Protector, Loss of Use 1500cc, Sirke, Riots and Civil Committees, PA Insured-\$100000, Scient Film-\$1150, Dealer + AlG Authorised Workshops, PA to Authorised Driver / Unnamed Passengers-\$10000, Fixture and Accessories (Cosmetic)-\$5000, In-Car Camera Excess Waiver

EXCESS: 11/4 CANADA AND A DATE OF THE AND A COLOR	PREMIUM III III III III III III III III III
Section 1 Fire - \$0 Own Damage - \$0 Theft - \$0 Flood Cover - \$0 Section 2	Premium : \$ 1,046.39 GST (7%) : \$ 73.25
Property Damage - \$0 Windscreen: \$100	Total : \$ 1,119.64
Named Driver Tan Soh Choo, Wong Shi Hui Rachel	Your Premium includes the following discount(s):  Safe Driver Discount - 5.00%, Loyally Discount - 5.00%, No Claim Discount - 50%