NATIONAL Assessment Centre	Services (40)	13-70-5[2 0			
Date In: 13/07/20	Jeb description		Date &	Time Completed	Dane	př.
Ref No. NA/A1620007254/13	SAS e-filing		i		8	
Veli No. 560479Z .	E-mail (within 8brs	, AIC 2hrs)				
D.O.A: 16/03/20 1250	i-Motor Claim I	7orm	1			
- 1 mark	i-Motor W/O (w	Ithin: OD 2hrs.	TP 4hrs)			
OD TP Reporting Only	i-Photo Uploade	ed	1			
	Assessment/Surve	y Report	i			
TP Insurer:	Ass't Report by E	ax / Hand to	Owner	Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:		Fax:)
TP Particulars: Veh No: So	04450M	. INC(.)/No	n-INC()		
Owner / Driver: (Tel:			
Policy No: () Perio	od: ()	Cover	Туре: (
Confirmed by : (Date:		Time:)	
	ote-Est. Status (WC		10	21-79%. F: 80-	100%]	
)/40()			
Excess: (\$) Loading: \$1,00	The second secon)	S Seeklan		-	
General Remarks	THE PROPERTY OF	edy. into the		English Stranger		
() Walk-In Customer: Customer's inform		dential & St	rictly NC	rater of repairer		
() Total Loss Case : to e-mail Insurer	URGENTLY.					
Drive-In () / Towed-In (); Invoice:	YES () / NO	0.00	owing (NAME AND ADDRESS OF THE OWNER, THE PERSON NAMED IN		/
Remarks: 10 (INC horling: 6788 6616)			Dates	Time Completed	Don.	e.by
The state of the s	ourtesy Car ()					
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$3	000] ()			77		
7202					The second second second	, ,
Injury:	Salisa acy Rasiczni	MAGICANOSASS	Q455068A	038 W CO 2 123	\$24.25	4
Date/Time Actions			SHALLES IN	969/88882551* 83/6/23 	/ WOME	
			-			
						Amt (\$)
NA3003661		Invoice Pr	eparati	on Checklist	Ances The Line	3 F. Jan.
WA3003661	- DANGERS - AND	1) AR : Accide	nt Reporti	ng (\$30);		
Cluimant's Particulars :-		2) DA : Damag 3) TF : Towing	o Assessm	ent (\$100); INC	\$40/\$45	
Driver/Owner:		4) FT : Follow	Through !	Survey	\$120 \$30	
Contact No:	a de la companya de l	5) FT : Follow For claiming	Through : against Il	Survey (Resurvey) NC Only (wef 10 Jan.	2005)	
		6) TR : Re-ins	pection		\$75	+
Damäged Portion:	*	7) NI : Idao D 8) NTUC Add	Monal Ser	vices:-		
OC Charled by (Fran In Charge)		OD.	100	p(Allowance	\$5	
QC Checked by (Engr-In-Charge):	200	*NG: Repai	r Co-ordin	ation	\$10	+
Auditors Comments :		*N7: Post i	Collect Ex	ces Coordination	\$5	-
Cat. 1:		TP (N11):	TP (Non I	NC) against INC	30	
	·,	9) N12: Idno Invoice dated		Fee Chai	rged	E ES
Cat. 2/3:		Invoice dated		Fee Cha	rged Al	

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 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report 13/07/2020 14:45 Date Of Accident 16/02/2020 12:50

Exact Location Of Accident FUNAN IT MALL LVL B3 CARPARK

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGW479Z

Insured/Policyholder

Name Of Registered Owner DANNY BUAY ENG KIT

NRIC No SXXXX588E

Email Address DANNY.BUAY@GMAIL.COM Mobile Phone No. (LOCAL) +65-83183183 Alternative Phone No OTHERS-83183183

Vehicle Particulars

Manufacturer SUBARU Model **IMPREZA**

Exact Purpose for which vehicle was being used at PARKED VEH time of accident

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 CAR

Insurance Company

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

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 2100373440-06

Cover Note Number

Driver

DANNY BUAY ENG KIT Name of Driver

NRIC No SXXXX588E 09/03/1978 Date Of Birth Occupation INDOOR 26/07/2003 Date Of Driving Pass

16 YEARS AND 6 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-83183183 Mobile Number

Fax Number

Contact Number OTHERS-83183183

EMail Address DANNY.BUAY@GMAIL.COM

Page 1 of 20

BLK 699C HOUGANG ST 52 Address

#13-35

Postcode 533699

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

2

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 0

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE

NO

YES

Police Station Address ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8522999 - FAX NO: 68522239

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20200216/2089

Attachment(s)

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

Was there any audio recorded?

Details of Witness 1

Name KER

Phone Number 97566688

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMH450M Vehicle Make/Model/Colour BMW X3

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 20

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.
- 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.
- 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:

(If dr

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

KETCH PLAN		- 1	FUNAN	15 mall as
e i di i terit			3	CARPARK
	Devense B			
	Leve X B		SM +1450	W.
				MITNESS
4-5464792	i	77		N
- SM4450M		> 1	1.1	
	4	21		
	\ '	31	1	
		A		,
	Cen	14792		
ESCRIBE CIRCUMSTANCES O		THE		
Pls refu do	the police ray	nort: The	020021	6/2089
			= 10	
		(C)		
	2			
DECLARATION				
/We declare the foregoing partic	culars are true in every respect.		1950	
Carin Carin			A.	13/07/20
· Ju			ym	Personnel's Signature
Policyholder's Signature Date & Time: 13 JJ 2020	Driver's Signature (If driver is not the policyholded Date & Time:	er) N	eportong Centro ame: RIC/FIN No.:	e reisonnei s signature

Date & Time:

NRIC/FIN No.:





Institution / School Name:

Date of Expiry:

No

1 of 3

Report No. T/20200216/2089

Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

09/03/1978

REPORT OF A TRAFFIC ACCIDENT

41

Male

Race: Chinese

Occupation:

Project Manager

Date/Time Report Made: 16/02/2020 21:11		Vide Report No.:	Station Diary No.: 65	
Informa	nt's Particu	ulars		
	f Informant: BUAY ENG		Address: APT BLK 699C HOUG 533699	ANG STREET 52 #13-35 SINGAPORE
ID Type / ID No.: NRIC NO / S7806588E		Contact No.: Home/Office:	Mobile: 83183183	
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Age: Date of Birth:		Type of Informant:		

Driver

Language:

Class: 3

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/02/2020 12:50	Type of Location Car Park	
Location: Along Road 1 NORTH BRID					
Weather:		Road Surface: Dry	F	Road Speed Limit:	
Traine Floris		Traffic Control: Not Controlled		Traffic Volume:	
Traffic Flow.		110t Controlled			

Driving Licence Information:

Details of Vehicle Involved			- I			
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SGW479Z	Car	SUBARU	2.5 WRX	Grey	Slightly Damaged	0
SMH450M	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGW479Z	AIG ASIA PACIFIC INSURANCE PTE.	2100373440-05	29/06/2019	28/06/2020





2 of 3 Report No. T/20200216/2089

Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456

Tel No: 1800-8522999

CONTINUATION OF REPORT

Brief Details.

On 16/02/2020 at about 1245hrs, I parked my car (SGW479Z) at B3 Funan IT Mall and left to do my shopping.

On the same day at about 1545hrs, I returned to my car to find some damages that includes cracked number plate, scratched and misaligned/loose bumper. Subsequently, I check my in-car camera to investigate.

Upon checking my camera recording, it was seen that at about 1253hrs on the same day, a BMW X3 SDRIVE 20I LED SR NAV (SMH450M) reversed from his parking lot and collided into the front bumper of my car. Subsequently, the driver did not alight to make a check and drove off.

I would like to inform that at the moment of the incident, another car was in the vicinity and witnessed the incident. The driver of the said car namely, Ker (c/n: 97566688), subsequently left a note on my windscreen stating that he witnessed the incident.

I would also like to inform that no one was injured.





3 of 3

Report No. T/20200216/2089

Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

CONTINUATION OF REPORT

Sketch Plan

NP168

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: L / Sgt 2 MUHAMMAD NAFIIS BIN ISKANDAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/02/2020 21:11
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:
Authentication Stamp	A



Traffic Police 10 Ubi Avenue 3 Singapore 408865 Tel +65 6547 0000 Fax +65 6547 4883 www.police.gov.sg

Our Ref

: TP/IP/12703/2020

Date

: 14 April 2020

Danny Buay Eng Kit Blk 699C Hougang Street 52 #13-35 Singapore 533699

Dear Sir / Madam,

TRAFFIC ACCIDENT INVOLVING SGW479Z AND SMH450M ALONG NORTH BRIDGE ROAD ON 16/02/2020 AT ABOUT 1250 HRS

I refer to the above accident.

- Please be informed that we have completed our investigations which revealed that the driver of SMH450M had committed the following offence:
 - (i) Careless Driving under Sec 65(1)(a) of the RTA Cap 276 P/U Sec 65(5)(a) of the RTA.

Action has been initiated against the driver for the said offence.

- 2. If you have any clarification, you may contact the Investigation Officer, SI Kaleswari at office number: 6547 6902.
- Thank you.

Yours faithfully,

HEAD INVESTIGATION TRAFFIC POLICE SINGAPORE POLICE FORCE

This is a computer-generated letter. No signature is required.

A FORCE FOR THE NATION

ACCIDENT STATEMENT

, 200	ATION: FUNAN IT MALL B	3 approx.
1	DETAILS OF VEHICLE SGNO	4797
	a) VEHICLE NUMBER:	1112
	b)INSURANCE COMPANY: AIE	
	C)POLICY NUMBER: 21003 739	240-06
	d)POLICY TYPE: (COMPREHENSIVE)/ TH	HIRD PARTY / THÍRD PARTY FIRE &THEFT)
	e)MAKE & MODEL:	UBARU IMPREZA WRX 2.5
	FITYPE: (SALOON / COUPE / MPV /VAN	/ LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / CO	MMERCIAL / MOTORCYCLE)
	h) PURPOSE OF USING AT ACCIDENT TI	it and and a part of
	I) ARE YOU CLAIMING UNDER YOUR O	
	IF NO, PLEASE STATE (THIRD PARTY CL	
2.	INSURED / POLICY HOLDER	
	A)NAME:	(MALE / FEMALE)
	b)NRIC/FIN/PASSPORT:	
	c)ADDRESS:	
22 22		
2	* CONTINUE TO 3.d IF DRIVER ALSO PO	DLICY HOLDER
-Ho of passenga.	DRIVER DANIEL POINT T. IL	KIT CO
(Including driver)	a)NAME:	INVALL TENACET
committee anver	b)NRIC/FIN/PASSPORT: 588E	CONTACT: 23/83/83
(01)	CIADDRESS: 699C HOUGANE	5152 #13-35 8533699-
	*d)DATE OF BIRTH: (0) 103 1 78)(DD/MM/YYYY)
	e)OCCUPATION: (INDOOR / OUTDOO	R) /7
	f)YEARS OF DRIVING EXPRERIENCE:	17.
4.	WAS DRIVER AN EMPLOYEE OF THE	
<u> </u>	IF NO, RELATIONSHIP OF THE DRIV	
5.	a) WEATHER CONDITION: (CLEAR / RAI	
24	b)ROAD SURFACE: (DRY) WET / OTHER	
	WAS ANYBODY INJURED LYES (NO)	NPC.
7.	a) REPORTED TO POLICE (YES / NO)	STATION: YISHUN SOUTH NAM
	IF YES, PLEASE STATE WHICH POLICE S	STATION: 1/3/10/0
	THIRD DARLY WELD TE	
8.	a) VEHICLE NUMBER: SMH4502	MODEL: BMW X3
de of passinger		
de of passinger	b) DRIVER'S NAME:	72/4/0/27/22
de of passinger	b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT:	CONTACT:
to of passinger Including driver) () 9.	b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE	
to of passinger Including driver) () 9.	b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER:	MODEL:
to of passinger Including driver) () 9. 140 of passinger	b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER:	MODEL:
to of passinger Including driver) () 9.	b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE d) VEHICLE NUMBER:	MODEL:

email = danny body @gmail.com.
fax =



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Danny Buay Eng Kit : 29 Jun 2020 To 28 Jun 2021 : EJ25D125745 Period of Insurance

Engine No.

Chassis No. : JF1GDGKD37G071558

Vehicle No. : SGW479Z Policy No. : 2100373440-06

Endorsement No.

Issued Date : 03 Jun 2020

ABOUT THE COVER

SUBARU IMPREZA WRX 2.5

Engine Capacity/Tonnage 2,457.00 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*:

The Policyholder Any other person who is criving on the Policyholder's order or with his/her permission. Is Policy will incernify the Policyholder or any authorised driver only if hershe meets the specified age condition

You have to pay an additional sum of \$3,000 as "Young ancior thexpenenced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and for has less than 2 years driving expenence.

: 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 fusion, driving test, racing, pace-making, reliability trial or speed-testing. The carriage of goods other than samples in connection with any trace 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). Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transforment) Act 2019, are not to be included under these headings.

EXCESS

Section 1 Fire -\$0 Own Damage - \$2600 Theft -\$0 Flood Cover - \$2600

Windscreen: \$100

Named Driver and Excess (where applicable)

Danny Buay Eng Kit - \$2600 (Own Damage), \$2600 (Flood Cover)

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

Approved Reporting Centres/ ALG Authorised Repairers (For claims related repairs).

Any accident repairs to the Vehicle must be carried out by one of sur 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 Scie Agent's awarkshop.

For other Approved Reporting Centres/ALG Authorised Repairers, please contact our 24-hour accident emergency hotine at +65.6338.6200. Attenuatively, You may refer to ALG website www.arg.sg or ALG SG Mobile App. Simply search and download "ALG SG" from (Tunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

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 I. the Road Transport Act. 1987 (Motoysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia),

0030074000

PANA HARRISON (ASIA) PTE LTD

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

20 MCCALLUM STREET #16-02 TOKIO MARINE CENTRE SINGAPORE 069046

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

24-HOUR AIG AUTO HOTLINE: +65 6338 6200

IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

What can the 24-hour AIG Auto Emergency Hotline provide for you?

Immediate assistance after an accident Emergency breakdown service Towing service (accident or non-accident related)

What should I do in the event of an accident?

- Keep calm and move your car to a safe place. Do not admit or discuss fault or blams with the other partylles). Report the accident to us with your accident vehicle (whether damaged or not).