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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 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 Indoement of this report to the ins

 By the lodgement of this report to the insurers, you hereby constrones. 	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	06/11/2020 18:44
Date Of Accident	05/11/2020 18:30
Exact Location Of Accident	BLOCK 103 BUKIT PURMEI OPEN CARPARK
Country/State of Loss	SINGAPORE
DESCRIPTION OF THE PROPERTY OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM955J
Insured/Policyholder	
Name Of Registered Owner	WOO KWOK LIANG
NRIC No	SXXXX605C
Email Address	WOOKWOKLIANG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97968334
Alternative Phone No	OTHERS-97968334
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	A200
Exact Purpose for which vehicle was being used at time of accident	FETCHING SON
Are you claiming under your own insurance policy for repair to your vehicle?	YES
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	1800151527-01
Cover Note Number	
Driver	
Name of Driver	NG AIK HONG
NRIC No	SXXXX933F
Date Of Birth	15/12/1979

Occupation INDOOR Date Of Driving Pass 11/04/2005

Driving Experience 15 YEARS AND 6 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97968334

Fax Number

Contact Number OTHERS_07068334 Address

BLK 108 BUKIT PURMEI ROAD

#06-111

Postcode

090108

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

SIDE SWIPE

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

2

NO

mydrydd in trib booldon

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO

ambulance?

.0

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)

2

Passenger 1

NAME:

: SON

GENDER:

: MALE

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?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHD858B

Vehicle Make/Model/Colour

RENAULT

Details Of Properties

Vehicle Category

TAXI

Name of Driver

LOK CHEE CHOY

NRIC/Passport Number

SXXXX151I

Contact Number

90144814

Address

Postcode

Insurance Company Name

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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: | 740 H

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel

Name:

SKETCH PLAN	lk 103 Bukit Purine	i Pard Come	
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DESCRIBE CIRCUMSTANCES O	F THE ACCIDENT		
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ECLARATION			·
We declare the foregoing particul	ars are true in every respect.		
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SKETCH PLAN

ACCIDENT STATEMENT

ACCIDE	NT DATE: (5.11) 20	_)(DD/MM/YYY), TIME: (18 : 3	3)(HH:MM)-
LOCATIO	1 1 1 1 1 1	ei B1K 103	Carparle	CONTRACTOR CO. L. 1640
c b	DETAILS OF VEHICLE DIVEHICLE NUMBER: 5 L M DINSURANCE COMPANY: POLICY NUMBER: (800	n 955J	**	₹// ±//
e	JPOLICY TYPE: (COMPREHE)MAKE & MODEL: MERCE TYPE:(SALOON / COUPE / N	NSIVE/THIRD PAR	TY/THÍRD PARTY	7.0
g h ŋ,) VEHICLE CATEGORY: (PRIV) PURPOSE OF USING AT AC ARE YOU CLAIMING UNDER F NO, PLEASE STATE (THIRD I	ATE / COMMERCIA CIDENT TIME: F YOUR OWN INSUR	AL/MOTORCYCLE FETCHING SO RANCE (YESANO)	Ε)
2. IN A b)	ISURED / POLICY HOLDER INAME: WOO KWOK NRIC/FIN/PASSPORT: ST ADDRESS: BLK 108 B	LIANG 72460SC	(MALE /-	1968334
(Including driver) b)	CONTINUE TO 3.d IF DRIVER RIVER NAME: IUG AIK HO NRIC/FIN/PASSPORT: ST ADDRESS: BUK 108	NG- 981933 F		629657
e)d FID	DATE OF BIRTH: (S) (3) DOCCUPATION: (INDOOR AS OF DRIVING PASS AS DRIVER AN EMPLOYEE	LLAPRZO	005	(ES-/ NO)
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6. WA 7. a)R	S ANYBODY INJURED (YES), EPORTED TO POUCE (YES) / YES, PLEASE STATE WHICH I	NO) .		
Ho of passenger a)	VEHICLE NUMBER: SHIP DRIVER'S NAME: LOK	858 B	MODEL: PENA	
() 9, THIR	NRIC/FIN/PASSPORT: S 15 D PARTY VEHICLE VEHICLE NUMBER:	568151I	CONTACT: 901	4 4814
Part of the contract	DRIVER'S NAME:		CONTACT:	
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email.= VIDEO



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : WOO KWOK LIANG

Period of Insurance

: 07 Jan 2020 To 06 Jan 2021

Engine No.

: 28291480035793

Chassis No.

: WDD1770872J049187

Vehicle No.

· SI MOSS I

Policy No.

: 1800151527-01

Endorsement No.

Issued Date

: 10 Dec 2019

ABOUT THE COVER

Make/Model

: MERCEDES Benz A200 Progressive

Engine Capacity/Tonnage : 1,332.00 CC

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2019

Insuring with COE/PARF : Yes

Driver Restriction : NA

Person or Classes of Persons Entitled to Drive*:

a) The Patcyholder

is Any other person who is driving on the Policyholder's order or with his/her permasion.

The Policy will indemnify the Pulicyholder or any authorised driver only if he/site meets the specified aga cundition.

You have to pay an additional sum of \$3,000 as "Young antitior Inexpenenced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unmarried) is under the age of 20 antitior 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 him or reward, differing sation, dinving test, racing, pane-making, reliability that or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Lise 2000cc

* Unitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Risad Transport Act, 1967 (Maleysia) and Road Transport (Amendment) Act (2015, are not to be included under these headings.

EXCESS

Section 1 Fire - S0 Own Damage - \$800 Theft - S0 Flood Cover - \$800

Windscreen: \$100

Named Driver and Excess (where applicable)

WOO KWOK LIANG - \$800 (Own Damage), \$800 (Flood Cover)

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

Cycle & Carriage Euros Service Center (For accident reporting only). Add. 330 Ubi Road 3 Singapore 409550 82951818
 Cycle & Carriage Pandan Loop Service Center - Body Care & Repair. Add. 186 Pandan Loop Singapore 128378 62061818

For other Approved Reporting CentrestAid Authorised Repairers, please contact our 24-hour accident emergency hotine at 465-6338-6209. Altamatively, you may refer to AIG website www.aig.sg.or AIG 90 Mobile App. Simply search and download "AIG 90" hom iffunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

I/We hereby certify that the pelicy to which this Certificate of insurance relates is issued in accordance with the provisions of the Motor Vehicles/Third Perty Risks and Compensation) Act (Cap. 189). Part IV of the Road Transport Act, 1987 (Malaysia), Read Transport (Amendment) Act 2019 and Motor Vehicles (Third Perty Risks) Rules, 1959 (Malaysia).

0504812255

CYCLE & CARRIAGE - VOTANG

239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

NORGALE LINE WEEK PROPERTY



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: \$665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:							
	Original Report No		4420198280		icle Regist	ration No:	SCM 9555	
	Name(as shown in NRIC)	NG	BIK KONG				0	
	Name(assimum NRIC): // 9 01/ NOW NRIC/FIN/Passport No :							
	Address						Singapore(
	Contact (Tel)			Mol	oile No. :_	9796		
	Email Address		,				1	
	Date of Accident	05/1	1/2020	Tim	e of Accide	ent: /	2:80	
	Place of Accident :	BIK	103 BYKIT				Pic	
	Insurance Company:	. /				1.4		
B)	ADDITIONAL INCOR	MATION	/ANA PARAMENTE					
,	ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:							
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	Policyholder / Driver's	Signatur	re	D	enorting	entre Poss	1/4/2020	
	Date:		53	N	apre:	citie rerso	nney's Signature	