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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number

Gender

- 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.
- 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.

foresaid.	ent to the accurring of this report at the centre and to copies of the report being made available
<b>新发生的加州市大学区域的</b>	ACCIDENT STATEMENT
Date Of Report	10/11/2020 10:36
Date Of Accident	06/11/2020 22:20
Exact Location Of Accident	TAMPINES AVENUE 5 AND TAMPINES CENTRAL 2 JUNCTION
Country/State of Loss	SINGAPORE
Secretary Constitution of D	ETAILS OF OWN VEHICLE
/ehicle Registration Number	SGX666U
nsured/Policyholder	
Name Of Registered Owner	LIEW NYOK WAH
NRIC No	SXXXX189E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98198833
Alternative Phone No	OTHERS-98198833
Vehicle Particulars	
Manufacturer	PORSCHE
Model	PANAMERA
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f 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	1700092806-02
Cover Note Number	
Driver	
Name of Driver	LIEW NYOK WAH
NRIC No	SXXXX189E
Date Of Birth	01/06/1961
Occupation	INDOOR
Date Of Driving Pass	15/05/1979

41 YEARS AND 5 MONTHS

(LOCAL) +65-98198833

OTHERS 00400022

MALE

33 TAMPINES CENTRAL 7 Address

#15-48

Postcode 528614

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 BY FALLEN TREE / OTHER OBJECTS

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

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by 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?

YES

If Yes, Please state which Police Station

Police Station Name

BEDOK POLICE DIVISIONAL HQ (G DIVISION)

Police Station Address

ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2440000 - FAX NO: 64443009

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT G/20201109/7077

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

**SLX1128R** 

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

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.
- 3. 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.
- 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.
- 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)

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:
  - (i) 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;
  - (lii) 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
- 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.
- 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:
  - (I) 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:

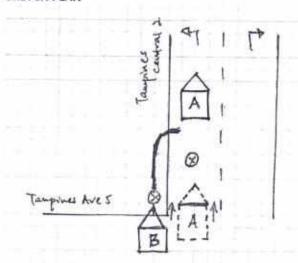
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:



Vehicle A: SGX 666 U

Vehicle B: SLX 1128 R

Object x : Lamp post

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

		- "	eluicle then wen It off my vehicle	
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lamp pus	t and the la	imp was on t	he road. The	lamp
got stud	t under my	vehicle.		
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DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DATE OF ACCIDENT:	SINGAPORE ACCIDE		./			5/12
VEHICLE NUMBER: SAX 666 U MAKE / MODEL Possible Paramera  VEHICLE NUMBER: SAX 666 U MAKE / MODEL Possible Paramera  VEHICLE NUMBER: SAX 666 U MAKE / MODEL Possible Paramera  VEHICLE NUMBER: SAX 666 U MAKE / MODEL Possible Paramera  VEHICLE NUMBER: 1100 Myok MAKE / MODEL Possible Paramera  MRIC NO.: \$2553+194 © CONTACT NUMBER: 9819 \$833  INSURANCE COMP: A16 POLICY NUMBER: 1700012806 - COMPREHENSIVE ( ) TPFT ( ) 3RD PARTY ONLY ( ) )  DRIVER PARTICULAR  DRIVER SAME AS OWNER: ( ) ARIC NO.: \$2537 194 © )  DRIVER NAME : Liew Nyok Make NRIC NO.: \$2537 194 © )  ADRESS: 33 Tampines Control   H15-48 POSTAL: \$28014 ©   MAIC CONTACT: 9819 \$343 © EMAIL: GENDER: MAIC CONTACT: 9819 \$343 © EMAIL: GENDER: MAIC CONTACT: 19619 \$343 © EMAIL: GENDER: MAIC CONTACT: NO POLICE SIPPERY  WAS DRIVER AND EMPLOYEE OF THE INSURED'S COMPANY ( ) YES ( ) NO INJURIES SUSTAINED : WEATHER CONDITION: ( ) CLEAR ( ) RAINING ( ) DRIZZLING  ROAD SURFACE: ( ) DRY ( ) WET ( ) SLIPPERY  WAS ANYBODY INJURED: ( ) YES ( ) NO INJURIES SUSTAINED : WAS ACCIDENT REPORTED TO POLICE: IF YES, WHICH STATION: POLICE REPORT NUMBER: ANY MIDEO CAPTURED: ( ) YES ( ) NO CONVEY BY AMBULANCE ( ) YES ( ) NO NUMBER OF PASSENGER INCLUDE DRIVER: ( ) MALE ( ) FEMALE	TYPE OF CLAIMS : OW	N DAMAGE (	) 3rd PAR	TY ( )	REPORTIN	GONLY ( INT)
VEHICLE NUMBER: SAX 666 U MAKE / MODEL Possible Paramera  VEHICLE NUMBER: SAX 666 U MAKE / MODEL Possible Paramera  VEHICLE NUMBER: SAX 666 U MAKE / MODEL Possible Paramera  VEHICLE NUMBER: SAX 666 U MAKE / MODEL Possible Paramera  VEHICLE NUMBER: 1100 Myok MAKE / MODEL Possible Paramera  MRIC NO.: \$2553+194 © CONTACT NUMBER: 9819 \$833  INSURANCE COMP: A16 POLICY NUMBER: 1700012806 - COMPREHENSIVE ( ) TPFT ( ) 3RD PARTY ONLY ( ) )  DRIVER PARTICULAR  DRIVER SAME AS OWNER: ( ) ARIC NO.: \$2537 194 © )  DRIVER NAME : Liew Nyok Make NRIC NO.: \$2537 194 © )  ADRESS: 33 Tampines Control   H15-48 POSTAL: \$28014 ©   MAIC CONTACT: 9819 \$343 © EMAIL: GENDER: MAIC CONTACT: 9819 \$343 © EMAIL: GENDER: MAIC CONTACT: 19619 \$343 © EMAIL: GENDER: MAIC CONTACT: NO POLICE SIPPERY  WAS DRIVER AND EMPLOYEE OF THE INSURED'S COMPANY ( ) YES ( ) NO INJURIES SUSTAINED : WEATHER CONDITION: ( ) CLEAR ( ) RAINING ( ) DRIZZLING  ROAD SURFACE: ( ) DRY ( ) WET ( ) SLIPPERY  WAS ANYBODY INJURED: ( ) YES ( ) NO INJURIES SUSTAINED : WAS ACCIDENT REPORTED TO POLICE: IF YES, WHICH STATION: POLICE REPORT NUMBER: ANY MIDEO CAPTURED: ( ) YES ( ) NO CONVEY BY AMBULANCE ( ) YES ( ) NO NUMBER OF PASSENGER INCLUDE DRIVER: ( ) MALE ( ) FEMALE	DATE OF ACCIDENT : G	111 2020	TIME	. 22:	20lws	
VEHICLE NUMBER: \$\frac{56}{4} & \text{MAKE / MODEL} \text{Porsche_Panamera} \text{  OWNER INSURED: \$\frac{160}{160} & \text{MAKE} / \text{MAKE} / \text{MODEL} \text{Porsche_Panamera} \text{  OWNER INSURANCE: COMPREHENSIVE ( ) TPFT ( ) \$\frac{1}{3} & \text{POLICY NUMBER: } \text{17.000.12.50Cc} \text{  TYPE OF INSURANCE: COMPREHENSIVE ( ) TPFT ( ) \$\frac{1}{3} & \text{POLICY NUMBER: } \text{17.000.12.50Cc} \text{  ORIVER PARTICULAR DRIVER SAME AS OWNER: ( ) \$\text{  ORIVER NAME : \$\text{UCO Nyok Wish NRIC NO.: } \text{37.53.71.59 E} \text{  ADRESS: } \text{33 Tamp(mes Central ] } \text{41.5-48 POSTAL: } \text{53.8614} \text{  CONTACT: } \text{9.614.35.73.5 EMAIL: } \text{  GENDER: \$\text{MAIL: } \text{  GENDER: \$\text{MAILC} \text{  OOB: } \text{16.1961} DATE OF PASS: \$\text{15.15.1949} \text{  ODB: } \text{16.1961} DATE OF PASS: \$\text{15.15.1949} \text{  (PLEASE TICK AND FILL THE RELEVANT CHOICES)  WAS DRIVER AND EMPLOYEE OF THE INSURED: \$\text{15.15.1949}   (1) OWNER ( ) SPOUSE ( ) FRIEND ( ) RELATIVE ( ) CHILDREN ( ) SIBLING ( ) OTHERS  WEATHER CONDITION: ( ) CLEAR ( ) RAINING ( ) DRIZZLING  ROAD SURFACE: ( ) DRY ( ) WET ( ) SLIPPERY  WAS ANYBODY INJURED: ( ) YES ( ) NO INJURIES SUSTAINED : WAS ACCIDENT REPORTED TO POLICE:				the same of the sa		
OWNER INSURED:  NRIC NO.: \$2537189 © CONTACT NUMBER: 9819 4833  INSURANCE COMP. A16  TYPE OF INSURANCE: COMPREHENSIVE ( ) TPFT ( ) 3RD PARTY ONLY ( )  DRIVER PARTICULAR  DRIVER SAME AS OWNER: ( )  DRIVER NAME : Liew Nyok wigh NRIC NO.: 32537189 E  ADRESS: 33 Tawpines Central 3 #15-48 POSTAL: 528614  CONTACT: 9819 8838 EMAIL: GENDER: MAIC  DOB: 1 6 1961 DATE OF PASS: 15 5 1979  (PLEASE TICK AND FILL THE RELEVANT CROICES)  WAS DRIVER AND EMPLOYEE OF THE INSURED'S COMPANY ( ) YES ( ) NO  IF NO, RELATION OF DRIVER WITH INSURED:  ( ) OWNER ( ) SPOUSE ( ) FRIEND ( ) RELATIVE ( ) CHILDREN ( ) SIBLING ( ) OTHERS  WEATHER CONDITION: ( ) CLEAR ( ) RAINING ( ) DRIZZLING  ROAD SURFACE: ( ) DRY ( ) WET ( ) SLIPPERY  WAS ANYBODY INJURED: ( ) YES ( ) NO INJURIES SUSTAINED :  WAS ANYBODY INJURED: ( ) YES ( ) NO INJURIES SUSTAINED :  WAS ANYBODY INJURED: ( ) YES ( ) NO INJURIES SUSTAINED :  WAS ANYBODY INJURED: ( ) YES ( ) NO ONVEY BY AMBULANCE ( ) YES ( ) NO  NUMBER OF PASSENGER INCLUDE DRIVER:  PARTICULAR OF PASSENGER INCLUDE DRIVER:  ONAME /NRIC: CONTACT:  VEHICLE D NAME /NRIC: CONTACT:  VEHICLE C NAME /NRIC: CONTACT:  VEHICLE C NAME /NRIC: CONTACT:  VEHICLE D NAME /NRIC: CONTACT:		1	1 1 1 1 1 1 1			
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NRIC NO.: \$2537199 € CONTACT NUMBER: 9819 1833  INSURANCE COMP: A16 POLICY NUMBER: 17 000 12 \$06 - 00  TYPE OF INSURANCE: COMPREHENSIVE ( ) TPFT ( ) 3RD PARTY ONLY ( )  DRIVER PARTICULAR  DRIVER SAME AS OWNER: ( )  DRIVER SAME AS OWNER: ( )  ADRESS: 33 Tampines Contral 7 H15-48 POSTAL: \$3234 189 E  CONTACT: 9819 3333 EMAIL: GENDER: MAIL.  DOB: 1 6 1961 DATE OF PASS: 15 1979  (PLEASE TICK AND FILL THE RELEVANT CHOICES)  WAS DRIVER AND EMPLOYEE OF THE INSURED'S COMPANY ( ) YES ( ) NO  IF NO, RELATION OF DRIVER WITH INSURED:  ( ) OWNER ( ) SPOUSE ( ) FRIEND ( ) RELATIVE ( ) CHILDREN ( ) SIBLING ( ) OTHERS  WEATHER CONDITION: ( ) CLEAR ( ) RAINING ( ) DRIZZLING  ROAD SURFACE: ( ) DRY ( ) WET ( ) SLIPPERY  WAS ANYBODY INJURED: ( ) YES ( ) NO INJURIES SUSTAINED :  WAS ACCIDENT REPORTED TO POLICE: IF YES, WHICH STATION:  ( ) YES ( ) NO POLICE REPORT NUMBER:  ANY VIDEO CAPTURED: ( ) YES ( ) NO CONVEY BY AMBULANCE ( ) YES ( ) NO  NUMBER OF PASSENGER INCLUDE DRIVER:  PARTICULAR OF PASSENGER: ( ) MALE ( ) FEMALE						
TYPE OF INSURANCE: COMPREHENSIVE ( ) TPFT ( ) 3RD PARTY ONLY ( )  DRIVER PARTICULAR  DRIVER SAME AS OWNER: ( )  DRIVER NAME : Lich Nyok Wish NRIC NO.: 32537 (\$9 E)  ADRESS: 33 Tampines control 4 H 15 - 48 POSTAL: \$3 \$ 6 14  CONTACT: 9 \$14 \$4 \$2 \$3 EMAIL: GENDER: Mail.  DOB: 1 6 196 DATE OF PASS: 15 5 1979  (PLEASE TICK AND FILL THE RELEVANT CHOICES)  WAS DRIVER AND EMPLOYEE OF THE INSURED'S COMPANY ( ) YES ( ) NO  IF NO, RELATION OF DRIVER WITH INSURED:  ( ) OWNER ( ) SPOUSE ( ) FRIEND ( ) RELATIVE ( ) CHILDREN ( ) SIBLING ( ) OTHERS  WEATHER CONDITION: ( ) CLEAR ( ) RAINING ( ) DRIZZLING  ROAD SURFACE: ( ) DRY ( ) WET ( ) SUPPERY  WAS ANYBODY INJURED: ( ) YES ( ) NO INJURIES SUSTAINED :  WAS ACCIDENT REPORTED TO POLICE: IF YES, WHICH STATION:  ( ) YES ( ) NO POLICE REPORT NUMBER:  ANY VIDEO CAPTURED: ( ) YES ( ) NO CONVEY BY AMBULANCE ( ) YES ( ) NO  NUMBER OF PASSENGER INCLUDE DRIVER:   ( ) MALE ( ) FEMALE	NRIC NO. : \$3537189 6			9 8833		
DRIVER PARTICULAR  DRIVER SAME AS OWNER:    DRIVER NAME	INSURANCE COMP:	A16		POLICY	NUMBER:	1700092806-0
DRIVER NAME : LIEW MYCK WICH NRIC NO.: 37537 (\$9 E)  ADRESS: 33 Tampines Central 3 H15-48 POSTAL: 578 (14 CONTACT: 9819 83 2 EMAIL: GENDER: MAIC.  DOB: 1 4 1961 DATE OF PASS: 15 1979  (PLEASE TICK AND FILL THE RELEVANT CHOICES)  WAS DRIVER AND EMPLOYEE OF THE INSURED'S COMPANY () YES () TNO  IF NO, RELATION OF DRIVER WITH INSURED: () OWNER () SPOUSE () FRIEND () RELATIVE () CHILDREN () SIBLING () OTHERS  WEATHER CONDITION: () CLEAR () RAINING () DRIZZLING  ROAD SURFACE: () DRY () WET () SLIPPERY  WAS ANYBODY INJURED: () YES () NO INJURIES SUSTAINED : WAS ACCIDENT REPORTED TO POLICE: IF YES, WHICH STATION: () YES () NO POLICE REPORT NUMBER: ANY VIDEO CAPTURED: () YES () NO CONVEY BY AMBULANCE () YES () TNO  NUMBER OF PASSENGER INCLUDE DRIVER: PARTICULAR OF PASSENGER: () MALE () FEMALE () MALE (	TYPE OF INSURANCE:	COMPREHENSIVE (		FT ( )	3RD PAI	RTY ONLY ( )
ADRESS: 33 Tampines Control 7 H15-48 POSTAL: 538614  CONTACT: 9814 8433 EMAIL: GENDER: MAIC  DOB: 1 6 1961 DATE OF PASS: 15 5 1939  (PLEASE TICK AND FILL THE RELEVANT CHOICES)  WAS DRIVER AND EMPLOYEE OF THE INSURED'S COMPANY ( ) YES ( ) NO  IF NO, RELATION OF DRIVER WITH INSURED: ( ) OWNER ( ) SPOUSE ( ) FRIEND ( ) RELATIVE ( ) CHILDREN ( ) SIBLING ( ) OTHERS  WEATHER CONDITION: ( ) CLEAR ( ) RAINING ( ) DRIZZLING  ROAD SURFACE: ( ) DRY ( ) WET ( ) SLIPPERY  WAS ANYBODY INJURED: ( ) YES ( ) NO INJURIES SUSTAINED :  WAS ACCIDENT REPORTED TO POLICE: IF YES, WHICH STATION: ( ) YES ( ) NO POLICE REPORT NUMBER:  ANY VIDEO CAPTURED: ( ) YES ( ) NO CONVEY BY AMBULANCE ( ) YES ( ) NO  NUMBER OF PASSENGER INCLUDE DRIVER:  PARTICULAR OF PASSENGER: ( ) MALE ( ) FEMALE	DRIVER PARTICULAR	t	DRIVE	R SAME A	OWNER:	. ( )
CONTACT: 9819 88333 EMAIL: GENDER: MAIC  DOB: 1 6 1961 DATE OF PASS: 15 5 1939  (PLEASE TICK AND FILL THE RELEVANT CHOICES)  WAS DRIVER AND EMPLOYEE OF THE INSURED'S COMPANY ( ) YES ( ) NO  IF NO, RELATION OF DRIVER WITH INSURED: ( ) OWNER ( ) SPOUSE ( ) FRIEND ( ) RELATIVE ( ) CHILDREN ( ) SIBLING ( ) OTHERS  WEATHER CONDITION: ( ) CLEAR ( ) RAINING ( ) DRIZZLING  ROAD SURFACE: ( ) DRY ( ) WET ( ) SLIPPERY  WAS ANYBODY INJURED: ( ) YES ( ) NO INJURIES SUSTAINED :  WAS ACCIDENT REPORTED TO POLICE: IF YES, WHICH STATION: ( ) YES ( ) NO POLICE REPORT NUMBER:  ANY VIDEO CAPTURED: ( ) YES ( ) NO CONVEY BY AMBULANCE ( ) YES ( ) NO  NUMBER OF PASSENGER INCLUDE DRIVER:  PARTICULAR OF PASSENGER: ( ) MALE ( ) FEMALE	DRIVER NAME :	Liew Nyok Wah				
CONTACT: 9814 8832 EMAIL: GENDER: MAIC  DOB: 1 6 1961 DATE OF PASS: 15 5 1939  (PLEASE TICK AND FILL THE RELEVANT CHOICES)  WAS DRIVER AND EMPLOYEE OF THE INSURED'S COMPANY ( ) YES ( ) TNO  IF NO, RELATION OF DRIVER WITH INSURED:  ( ) OWNER ( ) SPOUSE ( ) FRIEND ( ) RELATIVE ( ) CHILDREN ( ) SIBLING ( ) OTHERS  WEATHER CONDITION: ( ) CLEAR ( ) RAINING ( ) DRIZZLING  ROAD SURFACE: ( ) DRY ( ) WET ( ) SLIPPERY  WAS ANYBODY INJURED: ( ) YES ( ) NO INJURIES SUSTAINED :  WAS ACCIDENT REPORTED TO POLICE: IF YES, WHICH STATION:  ( ) YES ( ) NO POLICE REPORT NUMBER:  ANY VIDEO CAPTURED: ( ) YES ( ) NO CONVEY BY AMBULANCE ( ) YES ( ) TNO  NUMBER OF PASSENGER INCLUDE DRIVER:  PARTICULAR OF PASSENGER: ( ) MALE ( ) FEMALE	ADRESS: 33 Tampi	nes central 7	H15-48		POSTAL :	528614
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VEHICLE B     QLX//28 L     NAME /NRIC:     CONTACT:       VEHICLE C     NAME /NRIC:     CONTACT:       VEHICLE D     NAME /NRIC:     CONTACT:	WEATHER CONDITION: ( ROAD SURFACE: ( ) DRY ( WAS ANYBODY INJURED: ( WAS ACCIDENT REPORTED TO ( ) YES ( ) NO ANY VIDEO CAPTURED: ( NUMBER OF PASSENGER INC.)	( ) FRIEND ( ) CLEAR ( ) RAININ ) WET ( ) SLIPP ) YES ( ) NO TO POLICE: ) YES ( ) NO COI	G ( ) DRIZZLII ERY INJURIES SUSTA IF YES, WHIC POLICE REPOR	NG AINED : CH STATION:	( /No ) MALE ( ) MALE (	) FEMALE ) FEMALE
VEHICLE B     QX/1/28 k     NAME /NRIC:     CONTACT:       VEHICLE C     NAME /NRIC:     CONTACT:       VEHICLE D     NAME /NRIC:     CONTACT:			1111	(	) MALE (	) FEMALE
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TOTAL CONTROL OF THE PROPERTY		[23] P. R. L.				
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100 - 100 -	WITNESS (IF ANY)		192021200		gamour.	
NAME: HP NO.: NRIC: TO PROVIDE ATTACH NRIC, WITNESS STATEMENT BY POLICE REPORT*	NAME:	MUTAIRES STATES		2071	NRIC:	





1 of 2

### POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Report No. G/20201109/7077

Date/Time Report Made	Vide Re	port No.		Station Diary No.
09/11/2020 18:50				
Name Of Informant	Address			
LIEW NYOK WAH	33 TAMPINES CENTRAL 7 #15-48 SINGAPORE 528			INGAPORE 528614
ID Type / ID No. NRIC NO / S2537189E	Contact No. Home/Office: Mobile: 98198833			
Nationality SINGAPORE CITIZEN	Email Address [ackauto@singnet.com.sg			
Occupation	Sex	Age	Date of Birth	Race
self employed	Male	Male 59 01/06/1961		Chinese
Institution/School Name	Language English			
Date/Time Of Incident 06/11/2020 22:20 - 06/11/2020 22:25	Location Of Incident TAMPINES CENTRAL 2			
Priof dataile	THE PROPERTY OF STREET		A Comment	

Brief details.

On the stated date and time, I was traveling in my vehicle (SGX666U) at the stated location. My vehicle then went over something and i stopped. When i got off my vehicle to check, I then realised that another vehicle bearing the number plate of SLX1128R collided onto the lamp post and the lamp fell on the road. My vehicle went over the lamp and it got stuck under my vehicle. The traffic police arrived shortly and it was given a case card with the report number: G/20201106/0206.

Subjects Involved Suspect	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/11/2020 18:50
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





2 of 2

POLICE REPORT (NP299)

#### CONTINUATION OF REPORT

Report No. G/20201109/7077

Person Name	SLX1128R		
Gender	Male		
Victim	with the control of	rest ingelesekele	
Person Name	LIEW NYOK WAH		
ID Type	NRIC NO	ID No	S2537189E
Gender	Male	Age	59
Race	Chinese	Language	English
Occupation	self employed	Address	33 TAMPINES CENTRAL 7 #15-48 SINGAPORE 528614
Mobile No	98198833	Is Informant A Victim?	Yes

Signature Of Officer Recording The Report:  Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/11/2020 18:50
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



## CERTIFICATE OF INSURANCE

#### ELITE AUTOPLAN PRIVATE VEHICLE

Name of Policyholder Pedod of Insurance

: Liew Nyok Wah

: 05 Jan 2020 To 04 Jan 2021

dine No.

: WP0ZZZ97ZBL002974

: B03578

Vehicle No.

: SGX666U : 1700092806-02

Policy No. Endorsement No.

Issued Date

: 30 Dec 2019

#### AN ER **4EOUT THE COVER**

Make/Model

: PORSCHE PANAMERA

Engine Capacity/Tonnage : 3,605.00 CC Driver Restriction : NA

Sum Insured : Market Value

First Year of Registration : 2011 Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

as The Policyholder

by Any other pension who is driving on the Policyholder's order or with higher pensions.

This Policy will indemnify the Policyholder or any authorised driver only if hershe means the specified age condition.

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

Off Peak Car : No

Age Condition

: All Age Condition

Limitation as to use\*

Use only for social, donestic and pleasure purposes and for the Policyhokian's business.
This Policy does not cover use for his or reward, driving lation, driving lest, racing, pace-making, reliability trial or speed-lesting, the carriage of goods other than samples in connection with motor Trade.

\* Lieutelions rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cop. 189). Section 85 of the Read Transport Act, 1987 (Maleysia) and Road Transport (Amendment) Act 2018, sie not to be included under these headings.

#### EXCESS

O

Section 1

Fire - \$3500 Outside Singapore Cover - \$7000 Own Damage - \$3500 Theft - \$3500 Theft Outside Singapore Cover - \$7000 Flood Cover - \$3500

Section 2

Property Damage - \$0

Windscreen: \$500

Named Driver and Excess (where applicable)

LIEW NYOK WAH - \$3500 (Fire) \$3500 (Own Damage) \$3500 (Theft) \$7000 (Outside Singapore Cover) \$7000 (Theft Outside Singapore Cover). \$3500 (Flood Cover)

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

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).
For Approved Repairing Cestrea/AIG Authorised Repairiers, please contact our 24-hour accident emergency hattine at +65 5338 5200. Alternatively, you may refer to AIG website www.alg.eg or AIG SG Mobile App. Simply search and download "AIG SG" from Trunes or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

I/We hereby certify that the policy to which this Certificate of Insurance relates to issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 186), Part IV of the Rosel Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1999 (Malaysia).

0503072000 INSURHUB LLP

9 TEMASEK BOULEVARD 31/F SUNTEC TOWER 2

RINGAPORE 038989

Underwritten by AIG Asia Pacific Insurance Pts. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	189E
Vehicle No.:	SGX666U
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Nov 2020
Vehicle Make:	PORSCHE
Vehicle Model:	PANAMERA
Primary Colour:	Brown
Manufacturing Year:	2010
Engine No.:	B03578
Chassis No.:	WP0ZZZ97ZBL002974
Maximum Power Output:	300.0 kW (402 bhp)
Open Market Value:	\$106,423.00
Original Registration Date:	05 Jan 2011
First Registration Date:	05 Jan 2011
Transfer Count:	3
Actual ARF Paid: Intended PARF Rebate Details	\$106,423.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Jan 2021
PARF Rebate Amount: Intended COE Rebate Details	\$53,211.00
COE Expiry Date:	31 Aug 2030
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$32,914.00
COE Rebate Amount:	\$32,091.00
Total Rebate Amount:	\$85,302.00

The information contained herein is correct as at 10 Nov 2020



## 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: 566550020G / GST Reg. No : M400017735

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

# ADDENDUM

		ADDEN	DOW	
4)	PARTICULARS OF PE	ERSON MAKING THE AMENDME	NTS:	
	Original Report No	W/NA480099232	Vehicle Registration No:	SGX 6664
	Name(as shownin NRIC)	: LIAW NYOK WOH	NRIC/FIN/PassportNo :	SXXXIISKE
	(*Vehicle Driver / Ve	ehicle Owner) (*) Please delete a		
	Address	·		Singapore(
	Contact (Tel)	2%	Mobile No.: 2819 86	133
	Email Address		50	
	Date of Accident	: 06 (u/2020)	Time of Accident :	2:30
	Place of Accident	: Tompinus AVH 5 BULL	DAMPINES CIPLE	Junchon
	Insurance Company	· 014		
)	ADDITIONAL INFOR	MATION / AMENDMENTS:		
		t on the above mentioned accide	ent and would like to include ac	lditional information or
	make the following a	amendments:		
	Flor Know	ING to THRO ha	en (joins	
				-
	2000000		_ /m	
	Policyholder / Driver Date:	's Signature	Reporting Centre Perso	nnel's Signature
			101	11/2020