Date   11	NATIONAL Assessment Court	e Services		
Ref No	Date In: 19/10/21	Job description Date & Time Completed	Done	by
P-Hiall (s. Cos. Str. AP. 28s)	And the second s	SAS e-filing		
F-Motor W/O (within 61-2nr. 17-8hr)   F-Motor W/O (within 61-2nr. 17-8hr)   F-Motor Uploaded   F-Motor Upl		E-mail (widon Shee, AP, 2las)		
I-Photo Uploaded   Assessment/Survey Report   Asset Report by Fax/Hand to Osmert/Wssp   Fax:   Total:   Policy No: ( ) Period ( ) Cover Type ( )   Policy No: ( ) Period ( ) Cover Type ( )   Policy No: ( ) Period ( ) Cover Type ( )   Policy No: ( )	DOA 27/09/21 1355	i-Motor Claim Form		
Assessment/Survey Report	OD TP ( Reporting Only		**************************************	
Preformed Wksp / INC Assign Wksp / QW:   Tel: Fax:		· <del> </del>		
Preferred Wksp / INC Assign Wksp / QW:	TP Insurer:		-	
Owner / Driver (	Preferred Wksp / INC Assign Wksp / QW: (	Tel: Fax:		
Policy No: (	TP Particulars: Veh No:	0282669E INC( )/Non-INC( )		
Insured/Driver Liability   (	Owner / Driver: (	Tel:	)	155.00
Insured/Driver Liability   ( %) [Note-Est Status (WO): N: 0-20%, P. 21-79%, F: 30-16-0%]     Year of Registration: ( ) Warranty: YES ( ) / NO ( )     Excess: (S ) Loading: \$1,000 ( ) / \$2,000 ( )     General Remarks:- ( ) Walk-la Customer: Customer's information strictly Confidential & Strictly NO infer of repairer.     ( ) Total Luss Case : to e-mail Insurer URGENTLY.     Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co (     Remarks:- (IN/C hotline: 6788 6616)	Policy No: ( ) Per	iod: ( ) Cover Type: (	)	
Year of Registration: (	Confirmed by : (	Date: Time:	)	
Excess: (\$ ) Loading: \$1,000 ( ) /\$2,000 ( )  General Remarks:- ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO rafer of repairer. ( ) Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. (  Remarks:- (INC horline: 6788 6616)	Insured/Driver Liability: ( %) [N	Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%	,]	
General Remarks:-  ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.  ( ) Total Luss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. (  Remarks:- (INC horline: 6788 6616)	Year of Registration: ( ) V	Varranty: YES ( ) / NO ( )		
( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of sepairer. ( ) Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. (  Remarks:- (INC holline: 6788 6616)	Excess: (\$ ) Loading: \$1,00	00( )/\$2,000( )		
Total Loss Case : to e-mail Insurer URGENTLY.	General Remarks:-		ALC: SELLING	
Invoice Preparation Checklist	QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$3			
Invoice Preparation Checklist	Date/Time Actions			
1) AR : Accident Reporting (\$30);	NA2104263	Invoice Preparation Checklist	CASTA	Amt Add
2 DA: Damage Assessment (\$1507)   \$240/\$45		1) AR : Accident Reporting (\$30);	131 [51]]	2,00
Auditors' Comments :-   Signature   Sign		3) TF : Towing Fee \$40/\$45		
C Checked by (Engr-In-Charge):   575		5) FT : Follow-Through Survey (Resurvey) \$30		
OD*   *NS: Courtesy Car / Tpt Allowance   \$5		6) TR : Re-inspection \$75 7) N1 : Idae DA + SMRI Survey \$160		
Auditors' Comments:- \$25  *N7: Fost Repair Inspection \$25  *N8: DV / Collect Excess Coordination \$5	C Checked by (Engr-In-Charge):	OD*  *N5: Courtesy Car / Tpt Allowance \$5		
	Auditors' Comments :-	*N7: Post Repair Inspection \$25		7
at. 1	at. 1:	TP (N11) : TP (N-n INC) against INC \$20		
9) N12: Idae Mobile 30  at. 2 / 3: Invoice dated Fee Charges	at. 2 / 3;	Invoice dated Fee Charged		

SN0921AJ0002 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 19/10/2021 10:11 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (19/10/2021 10:11 (SGT))

## SINGAPORE ACCIDENT STATEMENT

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
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

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.

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.
 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.

### **ACCIDENT STATEMENT**

Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

19/10/2021 10:11 (SGT) 27/09/2021 13:55 (SGT) Jln Tenaga, Singapore

Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SNB5043S

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No.

No

CHANG KOK WAH(ZHANG GEHUA)

SXXXX722B

1952kokwah@gmail.com

(Phone) +65-98337351

+65-98337351

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Kia

Niro

Private use

No - Reporting only

Private car

Auto

1580

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number Cover Note Number AIG Asia Pacific Insurance Pte. Ltd.

Comprehensive

No

7210104006

DRIVER

Name of Driver

NRIC No

CHANG KOK WAH(ZHANG GEHUA)

SXXXX722B



Date Of Birth Occupation

Date Of Driving Pass Driving experience

Gender

Mobile Number Alt. Phone Number

Email Address Address

Address complement

Postcode Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

No Collision UNKNOWN UNKNOWN

No 2

No

Yes

1

No

20/10/1952

09/11/1972

+65-98337351

487789

Yes

No

48 YEARS AND 10 MONTHS

(Phone) +65-98337351

20 PEAKVILLE AVE

1952kokwah@gmail.com

Indoor

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No. Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Tanah Merah Neighbourhood Police Post

(Phone) +65-18004499999 (Fax) +65-62447251

Blk 51 New Upper Changi Road #01-1514 Singapore 461051

No

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211012/2051

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Yes No

No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

SLB2669E

Private car

Accident report SN0921AJ0002

Page 2 of 18

Name of Driver	1
Contact Number	
Address	-
Address complement	-
Postcode	-
nsurance Company Name	114
Nature Of Damage	
Details of property damaged in accident	
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 Formmust be completed by the Policyholder and/or the Authorised Driver.
- In formation provided must be as <u>truthful and accurate as possible</u>. Any willful 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. Anyfalse 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

- (a) My haurer, 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 possiessed 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' law yers/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;
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

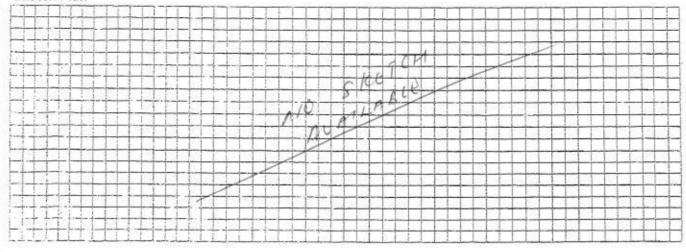
Clary 18/10/21

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



01			1			
18	refu	ti	TH	polul	report	7/202110/2/2051
	-			/	8	<u> </u>
				Atoria effect		
		-3000		The Head State		
	V. 15-					
				4.7 4.477.3		
=						
			10-2			
	Logie Seems					
		-115-22-12-1		71		
	1 10 10 10 10		-			
		S-2-1111	1828			<del></del>
			-			
-						
-						

### Declaration

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

Witnessed by Reporting Centre Personnel





1 of 3

Report No. T/20211012/2051

Police Station Of Origin: Tanah Merah NPP 51 New Upper Changi Road #01-1514 SINGAPORE 461051

Tel No: 1800-4499999

# REPORT OF A TRAFFIC ACCIDENT

	F A TRAFFIC		Vide Report No.:	Station Diary No.:	
Date/Time Report Made: 12/10/2021 14:00			Vide Report No.:	12	
Informar	nt's Particu	lars	在17. 是是到12.2° 00.00 多的5+2.0°。		
Name of	Informant: KOK WAH		Address: 20 PEAKVILLE AVENUE SING	GAPORE 487789	
ID Type / ID No.: NRIC NO / S0047722B			Contact No.: Home/Office: 98337351	Mobile:	
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: Date of Birth:		Type of Informant: Driver		
Race:			Language:	Institution / School Name:	
Occupation: self employed			Driving Licence Information: Class: 3	Date of Expiry:	

ieneral Information  Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 27/09/2021 13:55	Type of Location near coffeeshop	
Location: JALAN TENA	AGA			Road Speed Limit:	
Weather:		Road Surface:			
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Colli	sion:			Anyone conveyed by ambulance: No	

Details of Vo	enicie invo		Model	Color	Condition	No of Passenger
Vehicle No.	Type	Make	Model			
SNB5043S	Car	KIA	NIRO HYBRID 1.6 GDI DCT	Silver	No Damage	0

Details of V	ehicle Insurance	I. No.	Effective	Expiry Date	
Vehicle No. Insura	Insurance Company	Insurance No		25/08/2022	
	Ilisurance company	7210104006	26/08/2021		
OI TOO	AIG ASIA PACIFIC INSURANCE PTE.	7210104000		1.1.3.3634	
	LTD.				





2 of 3

Report No. T/20211012/2051

Police Station Of Origin: Tanah Merah NPP 51 New Upper Changi Road #01-1514 SINGAPORE 461051 Tel No: 1800-4499999

## CONTINUATION OF REPORT

Details of Person Any Pedestrian In	volved: No		Use of Peo	destrian	Crossi	ng: NA	
No. of Pedestrian	S Injured. 1412			15.11-		S0047722B	
Driver Name	CHANG KOK WAH	HANG KOK WAH		ID No.		300411225	
Ivanic	AND SMILES AND SMILES			Contact No.	et No.	98337351	
Related Vehicle	cle NIL			Conta		(CASA) CASA	
				Class	of	Class: 3	
Hospital/Clinic	NIL			Driving Date of Expiry Licence & Expiry Date		Date of Expiry: NIL	
	Date I		Date Disc	charge	NIL		
Date Treatment   NIL No. of Days granted Medical Leave   NIL			Degree of Injury		NIL		

I received a letter yesterday on the 11/10/2021 at about 1600hrs from TP stating that I was involved in an accident that happened on the 27/09/2021 at Jalan Tenaga at around 1357hrs. However I do not remember that I got into any accident on the specified date and time. I checked my car cam footage for the front and rear of the car however there was nothing of significance. There is also no damage to my vehicle and I am I here to report that I have no knowledge of any accident happening to me and my vehicle on the stated date and time.







3 of 3

Report No. T/20211012/2051

Police Station Of Origin: Tanah Merah NPP 51 New Upper Changi Road #01-1514 SINGAPORE 461051 Tel No: 1800-4499999

### 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 G / Insp MUHAMMAD DANIAL QIDRAN BIN ABDUL WAHAB	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/10/2021 14:00
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:

# ACCIDENT STATEMENT

95	HECOBERT DATE 1 1 0 1 0 0 1 1 0 0 1 1 1 1 1 1 1 1 1
. LC	OCATION: JALAN TENAGA
	T. DETAILS OF VEHICLE
	a) VEHICLE NUMBER: SNB 50435
20	DINSURANCE COMPANY: AIG
	C)POUCY NUMBER: 72/0/04006 (COVER NOTE)
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL:
	FITYPE: (SALOON / COUPE / MPY /V AN / LORRY / MOTORCYCLE / OTHERS)
	g/VEHICLE CATEGORY (PRIVATE / COMMERCIAL / MOTORCYCLE)
	h) PURPOSE OF USING AT ACCIDENT TIME.
8	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NO)
	IF NO, PLEASE STATE [THIRD PARTY CLAIM / REPORTING ONLY]  2. INSURED / POLICY HOLDER
	A) NAME: CHANG KOK WAM (ZHANG CEHUN MALE) FEMALE)
	binric/fin/Passport: 500 477228 CONTACT: 98337351
	CLADDRESS: JU PEAKUILLE AUE
1	487189
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
A Mo of beizen	DRIVER  G)NAME: AS PROCE (MALE / FEMALE)  b)NRIC/FIN/PASSPORT: CONTACT:
C) including drive	a) NAME: HE PEROCE (MALE / FEMALE)
. (1)	b)NRIC/FIN/PASSPORT:CONTACT:
	c)ADDRESS:
	*d) DATE OF BIRTH: ( 30) 10 / 1952 (DD/MM/YYYY)
3000	e)OCCUPATION: (INDOOR / OUTDOOR)
	f) YEARS OF DRIVING EXPRERIENCE: 09/11/1972
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES /(NO))
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER
	5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS - UNENOWN
	b)ROAD SURFACE: (DRY / WET / OTHERS
	6. WAS ANYBODY INJURED (YES ANO)
	7. a) REPORTED TO POLICE (YES (NO)  IF YES, PLEASE STATE WHICH POLICE STATION:
	8 THIRD PARTY VEHICLE
the of passange	of VEHICLE NUMBER: SCB 2669E MODEL:
Clududing drive	er) b) DRIVER'S NAME:
(	c) NRIC/FIN/PASSPORT:CONTACT:
()	9. THIRD PARTY VEHICLE
tho of passing	d) VEHICLE NUMBER: MODEL:
(Induding driv	f) NRIC/FIN/PASSPORT:CONTACT:
( )	
77.0	
	_ ', (0
	Cimail = 1952 Kokwah @ grisil. co
50	. : cimail = 1732 Rox
3540	· · · · · · · · · · · · · · · · · · ·
	fax =
	VIDEO = NO
	Albisa - Ara

### KIA AUTO PROTECTOR PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder

: CHANG KOK WAH (ZHANG GEHUA)

Period of Insurance Engine No.

: 25 Aug 2021 to 24 Aug 2022 : G4LEMS784139

Chasis No.

: KNACB81CVM5485737

Vehicle No. Cover Note No. : TBA : 7210104006

Endorsement No.

Issued Date : 25 Aug 2021



### **ABOUT THE COVER**

Make/Model

KIA Niro 1.6

Engine Capacity/Tonnage : 1,580.00 CC

Sum Insured : Market Value

First Year of Registration : 2021

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

ay time executive or the second of 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 Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2

Age Condition

: All Age Condition

Mileage Condition

Unlimited Mileage

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 tuition, driving test, racing, pace-making, reliability trial 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 Use 1500cc - 1600cc

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Makrysia), are not to be

#### EXCESS

Fire - \$0 Own Damage - \$1000 Theft - \$0 Flood Cover - \$1000

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

CHANG KOK WAH (ZHANG GEHUA) - \$1000 (Own Damage), \$1000 (Flood Cover)

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

1 Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 330 Ubi Rd 3 Singapore 408650 67461000.

 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only). Add. 241 Alexandra Road Singapore 159931 64278800. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 600 Sin Ming Ave Singapore 575733 69328000

For other: Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hothins at +65 6338 6200. Alternatively, you may refer to AIG website www.sig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asia Pacific Ltd

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.

I/We hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malassya) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malassia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0500709927

CYCLE & CARRIAGE - JUSTIN

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.

Joanne Leong

Copyr 8