

Date In: 12/12/17 14:24	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/ AIG 17023614144	E-mail (within 3hrs, AIG 2hrs)		
Veh No: SLC 6860L	i-Motor Claim Form		
D.O.A: 11/12/17 21:55	i-Motor W/O (Within 30 Days, TP 4hrs)		
OD <input checked="" type="checkbox"/> Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SJC 54563	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (% [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

MA1707698	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)		
Contact No:	3) TF: Towing Fee (\$40/\$45)		
Damaged Portion:	4) FT: Follow-Through Survey (\$12)		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) (\$30)		
Auditors' Comments :-	For claiming against INC Only (over \$10 Jan 2018)		
Set 1:	6) TR: Re-inspection (\$75)		
Set 2/3:	7) NI: Ideal DA + SMRT Survey (\$160)		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tps Allowance	\$8	
	*N6: Repair Coordination	\$10	
	*N7: Post Repair Inspection	\$12	
	*N8: DV: Collision Success Coordination	\$5	
	TP (N11): TP to AIG against INC	\$10	
	9) N12: Ideal DA	\$8	
	Invoice dated	Fee charged	
	Invoice dated	Fee charged	

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 withholding of material facts may allow insurance companies to repudiate policy ability.
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 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	12/12/2017 14:24
Date Of Accident	11/12/2017 21:55
Exact Location Of Accident	PIE TWDS TUAS (PAYA LEBAR FLYOVER)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC6860L
Insured/Policyholder	
Name Of Registered Owner	DAUD BIN TOENGAJI
NRIC No	S1359018D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81983676
Alternative Phone No	OFFICE-81983676

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	-
Cover Note Number	2100465524

Driver

Name of Driver	EDDRY AZHAR BIN KAMARON
NRIC No	S8837174G
Date Of Birth	27/09/1988
Occupation	INDOOR
Date Of Driving Pass	27/06/2008
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96366549
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 140 POTONG PASIR AVE 3 #05-248
Postcode	350140
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - FATHER IN LAW
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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?	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 ATTACHED STATEMENT.

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	SJC5456B
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFR6565G
Vehicle Make/Model/Colour	

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

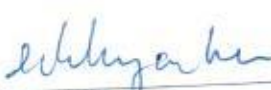
IMPORTANT NOTICE


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**.
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.
5. **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;
 - (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:
 - (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
Name:
NRIC/FIN No.:

SKETCH PLAN



PIE TUAS (PAYA LEBAR FLYOVER)

A: SLC6860L

VEHICLE B: SJC5456B

C: SFR6565G

DATE: 11/12/17

TIME: 2155HRS

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED TIME & DATE.

I WAS TRAVELING ON LANE ONE (MOST RIGHT LANE) VEHICLE "B"

SLOW DOWN & I FOLLOW SUIT, SUDDENLY I FELT A BIG IMPACT FROM

MY REAR AND MY CAR MOVED FORWARD AND HIT ONTO VEHICLE "B".

THAT'S ALL.

DECLARATION

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

Policyholder's Signature
Date & Time:

Signature

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Signature

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 11 / 12 / 2017 (DD/MM/YYYY), TIME: 21 : 55 (HH:MM)

LOCATION: PIE towards TVAS (Paya lebar flyover)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 3LC 6860L
 b) INSURANCE COMPANY: AIG
 c) POLICY NUMBER: 2100465524
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota corolla Altis 1.6L CVT
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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: David Bin Teengaji (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1359018D CONTACT: 8198 3676
 c) ADDRESS: Pasir 115 Drive 4 Bk 231 # 07-454
S(510231)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Eddy Azhar (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8837174G CONTACT: 9656 6549
 c) ADDRESS: Pasir 115 Drive 4 Bk 231 # 07-454
S(510231)

*d) DATE OF BIRTH: 27 / 9 / 1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 9

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Father in law

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJC 54568 MODEL: Honda stream
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SPR 65656 MODEL: Toyota Camry
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = REPORTING@TOPQUE5.com
 Fax = 6452 4584

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8837174G



Name
EDDRY AZHAR BIN KAMARON

ادري اذهر بن كمرون

Race
MALAY

Date of birth
27-09-1988

Sex
M

Country of birth
SINGAPORE



3408866




NRIC No. S8837174G



Date of issue
06-10-2003


Address
APT BLK 140 POTONG PASIR AVENUE 3
#05-248
SINGAPORE 350140

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S8837174G**
 Name
EDDRY AZHAR BIN KAMARON
 Birth Date **27 Sep 1988**
 Issue Date **27 Jun 2008**

001619622E



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)


		PASS DATE
Class 2B	Motorcycles <= 100 CC	31 Oct 2008
Class 2A	Motorcycles between 101 CC and 400 CC	30 Apr 2015
Class 2	Motorcycles > 400 CC	30 Apr 2015
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	27 Jun 2008

S8837174G

S / No. 9000301742

NP 428A

Licence No: S8837174G



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1359018D**

Name: **DAUD BIN TOENGAJI**

Birth Date: **06 Aug 1959**

Issue Date: **17 Dec 2012**

002132774H



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1359018D**

Name: **DAUD BIN TOENGAJI**

داؤد بن توئنگاجي


Race: **JAVANESE**

Date of Birth: **06-08-1959** Sex: **M**

Country of Birth: **SINGAPORE**

2552981

Sgt 6893U
Lawrence



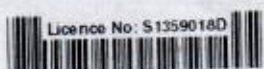
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg **05 Dec 1988**

Licence No: **S1359018D**

NP 428A



2552981

NRIC No: **S1359018D**

Blood Group: **O+** Date of issue: **15-12-1994**

APT BLK 231 PASIR RIS DRIVE 4 #07-454

SINGAPORE 510231

NRIC No: **S1359018D** Date: **08/04/2012 (R)** No: **7074212**

SINGAPORE 1046






HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

COVER NOTE

Cover Note No. 2100465524

Date 10 May 2016

The following risk described in the Schedule is hereby HELD COVERED in the terms of the applicable Company's policy issued to the Policyholder.

SCHEDULE

Policyholder	Daud Bin Toengaji		
Age Condition	All Age Condition	Registration No.	
Policy Type	TOYOTA AUTO PROTECTOR (2-YEAR)	Make/Model	TOYOTA Corolla Altis 1.6 Dual
Effective Date	10 May 2016	CC/Tonnage	1,598.00
Expiry Date	9 May 2018	Engine No	1ZR559663
Excess	S\$600.00	Chassis No	MR053REH104547743
		Year of Registration	2016
		Hire Purchase Company	HONG LEONG FINANCE LTD

This policy is subject to driver's age condition. The policy will indemnify the insured or any authorised driver only if he/she meets the age condition. Please refer to policy terms and conditions.

In addition to the Policy Excess, a Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00 (before GST) will apply to You or Your Authorised Driver who is below the age of 23 (in case of All Age Condition policies) and/or has less than 2 years' driving experience. The YIDR Excess is not applicable to Named Driver policies.

Usage of vehicle only for the following purposes:

1. Use only for social, domestic and pleasure purposes and for the Policyholder's business.
2. Use in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business and use for social, domestic or pleasure purposes.

Please note that acceptance of the risk is subject to our final acceptance and terms and conditions applicable to the policy. Should you require any change to the insurance, please contact us immediately. Otherwise, any change will not be covered under the policy.

The Company may cancel this cover by notice in writing and the insurance will be terminated and a proportionate part of the annual premium for the insurance will be charged for the time the Company has been on risk.

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE OF INSURANCE

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 (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Issued in SINGAPORE

AIG Asia Pacific Insurance Pte. Ltd.

IMPORTANT NOTICE

THIS COVER NOTE IS VALID FOR
60 DAYS FROM THE FIRST DAY OF
THE POLICY PERIOD. APPLICABLE
TO CORPORATE POLICIES ONLY.

AUTHORISED REPRESENTATIVE

ORIGINAL

IASHEC