

Date In: 13/12/17 11:36	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/AIG/17023652/h4	E-mail (owner/ins. All Inst):		
Veh No: 83Y 2007 T	i-Motor Claim Form		
DOA: 12/12/17 19:45	i-Motor W/O (within 90 days of 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: Vch No: **SLL 250 P** INC () / Non-INC () Tel: ()

Owner / Driver: ()

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:-	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

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		Int Bill	Ass Bill
Driver/Owner:	1) AR: Accident Reporting (\$90)	30.00	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)		
Damaged Portion:	3) TF: Towing Fee (\$40)		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey (\$120)		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) (\$30)		
	6) TR: Re-inspection (\$75)		
	7) NI: Also DA + SMRT Survey (\$160)		
	8) NTUC Additional Services:-		
	OD:		
	*NB: Courtesy Car / Tpt Allowance	\$5	
	*NB: Repair Co-ordination	\$10	
	*NB: Post Repair Inspection	\$25	
	*NB: DV - Difficult Excess Coordination	\$5	
	*NB: TP (Nil) - TP by a NTC against NTC	\$20	
	*NB: Map Mobile	\$5	
	Invoice date:	Fee Charged:	
	Invoice date:	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	13/12/2017 11:36
Date Of Accident	12/12/2017 19:45
Exact Location Of Accident	CTE TWDS JLN BAHAGIA TWDS SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY2007T
Insured/Policyholder	
Name Of Registered Owner	LIM HWEE LENG (LIN HUILING)
NRIC No	S7715353E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96376882
Alternative Phone No	HOME-67595259

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER 2.4 CVT 4WD
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	1700008968
Cover Note Number	-

Driver

Name of Driver	LIM CHEE KIAN (LIN ZHIJIAN)
NRIC No	S7320537I
Date Of Birth	05/06/1973
Occupation	INDOOR
Date Of Driving Pass	27/12/2002
Driving Experience	14 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98512722
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 14 HOUGANG ST 11 #15-70
 Postcode 534071
 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 CHAIN COLLISION
 Weather Conditions DRIZZLING
 Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
 Was any body injured in the Accident? YES
 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

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 SLL250P
 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 SKK7472L
 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 3

Vehicle Registration Number SGS5788U

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 INJURED PERSON 1

Name LIM CHEE KIAN (LIN ZHIJIAN)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJY2007T

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LIM HWEE LENG (LIN HUILING)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJY2007T

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

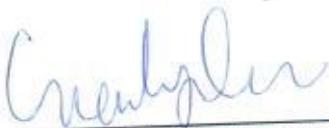
IMPORTANT NOTICE

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 willful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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5. **Any false reporting may be referred to the Police for investigation.**
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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)**

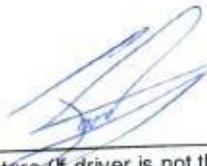
I understand, acknowledge, agree and consent that:

(a) My 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.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

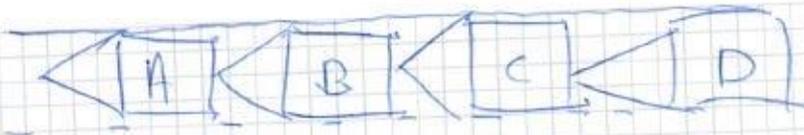
Sketch Plan

A - SJY200FT

B - SHL250P

C - SKK 7A72L

D - SGS5788U



Describe Circumstances of the Accident

I was driving Veh A on the above mentioned date & time. The veh in front slow down & stop. I slow down & stop. A few second later I felt an impact. When I slight I notice I was involve in a two car chain accident. Both

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

Date of Accident: 12/12/17	Accident Time: 7.45pm
Vehicle (A) No: SJY 2007T	Make Model: Mitsubishi Outlander
Location: GTE towards Jin Bahagia toward SLE	
Owner Name: Lim Hwee Long	
Owner Address: No 11, Mayang St 11, #15-70, SCSJF071	
Owner NRIC: S775353E	Email: lim-charlyn@yahoo.com.sg
HP: 96376882	Home: 67595259
Insurance Company: ^{High} (Comprehensive) Third Party / Third Party Fire & Theft	
Insurance Policy No: 170008968	
Driver Name: Lim Chee Kon	
Driver NRIC: S73205372	Date of Birth: 05/6/1973
Driver Contact No: 98512722	Occupation: in Door
Driving License Pass Date: 27/12/2002	Relationship With Owner: spouse

Claiming Under: (Own Damage Claim / Third Party Claim / Reporting Only)

Weather Condition: (Clear / Raining / Drizzling / After Rained)

Road Surface: (Wet / Dry)

Damage Portion of Vehicle(A): (Rear / Front / Right Side / Left Side / Chain Collision)

Anyone Injured: YES / NO	Name: Lim Hwee Long & Lim Chee Kon
Police Report: YES / NO	IF YES, Where:
Passenger In Vehicle (A): 2	
Witness Name:	NRIC: HP:

Vehicle (B) No: SLL250P	Vehicle (C) No: SKK 7472L
Driver Name:	Driver Name:
Driver NRIC:	Driver NRIC:
Contact No:	Contact No:
Insurance:	Insurance:
Damage portion of vehicle(B):	Damage portion of vehicle(C):

Vehicle (D) No: SG 557884	Vehicle (E) No:
Driver Name:	Driver Name:
Driver NRIC:	Driver NRIC:
Contact No:	Contact No:
Insurance:	Insurance:
Damage portion of vehicle(D):	Damage portion of vehicle(E):

NSI Automotiva P/L

68420051

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7715353E



Name

LIM HWEE LENG
(LIN HUILING)

林惠玲

Race

CHINESE

Date of birth

10-06-1977

Sex

F

S7715353E

Country of birth

SINGAPORE



4074002

NRIC No. S7715353E



Date of issue

18-07-2007

APT BLK 14 HOUGANG STREET 11 #15-70
SINGAPORE 534071

NRIC No: S7715353E

Date: 03/10/2016

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S73205371**

Name: **LIM CHEE KIAN (LIN ZHIJIAN)**

Birth Date: **05 Jun 1973**

Valid Until: **27 Dec 2002**

980069633C




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S73205371**

Name: **LIM CHEE KIAN (LIN ZHIJIAN) 林志坚**

Race: **CHINESE**

Date of Birth: **05-06-1973**

Sex: **M**

Country of Birth: **SINGAPORE**





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

PASS DATE: **27 Dec 2002**

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

License No: **S73205371**



APR 2016

Barcode

License No: **S73205371**

Class of Motor Vehicle: **B**

Issue Date: **16-01-2002**

APT BLK 14 HOUGANG STREET 11 #15-70 SINGAPORE 534071

NRIC No: **S73205371** Date: **03/10/2016**



