

Date In: 14/12/18 13:56	Job description	Date & Time Completed	Done by
Ref No: MA/18003037164	SAS e-filing		
Veh No: SJR 2171 M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 13/12/18 23:20	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SJG 7795 M.	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

MA1801128	Invoice Preparation Checklist	Am (S)	Am (T)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming at least INC Only (waived Jan 2024)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$150		
	8) NTUC Additional Services		
QC Checked by (Engr-In-Charge):	9) QP:		
	*N5: Courtesy Car / Tpt Allowance \$1		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Express Coordination \$1		
Auditors' Comments:-	TP (N11): TP (N) = INC, against INC		
	9) N12: Idac Mobile \$30		
	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 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	14/02/2018 13:56
Date Of Accident	13/02/2018 23:20
Exact Location Of Accident	JUNC BETWEEN PUNGGOL CENTRAL & PUNGGOL WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR2171M
Insured/Policyholder	
Name Of Registered Owner	CHAN CHOON YEAN (ZHEN JUNYUAN)
NRIC No	S7220193J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97317808
Alternative Phone No	OFFICE-97317808
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6(M) SX ABS D/AB 2WD 4DR
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	2100142959-08000
Cover Note Number	-

Driver

Name of Driver	TENG YOKE YIN(DING YUYAN)
NRIC No	S7713090Z
Date Of Birth	19/05/1977
Occupation	INDOOR
Date Of Driving Pass	28/03/2000
Driving Experience	17 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82997808
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 96 PUNGGOL DRIVE #13-13
Postcode	828797
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	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
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)	2
Passenger 1	NAME: : GWEN CHAN GENDER: : FEMALE

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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJG7795M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SAIPILJUMRI BIN OTHMAN
NRIC/Passport Number	S6818376F
Contact Number	93927089
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TENG YOKE YIN (DING YUYAN)
Approximate Age	
Injuries Sustain	LOWER BACK
Injured person in which vehicle?	SJR2171M
Were seat belts worn?	YES
Was this 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 claim 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 police 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 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 and 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 insurer/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 investigation relating to the claims;

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

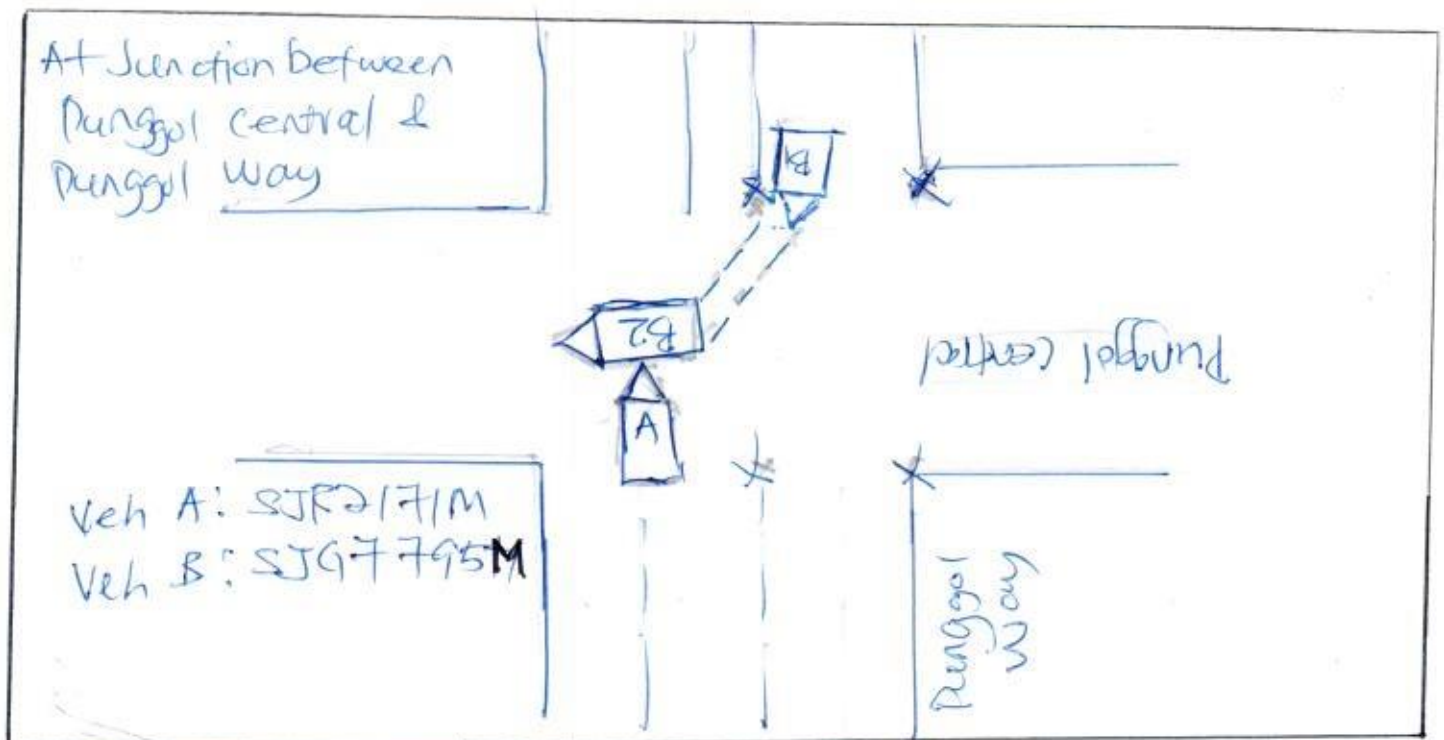
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyer/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &
Time 14/2/18 10.00am

Driver's Signature (If driver is not the policyholder) / Date
& Time 14/2/18 10.00am

Witnessed by Reporting Centre
Personal

Sketch Plan



Circumstances of the Accident

I was driving my veh SJR2171M on 13/5/18
at 11:21 pm at Junction between Punggol central
& Punggol way on my right of way.

Suddenly veh B: SJG7795M dash across
the red light & turn into Punggol central.

I could not stop in time & hit ~~on~~
on to his vehicle left passenger door.

I have a video footage on the accident scene.

We came down & exchange particulars.

I have 2 witness at the accident scene

I feel my lower backache & will be going

to see doctor.

veh A: SJR2171M

veh B: SJG7795M

Declaration

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

Policyholder's Signature / Date &
Time

14/5/18 10am

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

14/5/18 10am

Witnessed by Reporting Centre
Personal

Insurance Co.

AI6

Vehicle No.

SJR2171M

Date of accident

13/5/2018

- ☐ Reporting Only
- ☐ Own Damage Claim
- ☒ Third Party Claim

VEHICLE NO: SJR2171M

MAKE & MODEL: Kia Cerato Forte 1.6A

DATE OF ACCIDENT	13 / 12 / 2018
TIME OF ACCIDENT	11.21 AM/PM
LOCATION OF ACCIDENT	At Junction between Punggol Central & Central Punggol Way
Exact Purpose use during accident	on my way home
NAME OF OWNER	Chan Choon Yean
TELP NO	97317808
NRIC	S7220193J
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only
PRIVATE HIRE	YES/NO?
INSURANCE CO.	AG
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	2100142959-0800
NAME OF DRIVER	As above / (If No:) Teng Yoke Yin
NRIC	S77130902
DATE OF BIRTH	19 / 5 / 1977
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	28 / 3 / 2000
GENDER	Male / Female
CONTACT NO.	82997808 Office: Home:
ADDRESS	B1K 96 Punggol Drive #13-13 (828-777)
DRIVER HAVE ANY OWN Vehicle	(NO) If yes: Reg No:
RELATIONSHIP	Employee / If No: Spouse.
WEATHER CONDITION	Clear / Raining / Other:
ROAD SURFACE	Dry / Wet / Other:
ANY INJURIES	No / (If yes) Who? Driver
CONTACT NO.	82997808
POLICE REPORT	(No) If yes: Where?
VEHICLE B NO.	SJG77954 M Any Passenger: 1
NAME	Saifuljumi Bin Othman S6818376F
CONTACT NO.	93927089
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	
WITNESS CONTACT NO.	Camera: Yes
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO
PARTICULAR WORKSHOP	Supercolors Pte Ltd Supercolors88@gmail.com
TELP NO	6702 2737
CONTACT PERSON	
FAX NO.	67022767

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7220193J



Name

CHAN CHOON YEAN
(ZHEN JUNYUAN)

甄俊源

Race

CHINESE

Date of Birth

10-06-1972

Country of Birth

SINGAPORE

Sex

M

Signature



NRIC No. S7220193J



Sexual Group: 0+
Date of Issue: 24-05-1996

98 PUNGOL DRIVE #13-13
SINGAPORE 828797
NRIC No. S7220193J
Date: 29/02/2016

283449

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7713090Z



Name

TENG YOKE YIN
(DING YUYAN)

丁 玉 燕

Race

CHINESE

Date of Birth

19-05-1977

Sex

F

Country of birth

SINGAPORE



4178254

NRIC No. S7713090Z



Date of Issue

22-02-2008

APT BLK 96 PUNGOL DRIVE #13-13

SINGAPORE 828787

NRIC No. S7713090Z

Date: 27/02/2016

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7713090Z

Name

TENG YOKE YIN
(DING YUYAN)

Birth Date: 19 May 1977
Issue Date: 16 Feb 2013



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

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive 28 Mar 2000
of the driver, and other motor vehicles < 2500kg

NP 428A





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

CERTIFICATE OF INSURANCE

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)

M.X.1

AUTOPLUS

CERTIFICATE NO. 2100142959-08000

(The below excess is subject to GST)

OWN DAMAGE EXCESS S\$600.00 (1)

WINDSCREEN EXCESS S\$100.00

(for policies with effect from 1st November 2002)

SUM INSURED Market Value
INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

SJR2171M

2) NAME OF INSURED

Chan Choon Yean (Zhen Junyuan)

3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT

15 Jun 2017

4) DATE OF EXPIRY OF INSURANCE

14 Jun 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

SUBJECT TO AGE CONDITION : All Age Condition

a) The Insured.

b) Any other person who is driving on the Insured's order or with his permission.

This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions.

A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the

Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said

Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE*

Use only for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

SOLE AGENT'S WORKSHOP : For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop.

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

1. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837116)
2. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only
3. Ethoz - 30 Bukit Batok Cres (Tel: 66547777)
4. DPS Body & Paint (Subsidiary of C&C) - 209 Pandan Gardens (Tel: 65884501)
5. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560)
6. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)
7. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892)
8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)
9. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)

LOSS OF USE Loss of Use 10 Days (1600cc) - Refer to policy wordings for details

* NAMED DRIVER Teng Yoke Yin

HIRE PURCHASE COMPANY DBS BANK LTD
/EMPLOYER'S LOAN

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates 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 22 May 2017

AIG Asia Pacific Insurance Pte. Ltd.

691454-000
POH SWEE GUAN
3 TAMPINES GRANDE
#06-01 AIA TAMPINES
SINGAPORE 528799
SP-JUNECIANG-DWEE

AUTHORISED REPRESENTATIVE

ORIGINAL