

Date In: 26/12/18 16:57	Job description	Date & Time Completed	Done by
Ref No: MA/AIG/18003618/64	SAS e-filing		
Veh No: SLR 3764 Y	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 24/12/18 13:45	I-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SKZ 217 A	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 repair.
 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

MA 1801238

Invoice Preparation Checklist		Am't (\$)	Am't (\$)
		Est Bill	Act Bill
1) AR: Accident Reporting (\$10)			30.00
2) DA: Damage Assessment (\$100); INC (\$80)			
3) TF: Towing Fee		\$40.545	
4) FT: Follow-Through Survey		\$120	
5) FT: Follow-Through Survey (Resurvey)		\$30	
For claiming against INC Only (wef 15 Jan 2009)			
6) TR: Re-inspection		\$75	
7) N1: Idco DA + SMPT Survey		\$160	
8) NTUC Additional Services -			
QI:			
*N5: Courtesy Car / Tpt Allowance		\$5	
*N6: Repair Co-ordination		\$10	
*N7: Post Repair Inspection		\$25	
*N8: DV / Collect Excess Coordination		\$5	
TP (N11): TP (N11-INC) against INC		\$30	
3) N12: Idco Mobile		\$0	
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Claimant's Particulars:-
 Driver/Owner:
 Contact No:
 Damaged Portion:
 QC Checked by (Engi-In-Charge):
 Auditors' Comments:-
 Pat 1 / 3
 Pat 2 / 3

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	26/02/2018 16:57
Date Of Accident	24/02/2018 13:45
Exact Location Of Accident	PIE SLIP RD INTO KALLANG WAY TWDS SIMS AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR3764Y
Insured/Policyholder	
Name Of Registered Owner	SIT KOK MENG
NRIC No	S1618105F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87003634
Alternative Phone No	OFFICE-87003634

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE
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	1700035223
Cover Note Number	-

Driver

Name of Driver	AMOS SIT MUN LOONG
NRIC No	S9939505B
Date Of Birth	10/12/1999
Occupation	INDOOR
Date Of Driving Pass	12/02/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87003634
Fax Number	
Contact Number	OFFICE-87003634
Email Address	NOEMAIL

Address BLK 484 ADMIRALTY LINK #12-59
 Postcode 750484
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured CHILDREN
 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 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) 3
 Passenger 1 NAME: : SIT WING ONN
 GENDER: : MALE
 Passenger 2 NAME: : SIT LAI KHAN
 GENDER: : MALE

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 SKZ217A
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number 82334408
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJQ4530C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver 97634469
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name AMOS SIT MUN LOONG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLR3764Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SIT WING ONN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLR3764Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name SIT LAI KHAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLR3764Y
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 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:

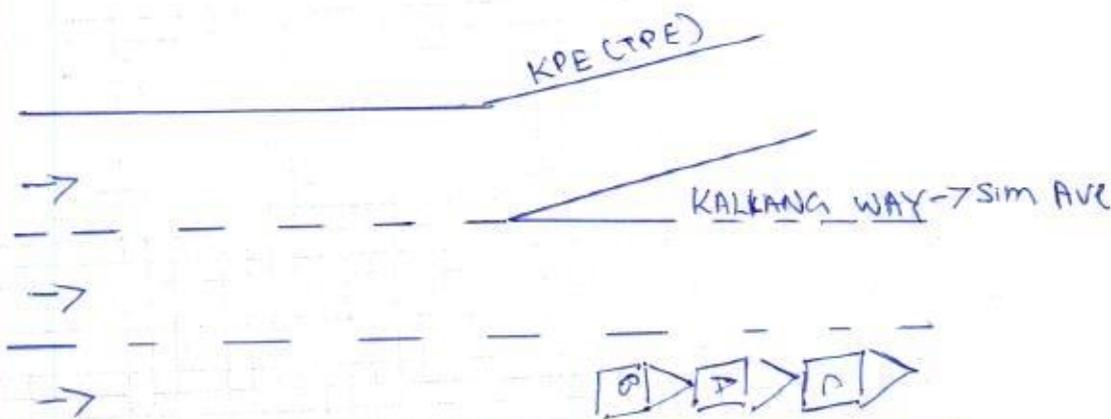
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS I WAS TRAVELLING ALONG THE MENTIONED ROAD, IT WAS HEAVY TRAFFIC. THE INFRONT CAR SLOWED DOWN AND I FOLLOWED SUIT. SUDDENLY I FELT A HUGE IMPACT FROM MY VEHICLE REAR AND THE HUGE IMPACT FORCES MY VEHICLE TO SURGE FORWARD AND HIT ONTO THE FRONT CAR. AFTER WHICH I STOPPED OUT OF MY VEHICLE AND REALISED THERE IS A CHAIN ACCIDENT OF 3 ACCIDENT. AFTER THE ACCIDENT MY 2 PASSENGERS FELT HURT AND MAY CONSULT A DOCTOR.

DECLARATION

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

chy
 Policyholder's Signature
 Date & Time:

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

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

Vehicle No.	SLR 3764Y	Model / Make	MITSUBISHI ATTRACTION
Date of Accident	24/02/18		
Time of Accident	1345	HRS	
Location of Accident	PIE SHIP RD INTO KALLANG WAY toward Sims Ave		
Exact purpose use during accident			
Name of Owner	SIT KOK MENG		
Telephone No.	H/P: 87003634	Home:	Office:
NRIC	S1618105F		
Address	B1K 48A ADMIRALTY LINK #12-59 S 750484		
Claim type	OD	(THIRD PARTY)	REPORTING ONLY
Insurance Company	AIG		
Type of Coverage	(Comprehensive)	Third Party	Third Party / Fire / Theft
Policy No.	1700035223		
Name of Driver	As Above (If No,)		
NRIC	Any Passengers: 02		
Date of birth			
Occupation	Outdoor	/	Indoor
Driving License Pass Date			
Gender	Male	/	Female
Contact No.	H/P:	Home:	Office:
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	(Clear)	Raining	Other
Road Surface	(Dry)	Wet	Other
Any Injuries	(No,	If Yes, Who?	
Name And Contact No.	SIT WING ONN S7011787H		
Name And Contact No.	SIT LAI KHAN S1820890C		
Police Report	No,	If Yes, Where?	
Vehicle B No.	SKZ 217A	Any Passengers: 01	
Name of Driver		Contact No.: 82334408	
Vehicle C No.	BJQ 4530C	Any Passengers: 02	
Vehicle D No.		Any Passengers: 97634469	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion			
Camera Recorder	Yes / (No)		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / (No)
PARTICULAR WORKSHOP	Motor Intel Automo Pte. Ltd.		
CONTACT NO.	8838 3318 / 6281-0087.		
CONTACT PERSON	WILSON ONG		
FAX NO	6281-0187		
WORKSHOP EMAIL ADDRESS	Sales@mia-rms.com.sg / and auto.2@intelautomo.com		

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9939505B



Name

AMOS SIT MUN LOONG



薛文龍

Race

CHINESE

Sex

M

Date of birth

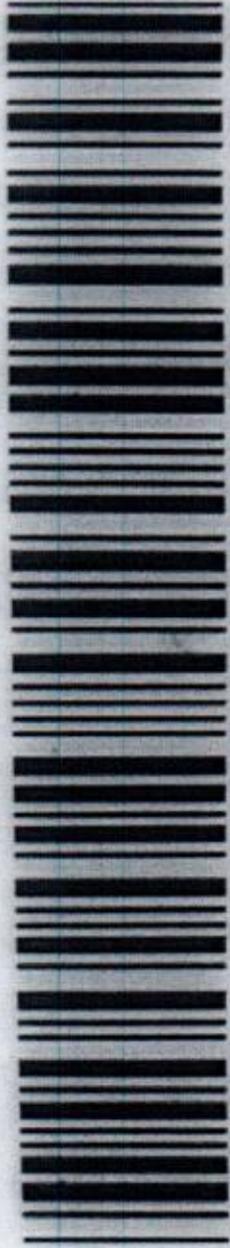
10-12-1999

Country/Place of birth

SINGAPORE



5281047



NRIC No. S9939505B



Date of issue

17-03-2014

Address

APT BLK 668A JURONG WEST STREET 64
#09-126
SINGAPORE 641668

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9939505B**

Name:

AMOS SIT MUN LOONG

Birth Date: **10 Dec 1999**

Issue Date: **12 Feb 2018**



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

EFFECTIVE DATE

12 Feb 2018

Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg

Class 3



License No. S99395056

NP 42BA

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1618105F



SIT KOK MENG

薛国明

CHINESE

Date of Birth

28-09-1963

Sex

M

Country of Birth
SINGAPORE

0342800



NRIC No: S1618105F



Board Group: 1st of 1st

A+

22-03-1993

APT BLK 484 ADMIRALTY LINK #12-59
SINGAPORE 750484

NRIC No: S1618105F

Date: 20/07/2008

No: 60350219



CERTIFICATE OF INSURANCE

MITSUBISHI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : SIT KOK MENG
Period of Insurance : 14 Aug 2017 To 13 Aug 2018
Engine No. : 3A92UDS9492
Chassis No. : MMBSTA13AHH004493

Vehicle No. : SLR3764Y
Policy No. : 1700035223
Endorsement No. :
Issued Date : 21 Aug 2017

ABOUT THE COVER

Make/Model : MITSUBISHI ATTRAGE 1.2 CVT
Engine Capacity/Tonnage : 1,193.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

a) The Policyholder
b) Any other person who is driving on 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 years' driving experience.

Age Condition : All Age Condition

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 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

SIT KOK MENG - \$600 (Own Damage)

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

1. Cycle & Carriage Customer Service Centres (For windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64706688
2. Cycle & Carriage Customer Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
3. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.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: United Overseas Bank Limited

We hereby certify that the policy to which this Certificate of Insurance relates 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 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500720786

CYCLE & CARRIAGE - FLOREN(MIT)

239 ALEXANDRA ROAD

SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

ESCHFZ