

Date In: 5/12/18 11:20	Job description	Date & Time Completed	Done by
Ref No: NA/AIG 1800 4132/h4	SAS e-filing		
Veh No: 281248 SLA 88518	E-mail (within 3hrs. Aft 3hrs)		
D.O.A: 28/12/18 21:50	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (within OD Inq. TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: FBG 4207J	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

Claimant's Particulars:-	NA1801426	Invoice Preparation Checklist	Ant (C)	Ant (G)
Driver/Owner:		1) A.R.: Accident Reporting (\$300)	30.00	
Contact No:		2) DA: Damage Assessment (\$1000)	INC (\$88)	
Damaged Portion:		3) TP: Towing Fee	\$40.545	
		4) FT: Follow-Through Survey	\$1.00	
		5) FT: Follow-Through Survey (Resurvey)	\$30	
		6) TR: Re-inspection	\$75	
		7) N1: Idac DA + SMRE Survey	\$160	
		8) NTUC Additional Services		
QC Checked by (Engr-In-Charge):		OD:		
		*N1: Courtesy Car / Tpl Allowance	\$4	
		*N1: Paper Coordination	\$1.5	
		*N1: Post Repair Inspection	\$25	
Auditors' Comments:-		*N1: TP: Collect Excess Coordination	\$5	
		TP (N1): TP (N1) + INC assign INC	\$20	
		9) N1: Idac Module	\$1	
		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	05/03/2018 11:00
Date Of Accident	28/02/2018 21:50
Exact Location Of Accident	JUNC OF CORPORATION RD & BOON LAY WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ8851B
Insured/Policyholder	
Name Of Registered Owner	LEOW YIH SHYAN
NRIC No	S8901645B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92964884
Alternative Phone No	OTHERS-98217061

Vehicle Particulars

Manufacturer	NISSAN
Model	PULSAR 1.2L DIG-T
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	1700032767
Cover Note Number	-

Driver

Name of Driver	LEOW YIH SHYAN
NRIC No	S8901645B
Date Of Birth	06/01/1989
Occupation	OUTDOOR
Date Of Driving Pass	01/04/2008
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92964884
Fax Number	
Contact Number	OTHERS-98217061
Email Address	NOEMAIL

Address	BLK 417 EUNOS RD 5 #15-22
Postcode	400417
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	NO
Was any injured conveyed to hospital by ambulance?	
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: : FAIRUL
	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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG4207J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	RABI'AH BINTE ROHAIZAD
NRIC/Passport Number	S9725504J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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:

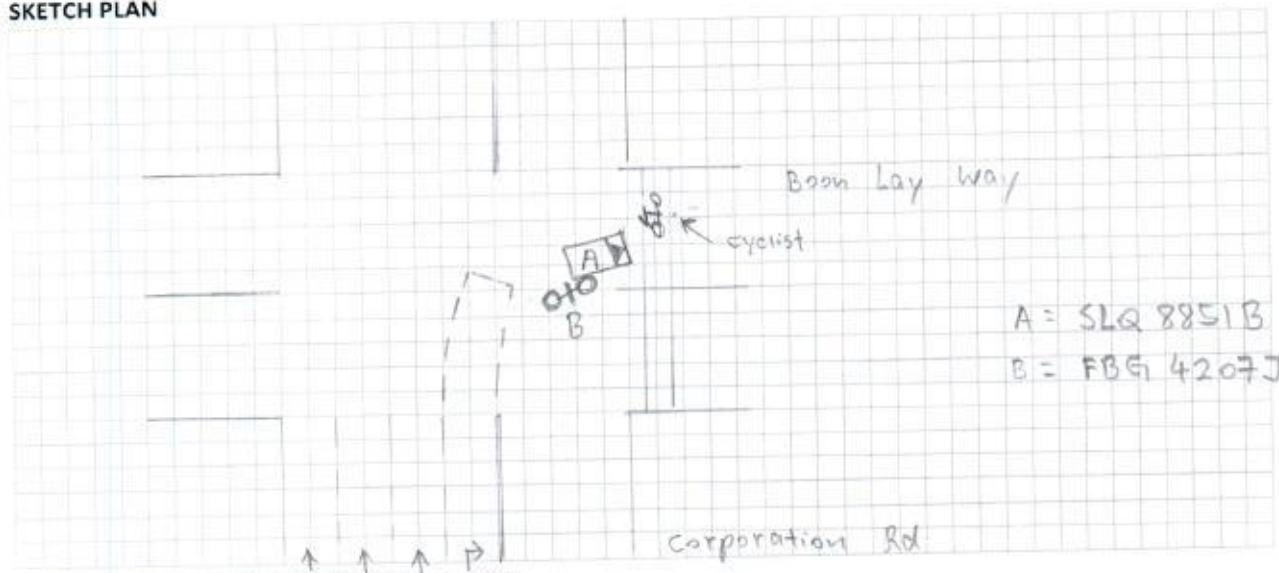
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

My vehicle was at the right most lane ^{at Corporation Rd.} making a right turn to Boon Lay way. I inch out my vehicle due to on-coming car at the opposite road. When it was clear, I proceed to turn and saw an old man on a bicycle ~~riding~~ crossing the road. At that time, the pedestrian light was blinking green, a last minute attempt by the old man to cross ^{the road}. So ~~that~~ I slowly stop my car. The motorcyclist, then hit my ^{right} car rear after a few seconds. ~~on the~~ Base on the rear camera, ~~she did not move out~~ the motorcyclist proceed to turn without stopping, only at the last second she turned to the right and skided.

DECLARATION

I/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:

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8901645B



Name
LEOW YIH SHYAN

廖亦澐

Race
CHINESE

Date of birth
06-01-1989

Country of birth
SINGAPORE

Sex
M





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8901645B


Name
LEOW YIH SHYAN

Birth Date: 06 Jan 1989

Issue Date: 01 Apr 2008



001587112C



3452776



NRIC No. S8901645B



Date of issue
07-01-2004

Address
APT BLK 417 EUNOS ROAD 5
#15-22
SINGAPORE 400417


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

PASS DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 01 Apr 2008

NP 428A

Licence No: S8901645B





CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Leow Yih Shyan
Period of Insurance : 26 Jul 2017 To 25 Jul 2018
Engine No. : HRA2428698A
Chassis No. : VSKDDAC13U0104124

Vehicle No. : SLQ8851B
Policy No. : 1700032767
Endorsement No. :
Issued Date : 11 Aug 2017

ABOUT THE COVER

Make/Model : NISSAN Pulsar 1.2
Engine Capacity/Tonnage : 1,197.00 CC
Driver Restriction : NA

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2017
Insuring with COE/PAFF : 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 (10 days) 1500cc - 1500cc

* Limitations rendered inoperative by Section 6 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)

Leow Yih Shyan - \$600 (Own Damage)

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

1. TC AutoClinic, Add: No. 1, Seah Loo Yang Road Singapore 628099 62622212
2. Autolux Industrial, Add: 19 Ubi Road 4 Singapore 408623 64909666
3. TC AutoClinic, Add: 25 Leng Kee Road Singapore 159007 67038511 67038512 67038513
4. Tan Chong Motor Sales, Add: 913 Bukit Timah Road Singapore 589623 64694091 64694092 64694093
5. Tan Chong Motor Sales, Add: 17 Lorong 8 Tio Payoh Singapore 315254 63570753 63570754

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: Standard Chartered Bank (Singapore) Limited

I/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).

0500610426

TAN CHONG CREDIT PTE LTD-YKM

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
 SINGAPORE 589623 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. Anile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSC/NP7

1000278431/AC&Decal