

Date In: 5/13/18 15:34	Job description	Date & Time Completed	Done by
Ref No: NAI AIG 18004207/h4	SAS e-filing		
Veh No: GY 594M	E-mail (within 3hrs. AIG 3hrs)		
D.O.A: 3/13/18 11:00	i-Motor Claim Form		
OD (TP) 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: PC 2965Y	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

NA 1801422	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		Net Bill	Add Bill
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 \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2018)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	QUT		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11) TP (N11) INC against INC \$10		
	8) N12: Idao Models \$5		
Lat. 1:	Invoice dated	Fee Charged	
Lat. 2/3:	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 15:34
Date Of Accident	03/03/2018 11:00
Exact Location Of Accident	10 CLAYMORE HILL LOADING & UNLOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY594M
Insured/Policyholder	
Name Of Registered Owner	TAN HOE GUAN
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90299456

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	2100395055-03
Cover Note Number	-

Driver

Name of Driver	WANG JIANLI
NRIC No	G5942527M
Date Of Birth	06/08/1972
Occupation	OUTDOOR
Date Of Driving Pass	25/05/2007
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90299456
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 22 DEFU LANE 10 #01-256
Postcode	539203
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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)	0

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	PC2965Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBG8621U
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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**.
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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:

X

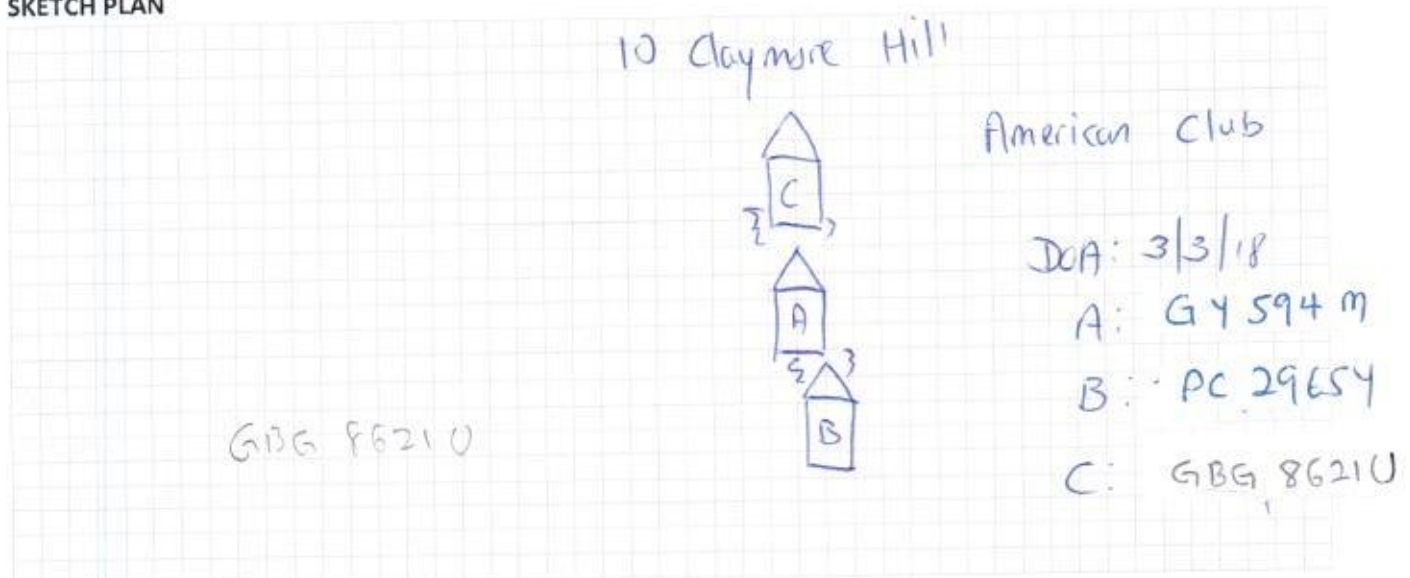


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My lorry was parked stationary inside the c/park of loading & unloading bay. Suddenly I saw veh B hit onto the hit RH portion & due to the great impact my lorry moved forward & hit veh C.

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.:

Personal Particulars

Date of Accident: 3/3/18 Time of Accident: 11:00 am
Exact Location of Accident: 10 claymore Hill loading & unloading bay
Owner's Name: Tan Hoe Guan NRIC No: _____ HP No: _____
Driver's Name: Wang JionLi NRIC No: G5942521M HP No: 190299456
Date of Birth: 6/8/1972 Driving Licence Passing Date: 25/5/2007 Occupation: Indoor / Outdoor
Address: Blk 22 Defu Lane 10 #01-256 (S39203)
Relationship of Driver with Insured: Employee Email Address: _____
Vehicle No: G4 594M Make & Model: Nissan Cabstar
Insurance Co: AIG Coverage: Third Party Policy No: 2100395055-03

*Purpose of Reporting? ☒ Own Damage Claim / ☐ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☐ Private Use / ☒ Work

*Weather Condition? ☒ Clear / ☐ Raining / Others: _____ Wet / ☒ Dry / Others: _____

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 0 B: _____ C: _____ D: _____

*Was Anybody Injured? (Yes / ☒ No) If yes,

Name / NRIC / In Vehicle: _____

*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☐ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes / ☒ No)

Third Party Driver's Particulars

Vehicle B No: PC 29654 Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____
Vehicle C No: _____ Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

G8G 8621U

Licence Number: **G 5942527 M**



WANG JIANLI

Birth Date: **06 Aug 1972**

Issue Date: **17 May 2017**

Valid Till: **24/05/2022**



002684310E

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
TAN HOE GUAN

Sector
MANUFACTURING



WANG JIANLI

MANAGER

Date of Application
18-10-2016

Date of Issue
31-10-2016

Date of Expiry
30-10-2018

S Pass No.
O 57471387



L 7348524



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


Class 3

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

EFFECTIVE DATE

25 May 2007

NP 428A



Licence No: G5942527M

VISIT PASS
Immigration Regulations

Name
WANG JIANLI



Date of Birth
08-08-1972

Sex
M

Nationality
CHINESE

FIN
G5942827M

Date of Issue
01-11-2015

Date of Expiry
30-10-2018

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



COMMERCIAL AUTO THIRD PARTY FIRE AND THEFT COMMERCIAL VEHICLE

Name of Policyholder : Tan Hoe Guan
 Period of Insurance : 15 Dec 2017 To 15 Dec 2018
 Engine No. : QD32199518
 Chassis No. : JN1SF4F23Z0853183

Vehicle No. : GY594M
 Policy No. : 2100395055-03
 Endorsement No. :
 Issued Date : 07 Dec 2017

ABOUT THE COVER

Make/Model : NISSAN CABSTAR 1.8 ton [Lorry]
 Engine Capacity/Tonnage : 1.8 Tonnage
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2004
 Insuring with COE/PAFF : Yes

Person or Classes of Persons Entitled to Drive* :

- a) Any person who is driving on the Policyholder's order or with their permission.
 b) This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.

Age Condition : All Age Condition

Limitation as to use* :

- 1) Use in connection with the Policyholder's business.
 2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
 3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst driving a trailer except the towing of any disabled using a mechanically propelled vehicle. c) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 Theft - \$0

Section 2
 Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable)

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

Any accident repairs to the vehicle can be carried out at the repairer of Your choice (unless specifically excluded by UAG).
 For Approved Reporting Centres/AUTHORIZED REPAIRERS, please contact our 24-hour accident emergency hotline at +65 6336 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG 3G Mobile App. Simply search and download "AIG 3G" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: KENSO LEASING PTE LTD

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. 169), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1986 (Malaysia).

0503138000

TAN HONG BOON ADRIANE
 371 ALEXANDRA ROAD #06-02 AIA ALEXANDRA
 SINGAPORE 159963 SP-TANKENGLU-PG

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE