

Date In: 19/03/2018 14:29

Ref No: N/AH/803150/50934

Veh No: SLG 4174B

P.O.A: 17/03/2018 13:20

OD (TP) Reporting Only

TP Insured:

| Job description                        | Date & Time Completed | Done by |
|----------------------------------------|-----------------------|---------|
| SAS e-illing                           |                       |         |
| E-mail (within 2hrs, A/C 2hrs)         |                       |         |
| 1-Motor Claim Form                     |                       |         |
| 1-Motor W/O (Vehicle 2nd, TP (1/2/2))  |                       |         |
| 1-Photo Uploaded                       |                       |         |
| Assessment/Survey Report               |                       |         |
| Ass't Report by Fax/Hand to Owner/Wksp |                       |         |

Preferred Wksp / INC Assign Wksp / QW1

Tel

Fax

TP Particulars: Yell No: GU 1355J

INC ( ) / Non-INC ( )

Owner / Driver (

Tel

Policy No (

Period (

Cover Type (

Confirmed by (

Date

Time

Insured/Driver Liability ( % ) (Note: BIL Slans (WO): NI 0.20%; PI 21.79%; PI 30.100%)

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 repeller.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Driver-In ( ) / Toiled-In ( ) Invoice: YES ( ) / NO ( ) Towing Co ( )

Remarks: INC 6788 60167

Date & Time Completed

Done by

1) Apply for Trans/In Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury:

Date Time Action

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

MAH/801768

Insurance Company

Driver/Owner

Contact No:

Assigned Portion:

C. Checked by (Engr-In-Charge):

Work Order Comments

1/1

1/2/2

Invoice Breakdown/Charges

| Item                                           | Amount | INC ( \$ ) |
|------------------------------------------------|--------|------------|
| 1) AR: Accident Reporting (330)                |        |            |
| 2) DA: Damage Assessment (3100)                |        | INC ( \$ ) |
| 3) TP: Towing Fee                              |        | \$40/113   |
| 4) FT: Follow-Through Survey                   |        | 1125       |
| 5) RT: Follow-Through Survey (Recovery)        |        | 220        |
| For all items listed INC Only (Ref 10 Jan 200) |        |            |
| 6) TA: Re-inspection                           |        | 333        |
| 7) NT: GVA + EMRT Survey                       |        | 1140       |
| 8) NTUC Additional Services                    |        |            |
| Q11:                                           |        |            |
| *NI: Courtesy Car / Tel Allowance              |        | 11         |
| *NI: Repairs Coordination                      |        | 510        |
| *NI: Post Repair Inspection                    |        | 513        |
| *NI: DV / Collision/Unins Coordination         |        | 11         |
| LE (NI) / TP (Run INC) against INC             |        | 510        |
| 9) NT: Repair Photo                            |        | 10         |
| Invoice Total                                  |        |            |
| Invoice Paid                                   |        |            |

Ref: 01174

Vin: 11111111

MAH/801768

## 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             | 19/03/2018 14:29           |
| Date Of Accident           | 17/03/2018 13:20           |
| Exact Location Of Accident | BLK 409 ANG MO KIO CARPARK |
| Country/State of Loss      | SINGAPORE                  |

### DETAILS OF OWN VEHICLE

|                             |                            |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SLG4174B                   |
| <b>Insured/Policyholder</b> |                            |
| Name Of Registered Owner    | TAN CHIN TEE (CHEN ZHENDI) |
| NRIC No                     | S7414418G                  |
| Email Address               | HANCARREPAIRS@GMAIL.COM    |
| Mobile Phone No             | (LOCAL) +65-97662053       |
| Alternative Phone No        | OTHERS-97662053            |

### Vehicle Particulars

|                                                                              |             |
|------------------------------------------------------------------------------|-------------|
| Manufacturer                                                                 | MAZDA       |
| Model                                                                        | 3           |
| 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             | 2100484199-01                        |
| Cover Note Number         |                                      |

### Driver

|                      |                            |
|----------------------|----------------------------|
| Name of Driver       | TAN CHIN TEE (CHEN ZHENDI) |
| NRIC No              | S7414418G                  |
| Date Of Birth        | 09/05/1974                 |
| Occupation           | INDOOR                     |
| Date Of Driving Pass | 27/11/2014                 |
| Driving Experience   | 3 YEARS AND 3 MONTHS       |
| Gender               | MALE                       |
| Mobile Number        | (LOCAL) +65-97662053       |
| Fax Number           |                            |
| Contact Number       | OTHERS-97662053            |
| Email Address        | HANCARREPAIRS@GMAIL.COM    |

|                                                     |                                       |
|-----------------------------------------------------|---------------------------------------|
| Address                                             | BLK 690F WOODLANDS DRIVE 75<br>#12-10 |
| Postcode                                            | 736690                                |
| 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   | SIDE SWIPE |
| Weather Conditions | CLEAR      |
| Road Surface       | DRY        |

#### Other Information

|                                                                                             |     |
|---------------------------------------------------------------------------------------------|-----|
| Was any foreign vehicle involved in this accident?                                          | NO  |
| Number of vehicles involved in the accident                                                 | 2   |
| Was any body injured in the Accident?                                                       | NO  |
| 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)                                                     | 1   |

#### 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 SKETCH PLAN

#### 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         | GU1335J                     |
| Vehicle Make/Model/Colour           |                             |
| Details Of Properties               |                             |
| Vehicle Category                    | COMMERCIAL VEHICLE          |
| Name of Driver                      | TAN AH KAN @ TAN SOON LOONG |
| NRIC/Passport Number                |                             |
| Contact Number                      |                             |
| Address                             |                             |
| Postcode                            |                             |
| Insurance Company Name              |                             |
| Nature Of Damage                    |                             |
| No. Of Passenger (Including Driver) |                             |

# **SKETCH PLAN**

VEHICLE NO: SLG4174B

DOA: 17/03/18

## **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.
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 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.

PLEASE NOTE YOUR INSURER MAY HAVE A **14DAY-TIMEFRAME** FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

Policyholder's Signature / Date & Time

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

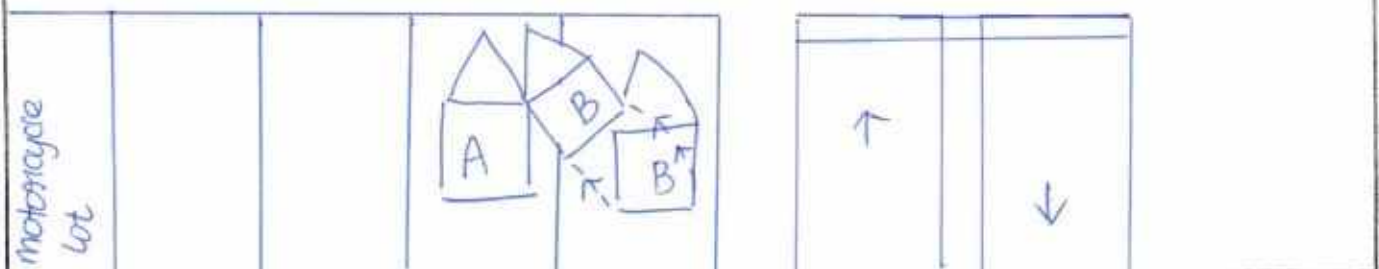
Witnessed by Reporting Centre Personnel

## **Sketch Plan**

Blk 409 Campark  
(Ang Moh Kio)

A) SLG4174B

B) GU 1335J



Entrance

**Describe Circumstances of the Accident**

I had just completed my parking for my vehicle A (SLG4174B) into the carpark lot of BIK 409 Ang Moh Kio on 17/03/18 at about 1.20pm.

As I was about to alight my vehicle, vehicle B (GU1335J) which was parked directly beside me (on the right) tried to exit. However, it failed to do so and hit onto me instead.

**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

 19/03/2018  
Witnessed by Reporting Centre Personnel

☐ OWN DAMAGE

☐ THIRD PARTY CLAIM

☐ REPORTING ONLY

Personal Particulars

Date of Accident: 17 / 03 / 2018 (dd/mm/yy)

Time of Accident: 13 : 20 (24 Hrs)

Vehicle No.: SLG4174B Vehicle Make / Model: Mazda3 (1496cc)

Exact location of Accident: Blk 409 Ang Mo Kio Compass

Owner's Name / IC No.: Tan Chin Tee (Chen Zhendi) S74144186

Driver's Name / IC No.: Tan Chin Tee (Chen Zhendi) S74144186

Driver's Contact No.: 97662053 Insurance Company & Policy No.: Ala Insurance

Driver's E-mail address: honzaxepaive@gmail.com / aliciacheeng@yahoo.com

Relationship between Owner & Driver: Spouse / Children / Friend / Parents / Others specify: —

What do you wish to claim? (Please circle one only)

(1) Own Insurance / (2) Other Vehicle (The one you want to claim against) / (3) Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private use / Work purpose

Weather condition & Road conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 days or more, police report is required)

Yes / No If Yes, which police station? —

The Other Party (Vehicle B) Details:

Driver's Name / IC No.: Tan Ah Kan @ Tan Soon Loong Vehicle No.: GU1335J

Insurance Company: — Driver's Contact No.: —

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other (Vehicle C) Involved: —

Independent Witness (If Any): — Contact No.: —

Preferred workshop Name (If Any): — Contact No.: —

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7414418G



Name

TAN CHIN TEE  
(CHEN ZHENDI)

陈振帝

Race

CHINESE

Date of birth

09-05-1974

Sex

M

Country of birth

SINGAPORE

S7414418G

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7414418G

Name

TAN CHIN TEE  
(CHEN ZHENDI)

Birth Date 09 May 1974

Issue Date 27 Nov 2014



002369596H



5587207



NRIC No. S7414418G

Date of issue

09-07-2004

APT BLK 690F WOODLANDS DRIVE 75 #12-10  
SINGAPORE 736690

NRIC No: S7414418G

Date: 28/01/2015

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg 27 Nov 2014  
with <= 7 passengers, exclusive of the driver, and  
other motor vehicles without clutch pedals <= 2500kg

NP 428A



Licence No: S7414418G



# CERTIFICATE OF INSURANCE

## MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Tan Chin Tee  
 Period of Insurance : 29 Sep 2017 To 28 Sep 2018  
 Engine No. : P520369680  
 Chassis No. : JM6BM42A8G0343634

Vehicle No. : SLG4174B  
 Policy No. : 2100484199-01  
 Endorsement No. :  
 Issued Date : 12 Sep 2017

### ABOUT THE COVER

Make/Model : MAZDA 3 1.5 SKYACTIV  
 Engine Capacity/Tonnage : 1,496.00 CC  
 Driver Restriction : NA  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2016  
 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 authorized 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 Authorized 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, price-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 Optional

\* 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 - \$500 Theft - \$0 Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreen : \$100

#### Named Driver and Excess (where applicable)

Tan Chin Tee - \$500 (Own Damage)

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

1. Trans Eurokars Pte Ltd Add 3 Ubi Close, Singapore 408605 67955800

For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6336 8200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://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).

0503699180

ARF (AP) PTE LTD - MAZDA  
 7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX  
 SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Monile*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

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