

MMAY1804043

Date In: 26/03/2018 16:31
 Ref No: N/A/180418005608/y
 Veli No: SL 6942 L
 D.O.A: 23/03/2018 18:00

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (with 3hrs, 1102hrs)		
E-Motor Claim Form		
E-Motor W/O (with 100 hrs, TP (1122))		
E-Photo Uploaded		
Assessment/Survey Report		
Ass'l Report by Fax/Hand to Owner/Write		

OD: TP / Reporting Only
 TP Insure:

Preferred Wksp / INC Assign Wksp / OW: ()
 TP Particulars: Yeli No: SNW 3123U, INC () / Non-INC ()
 Owner / Driver: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: () Time: ()
 Insured/Driver Liability: () % (Note: B/L Stand (WO): NI: 0-20%; PI: 21-79%; P: 80-110%)
 Year of Registration: () Warranty: YES () / NO ()
 Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Rem: ()
 () 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 Cost: ()

Remain	INC Billing	6788 0016	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()				
2) QC Check / Post Repair Inspection ()				
3) Upload Recovery Photo (Repair Cost > \$3000) ()				

Injury: _____
 Date Time Action

Customer / Person	Invoice Preparation / Chrgs	Charged	Checked Bill
Driver/Owner	1) AR: Accident Reporting (\$20)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$20)		
Damage Portion:	3) TP: Towing Fee \$100		
C. Checked by (Engin-In-Charge):	4) FT: Follow Through Survey \$120		
Notes / Comments:	5) FT: Follow Through Survey (Recovery) \$20		
	6) TR: Re-inspection \$35		
	7) NI: (4x) DA + SMRT Survey \$160		
	8) NTUC Additional Services		
	9) NI: Courtesy Car / Tpl Allowance \$1		
	10) NI: Repair Coordination \$10		
	11) NI: Post Repair Inspection \$11		
	12) NI: DY / Collision Unsett Coordination \$1		
	13) NI: (1) TP (Non-INC) special INC \$50		
	14) NI: (1) TP (Non-INC) special INC \$10		
	Invoice dated	Not Charged	
	Invoice Paid	Not Charged	

NA1801917

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	26/03/2018 16:31
Date Of Accident	23/03/2018 18:00
Exact Location Of Accident	ALONG GEYLANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL6942L
Insured/Policyholder	
Name Of Registered Owner	DANDELION ED PTE LTD
Co Reg No	201314301M
Email Address	NGIAP147@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-87180969
Alternative Phone No	OFFICE-67023360

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 1.5X CVT (A)
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE, LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994943/100855728-00026
Cover Note Number	

Driver

Name of Driver	WEE NGIAP KIAN
NRIC No	S1735633Z
Date Of Birth	17/01/1966
Occupation	OUTDOOR
Date Of Driving Pass	22/11/1997
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87180969
Fax Number	
Contact Number	OFFICE-67023360
Email Address	NGIAP147@HOTMAIL.COM

Address	BLK 96 LORONG 3 TOA PAYOH #15-42
Postcode	310096
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	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	SJW3123U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

Veh A: SL 6942 L

Veh B: SJW 3173U

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.

DANDELION ED PTE LTD

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.:

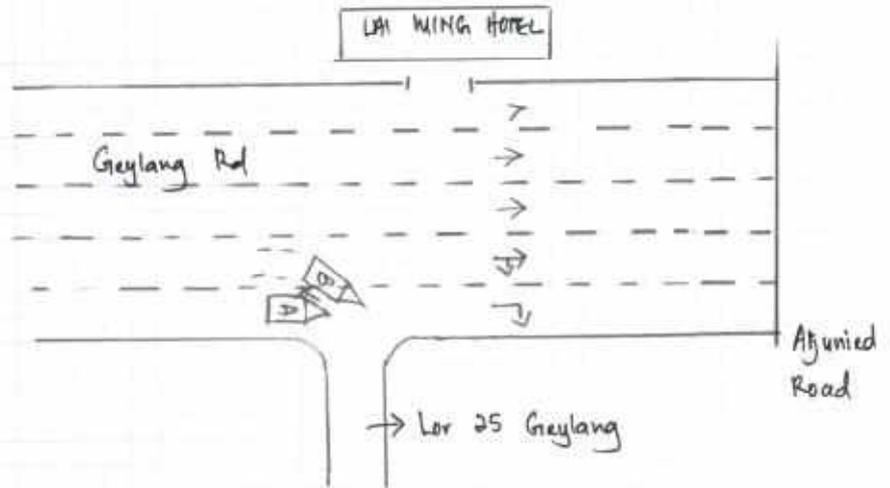
11.25 am
26/03/2018

26/03/2018
Resly Waffar

SKETCH PLAN

Veh A: SLL 6942 L

Veh B: SJW 3123 U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While i travelling along Geylang Road toward Ajunied Road , Suddenly Vehicle B Cut to my lane and Collided with my Vehicle .

DECLARATION

I/We declare the foregoing particulars are true in every respect. 11.25am

DANDELION ED PTE LTD

Policyholder's Signature
Date & Time:

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

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

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: av.claims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 23/03/2018 (1) *Time of Accident: 6:00pm - 6:20pm
*Accident Location: Gelang Road

Vehicle Details

*Vehicle Number: SLL 6942L *Make & Model: Honda Vezel 1.5 X CVT

Insured / Policyholder

*Owner Name: Dandelion ED Pte Ltd *NRIC: 201314301 M /
*Address: _____
*Email: _____ *HP: _____
*Occupation: _____ (Indoor / Outdoor) *Tel / H / Other: off. 6702 3360

Driver () same as above

*Driver Name: WEE NGIAP KAU *NRIC: S1735683/2
*Address: 81K 96 LOR 3 TOY PAYOH #15-42 S 310096
*Date of Birth: 17/01/1966 *Driving Pass Date: 22/11/1997 *HP: 87180969
*Email: Ngiap147@hotmail.com *Gender: Male / Female
*Occupation: _____ (Indoor / Outdoor) *Tel / H / Other: _____
*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: _____)

Passengers Details

*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)
*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)

Insurance Company

*Insurer: _____ *Coverage: C / TPFT / TPO *Policy No: _____

Detail of other vehicle / Property 1

Vehicle No.: SJW 3123U
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC : _____
HP : _____
No. of Passengers (Including Driver): _____

Detail of other vehicle / Property 2

Vehicle No.: _____
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC : _____
HP : _____
No. of Passengers (Including Driver): _____

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims) Claims

General Information of the accident

*Type of accident: Head-Rear / Side / Swipe / others: _____
*Weather conditions: Clear / Raining / others: _____ *Any video cam: Yes No
*Road Surface: Dry / Wet / others: _____
*Witness: Yes / No (Name: _____ NRIC: _____ HP: _____)
*Accident reported to police: Yes / No *Summon against whom: _____
*Injured party: Yes / No *No. of passengers (include driver): _____
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

REPUBLIC OF SINGAPORE DRIVING LICENCE



WEE NGIAM KIAN

17 Jan 1966

16 Oct 2011

002734164E

REPUBLIC OF SINGAPORE



IDENTITY CARD NO. S1735633Z



WEE NGIAM KIAN

王業堅

CHINESE

Date of Birth 17-01-1966 M

Place of Birth SINGAPORE

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

Class	Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	22 Nov 1997



NP 4254



1223773

NRIC No. S1735633Z



Place of Birth SINGAPORE

Date of Birth 17-01-1966

APT BLK 96 LORONG 3 TOA PAYOH #15-42
SINGAPORE 310096

NRIC No. S1735633Z

Date: 30/12/2011

No: 8905223



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.Z.400

COMPREHENSIVE COMMERCIAL MOTOR	OWN DAMAGE EXCESS	S\$2,000.00	(I & II)
	WINDSCREEN EXCES	S\$100.00	
CERTIFICATE NO. 999994943/100855728-00026	(for policies with effect from 1st November 2002)		
	SUM INSURED	S\$1.00	
	INSURING WITH COE/PARF	YES	
1) VEHICLE REGISTRATION NO.	SLL6942L		
2) NAME OF INSURED	Dandelion ED Pte Ltd		
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	6 Mar 2018		
4) DATE OF EXPIRY OF INSURANCE	13 Sep 2018		
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *			

Any person who is driving on the insured's order or with their permission.

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 for the carriage of passengers or goods in connection with the Insured's business.
Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
The Policy does not cover
1) Use for racing, pace-making, reliability trial or speed-testing.
2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
3) ~~Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired~~

LOSS OF USE NOT INCLUDED
* NAMED DRIVER N/A

HIRE PURCHASE COMPANY SWEE SENG CREDIT PTE LTD

** 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 19 Mar 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD

000064-000

DIRECT CLIENTS 01.A.95

AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 078120

Authorised Representative

ORIGINAL

EECOSK