Date
SAS e-filing   F-mail (within Shrs. AIC 2lirs)   Period: (
Ref No NA AG 1800 1386 FT  Veh No S LW 5 70 7 Z  D.O.A. ZO [04] 2018 [S:20]  i-Motor Claim Form  i-Motor W/O (Within: OD 2hrs. TP 4hrs)  i-Photo Uploaded  Assessment/Survey Report  Ass't Report by Fax / Hand to Owner/Wssp.  Tel: Fax:  Preforrod Wksp / INC Assign Wksp / QW: (  TP Particulars: Veh No: S K 49372 B INC () / Non-INC ()  TP Particulars: Owner / Driver: (  Policy No:
Insured   Period
I-Motor W/O (Within: OD 2hrs, TP 4hrs)    -Photo Uploaded   Assessment/Survey Report    -Photo Uploaded
I-Photo Uploaded
Assessment/Survey Report  TP Insurer:  Ass't Report by Fax / Hand to Owner/Wksn  Tel: Fax:  Preferred Wksp / INC Assign Wksp / QW: (  Policy No: (  Policy No: (  Policy No: (  Policy No: (  Confirmed by: (  Insured/Driver Liability: (  Year of Registration: (  Year of Registration: (  Assessment/Survey Report  Dever / Wksn  Tel: Fax:  Preferred Wksp / INC ( ) / Non-INC ( )  Tel: ( )  Cover Type: ( )  Date: Time: )  Particulars: ( )  Policy No: ( )  Policy No: ( )  N: 0-20%; P: 21-79%. F: 80-160%]  Vear of Registration: ( )  Vear of Registration: ( )  Loading: \$1,000 ( ) / \$2,000 ( )
Assessment/Survey Report  Ass't Report by Fax / Hand to Owner/Wksp  Tel: Fax:  Preferred Wksp / INC Assign Wksp / QW: (  Tel: Owner / Driver: (  Policy No: (  Confirmed by: (  Insured/Driver Liability: (  Year of Registration: (  Year of Registration: (  Assessment/Survey Report  Fax / Hand to Owner/Wksp  Tel: Fax:  Tel: Fax:   Tel: Fax:   Tel: Owner/Wksp  Tel: (  Date: Time: )  Period: (  Pate: Veh No: (  Date: Time: )  Warranty: YES (  MO: N: 0-20%; P: 21-79%. F: 80-160%)  Year of Registration: (  Year of Registra
Preferred Wksp / INC Assign Wksp / QW: (
Preformed Wksp / INC Assign Wksp / QW: (
Preferred Wksp
Date:
Policy No: (   Date:   Time:
Year of Registration: ( ) Warranty: YES ( ).  Year of Registration: ( ) Loading: \$1,000 ( ) / \$2,000 ( )
Year of Registration: ( ) Warranty: YES ( ).  Loading: \$1,000 ( ) / \$2,000 ( )
Year of Registration: ( ) Warranty: YES ( )  Year of Registration: ( ) Loading: \$1,000 ( ) / \$2,000 ( )
Year of Registration: ( ) Loading: \$1,000 ( )/\$2,000 ( )
Excess: (\$  General Remarks:-  de information strictly Confidential & Strictly NO rafer of repairer.
General Remarks:-
- Customers Information
( ) Walk-In Customer: Customer under URGENTLY.  ( ) Total Loss Case : to e-mail Insurer URGENTLY. ); Towing Co. ( ) Done by
Remarks:- (INC horline: 6788-6616)  1) Apply for Transport Allowance ( ) / Courtesy Car ( )  2) QC Check / Post Repair Inspection ( )  2) QC Check / Post Repair Cost > \$3000] ( )
2) QC Check / Post Repair Cost > \$3000] 3) Upload Resurvey Photo [Repair Cost > \$3000]
Injury:
Date/Time Actions
Anit (S)
Invoice Preparation Checklist 1st Bill
Invoice Preparation (\$30);  1) AR: Accident Reporting (\$30); INC (\$80)  2) DA: Damage Assetsment (\$100); S40/545
TO TF : Towing Fee
Tallow-Through
Driver/Owner
6) TR SMRT Survey
8) NTUC Additional Set vite
ANG: Courlesy Car / 1977
• N6: Repair Co-ordinates
Post Repair Inspection  *N7: Post Repair Inspection  *N8: DV / Collect Excess Coordination  *N8: DV / Collect Excess Coordination  \$20  TP (N11): TP (N: a INC) against INC  30
Auditors' Comments :- TP (N11): TP (N-11): T
Cat. 1: Invoice dated Fee Charged
Landing dollar

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding of material facts may allow insurance companies to
- 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.

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

ACCIDE	ENT STA	TEMENT	Ì
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21/04/2018 13:52 Date Of Report

20/04/2018 15:20 Date Of Accident

PIE TWDS CHANGI BEFORE CTE EXIT Exact Location Of Accident

SINGAPORE Country/State of Loss

### DETAILS OF OWN VEHICLE

SLW5707Z Vehicle Registration Number

Insured/Policyholder

TENG KAH SENG (DING JIASHENG) Name Of Registered Owner

S9120691I NRIC No

TENGKAHSENG@GMAIL.COM Email Address

(LOCAL) +65-98156827 Mobile Phone No OTHERS-98156827

Alternative Phone No

Vehicle Particulars

KIA Manufacturer

CERATO FORTE KOUP 1.6 AT SX ABS D/AB SR Model

NO

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY If No, Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company

AIG ASIA PACIFIC INSURANCE PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

1800024618 Policy Number

Cover Note Number

Driver

TENG KAH SENG (DING JIASHENG) Name of Driver

S91206911 NRIC No 11/06/1991 Date Of Birth INDOOR Occupation 31/12/2012 Date Of Driving Pass

5 YEARS AND 3 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-98156827 Mobile Number

Fax Number

OTHERS-98156827 Contact Number

TENGKAHSENG@GMAIL.COM EMail Address

BLK 120 BUKIT BATOK CENTRAL Address

#08-351 650120

Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

YES

NO

1

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

RAINING Weather Conditions WET Road Surface

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?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera?

NO NO

SKU9372B

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

97860313 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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 insurers) 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:
  - 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;
  - 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.:

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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	Cha	ngi.					V	~		
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stop	in the	re '	2	resultce	1 in	a	Ket	the	rear	
of	vehicle	e B								
2-3										
							-			
				16	_					

## DECLARATION

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

Policyholder's Signature

Date & Time:

01/04/18. 1355.

Driver's Signature

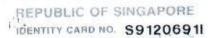
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:







TENG KAH SENG (DING JIASHENG)

胜

CHINESE

Date of birth 11-06-1991

Country of birth SINGAPORE

3896232





22-06-2006

APT 11K 120 EUKIT BATOK CENTRAL #08-351 SINGAPORE 650 IZU

NRIC No: \$51206911

Date: 02-11-2006 (R) No. 5637419



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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 31 Dec 2012 of the driver; and other motor vehicles =< 2500kg

NP 428A

16



# CERTIFICATE OF INSURANCE

## AUTOVALUE PRIVATE VEHICLE

Name of Policyholder

: TENG KAH SENG (DING JIASHENG)

Period of Insurance

: 12 Mar 2018 To 11 Mar 2019

Engine No: Chassis No. : G4FCAH366727 : KNAFW611MA5204108 Vehicle No.

: SLW5707Z

Policy No.

: 1800024618

Endorsement No.

**Issued Date** 

: 09 Mar 2018

### ABOUT THE COVER

Make/Model

KIA CERATO KOUP 1.6

Engine Capacity/Tonnage : 1,591.00 CC

Sum Insured : Market Value

First Year of Registration : 2010

Driver Restriction

NA

Off Peak Car : No

Insuring with COE/PARF : Yes

## Person or Classes of Persons Entitled to Drive\*:

of the Policy will artern who is directly on the Policyhelder's order or with his her permission.
This Policy will arternally the Policyhelder orang with arised driver only if has the meals the specified age condition.

You have to pay on additional sum of \$3,000 as "Young antifor imexpensioned Driver Excess" ("YIDR") if Your are or Your Authorised Oriver manned or unnamed is under the age of 23 antifor has less thum 2 years' driving experience

Age Condition

All Age Condition

Limitation as to use\* :

Use anily for social, itemsteric and pleasure purposes and fin the Polinybakier's business. This Policy does real environities for her or research driving times, driving teach research pages and finite Polinybakier's business. This Policy does not rever use for her or research driving time contents with Matter Trade.

\* Emittalians cambered insperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Head Transport Act, 1367 (Molegola), are not to be included under these hisatings

### EXCESS

Section 1 Fire - \$0 Civin Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Properly Camage - 50

Windscreen: 5100

Named Driver and Excess (store applicable)

TENG KAH SENG IDING JIASHENG!

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

Any accident repairs to the Verside most be corned out by one of our Authorized Repairers.
For other Austronia Reporting Centres Alfo Authorised Repairers, please consect out 24-brain exceptions trailing at +65 8739 8200. Alternatively, you may televite Alfo Weisste www.pio.com.se.ge.Alfo 500 Mobile App. Scripts search and described. "Alfo 500 from titures or Guorge Play."

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

I/We hareby certify that the policy in: which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vahicles (Third Pany Risks and Compensation). Act (Cep. 189), Pan IV of the Road Transport Act, 1887 (Melaysia) and Motor Vehicles (Third Party Risks) Rules, 1958 (Melaysia).

0503840000

DICKSON AUTO AGENCY

31 KAKI BUKIT ROAD 3 #01-01B TECHLINK

SINGAPORE 417818

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE