NATIONAL Assessment Centr			Date &Time Complet	ed	Done by	
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Veh No: 5747/425	E-mail (within Shrs,			-	-	
D.O.A .: 27/4/18.09:10	i-Motor Claim F		61	-		
and Color	i-Motor W/O (Within: OD 2hrs, TP 4hrs)					
OD (TP) Reporting Only	i-Photo Uploade	d				
	Assessment/Surve	y Report				
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp					
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:		
TP Particulars: Veh No: PAT	0134	, INC(	)/Non-INC(	)		
Owner / Driver: (		iti	Tel:			
	eriod: (	)	Cover Type: (			
Confirmed by : (		Date:	Time:		)	
Insured/Driver Liability: ( %) [	Note-Est. Status (WO	): N: 0-20	%; P: 21-79%. P:	80-100%]		
	Warranty: YES ( )	/NO(	)			
Excess: (\$ ) Loading: \$1,0	000()/\$2,000(	)		ve super	<del></del>	
General Remarks				Zavion	Marin 1	1 1
( ) Walk-In Customer: Customers info	ormation strictly Confid	ential & Stri	ctly NO refer of repa	irer.	2000	
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( ) Total Loss Case : to e-mail Insur		/ ) · To	wing Co: (		- 1	)
Drive-In ( )/ Towed-In ( ); Invoice	e: YES ( ) / NO	( ),10	-		4-9-07-2 TOUTO	Cim-
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## SINGAPORE ACCIDENT STATEMENT

#### 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.

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.

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

27/04/2018 18:21 Date Of Report 27/04/2018 09:10 Date Of Accident

UPPER BUKIT TIMAH RD TWDS JLN JURONG KECHIL RD Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SJH7142S Vehicle Registration Number

Insured/Policyholder

FOONG WAI MENG Name Of Registered Owner

S7224315C NRIC No. NOEMAIL Email Address

(LOCAL) +65-97766178 Mobile Phone No

OFFICE-97766178 Alternative Phone No

Vehicle Particulars

MITSUBISHI Manufacturer

LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR Model

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

NO

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

PRIVATE CAR

Insurance Company

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

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

2100269613-06 Policy Number

Cover Note Number

Driver

FOONG WAI MENG (FENG WEIMING) Name of Driver

S7224315C NRIC No 15/07/1972 Date Of Birth INDOOR Occupation 13/06/1994 Date Of Driving Pass

23 YEARS AND 10 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-97766178 Mobile Number

Fax Number

OFFICE-97766178 Contact Number

NOEMAIL EMail Address

Page 1 of 13

BLK 43 CAMBRIDGE ROAD Address

#03-15 210043

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

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

1

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident? 2 Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO 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

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

PA7013Y

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

BUS Vehicle Category

TAN MEI LEE Name of Driver

NRIC/Passport Number

97863445 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

## IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful</u> and accurate as <u>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 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 :
  - 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:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

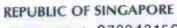
SKETCH PLAN	1		A - 8JH 71425
Tugs			B - PA 7013 Y
\ \C_1			
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	1 1	
27/04/18 at about	9.10 sm 1 vos .	troveling olong	upper Buk + Timah total of 4 lanes
and I was travel  Talan Jurang keel	ling on lane 4	and travel	Straight forwards
lone 3 cut into	my lane and 1	hit my car'	s right front partion.
/			
DECLARATION			

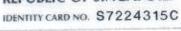
I/We declare the foregoing particulars are true in every respect.

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.:

/ehicle No.	STH71438 Model/Make MIT LANCZR
Date of Accident	27/04/18
ime of Accident	of to A.m HRS
ocation of Accident	UPPER BUKET TIMAH GO TONARDS JALAN JURONG KECHEL RD.
xact purpose use during accid	dent Personal
Name of Owner	FOONE WAZ MENG
elephone No.	H/P: 9776 6178 Home: Office:
VRIC	S7274315C
Address	APT RLK 43 CANBRIDGE ROAD #03-15 S(210043)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	AIG
Type of Coverage	Comprehensive THIRO PARTY Third Party / Fire /Theft
Policy No.	2100269613-06
Name of Driver	As Above If No,
NRIC	87224315 C Any Passengers: NZL
Date of birth	15/07/1972
Occupation	Outdoor / (Indoor)
Driving License Pass Date	13 (06   1994
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	(No, If yes, Reg No.
Relationship	Employee, If no, state OWNER.
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No. If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	PA 7013 Y Any Passengers: UNKNOWN
Name of Driver	TAN MET 1 = Contact No.: 9786 3445
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	RIGHT PRONT PORTION.
Camera Recorder	(Yes)/ No
Email Address	· WM foung @ singnet. com. sq
	BY UNKNOWN PERSON SOLICITING /
OFFERING ACCIDENT CLAIMS	The state of the s
PARTICULAR WORKSHOP	TWINCAR ALMOMOTIZE PHE LID
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Jun MING.
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales @ n51 · com · s9







FOONG WAI MENG (FENG WEIMING)

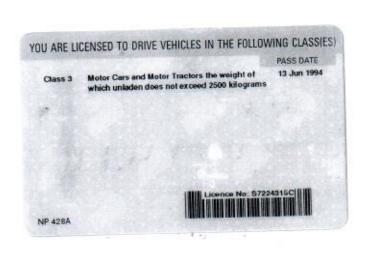
冯伟明

CHINESE Date of Birth

15-07-1972 County of Birth SINGAPORE 57,249.50









# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Foong Wai Meng

Period of Insurance

: 21 Aug 2017 To 20 Aug 2018

Engine No.

: 4A910086148

Chassis No.

: JMYSRCY2A8U007585

Vehicle No.

: SJH7142S

Policy No.

: 2100269613-06

Endorsement No.

Issued Date

: 17 Jul 2017

#### ABOUT THE COVER

Make/Model

: MITSUBISHI LANCER EX 1.5 MIVEC

Engine Capacity/Tonnage : 1,499.00 CC

Sum Insured : Market Value

First Year of Registration : 2008

Off Peak Car : No

Insuring with COE/PARF : Yes

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

a) The Policyholder

Driver Restriction

NA

by the reasonable.

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 makes the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or hexperienced Driver Excess" ("YIDR") If You are or Your Authorised Driver (named or unhamed) is under the age of 24 and/or has less

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 tritten, dr

Loss of Use (10 days) 1500cc - 1600cc Optional

\* Limitations residened imperative by Section 8 of the Motor Vehicles (Third-Party Rieks and Compensation) Not (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Mataysta), are not to be

#### EXCESS

Fire - S0 Own Damage - \$500 Theft - \$0 Flood Cover - 50

Property Damage - 50

Windscreen: \$100

Named Driver and Excess (where applicable)

Foong Wai Meng - \$600 (Own Damage)

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

Approved Reporting Centrest AIG Authorised Repairers (For claims related repairs).

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs cerried out at the Sole Agent's workshop.

For other Approved Reporting Centrest AIG Authorised Receivers, please contact our 24-hour accident emergency hotins at +65 8338 8300. Alternatively. You may refer to AIG website www.aig.com.ag or AIG SG Mobile App. Simply search and download "AIG SG from titures or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: GE MONEY 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. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules. 1959 (Malaysia).

0503828000

KOH YAT CHING JOEL

BLK 3 PAYA LEBAR CRESCENT #01-23

SINGAPORE 534239

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE