NATIONAL Assessment Centre	Services	part traces	MMA 1180876	6.		
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	Assessment/	Survey Report				
TP linurer:	Ass't Repor	by Fax/Hand	to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / CW; (Tel:	Fax:		
TP Particulars: Veh No: <	KU 965 A	INC ()/Non-INC()		-	
Owner / Driver: (40 180 A		Tcl)	
Policy No. () Perio	d ()	Cover Type: (У.	
Confirmed by r (Date:	Tinte:)	
Insured/Driver Liability (%) [No	te-Est Status	(WO): N: 0-2	0%; P. 21-79%. F: 8	0-100%	iJ	
Year of Registration () Wa	rranty: YES ()/NO()			
Excess: (\$) Loading: \$1,000	()/\$2,00	0 ()				
General Remarks:-						
() Walk-Ia Customer: Customer's informa	ation strictly C	onfidential & St	rictly NO rafer of repair	er.		
() Total Loss Case : to e-mail Insurer (JRGENTLY					
Drive-In ()/ Towed-In (); Invoice: Y	ES () /	NO();T	owing Co. (-)
Remarks:- (INC hotline: 6788 6616)			Date&Time Complete	1	Don	e by
Apply for Transport Allowance () / Cour	rtesy Car ()	and the state of t			
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost>\$3000	0] ()				
Injury:						
Date/Time Actions			Market Santanian (Santanian (Santanian (Santanian (Santanian (Santanian (Santanian (Santanian (Santanian (Santa	M20 - 13 - 14		
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Laimant's Particulars :-	804297	1) AR : Accident	Reporting (\$30),		30.00	Add Edit
river/Owner		2) DA : Damege / 3) TF : Towing Fe		(\$80) \$40/\$45		
		4) FT : Follow-Th	rough Survey	\$120		
entact No:		For claining as	rough Survey (Resurvey) minst INC Only (wef 10 Jan 2	130		
amaged Portion:		6) TR : Re-inspen 7) N1 : Idaa DA +		\$75		
1		8) NTUC Addition				
C Checked by (Engr-In-Charge):		QD* *N5: Courtery	Car / Tpt Allowance	\$5		
uditore? Communication		*No: Repair Co	-ordination	310 523		
mutals Comments:-		*N#: Fost Repu *N#: DV / Coll	ir Inspection ect Excess Coordination	\$3		
1.1.		TP (N11) : TF (9) 1/12: Ideo Mob	Non INC) against INC.	\$20 10		
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		Invalor dated	Fee Charg	1 5		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.
- 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.

ACCIDENT STATEMENT

	ASSIDENT STATEMENT
Date Of Report	07/07/2018 13:52
Date Of Accident	07/07/2018 12:40
Exact Location Of Accident	PIE TWDS TUAS SLIP RD EXIT PAYA LEBAR
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN9919A
Insured/Policyholder	
Name Of Registered Owner	TAN ENG KIAT
NRIC No	S7442558E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97805425
Alternative Phone No	OFFICE-97805425
Vehicle Particulars	
Manufacturer	LAND ROVER
Model	RANGE ROVER EVOQUE 2.0 AT ABS 4WD HID
Exact Purpose for which vehicle was being used at time of accident	
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	2100509235-01
Cover Note Number	•
Driver	
Name of Driver	TAN ENG KIAT
NRIC No	S7442558E
Date Of Birth	19/12/1974
Occupation	INDOOR
Date Of Driving Pass	28/02/1994
Driving Experience	24 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97805425
Fax Number	
Contact Number	OFFICE-97805425

NOEMAIL

Address BLK 61 LOR 40 GEYLANG #02-26

Postcode 398083

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

OWNE

Insurance Company of Driver's Own Vehicle

25

General Information of the Accident

COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Type Of Accident

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?

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)

Passenger 1

NAME:

: UNKNOWN

GENDER: : FEMALE

Passenger 2

NAME:

: UNKNOWN

GENDER: : FEMALE

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

I STOP AT THE SLIP RD FROM PIE(TUAS) EXIT TO PAYA LEBAR RD TO CHECK ON THE MAIN ROAD TRAFFIC. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SKU965A) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

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 SKU965A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver NRIC/Passport Number TAN SIEW GEK

Contact Number

Address Postcode S1193100F

Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

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.
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- 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.
- 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Please	Refer	70	Statement	
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		V		
		/		

DECLARATION

1/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:

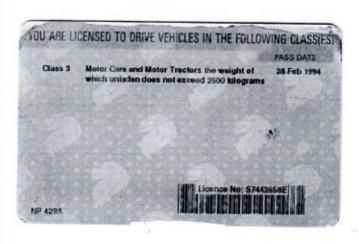
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:











CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder

: TAN ENG KIAT

Period of Insurance

: 06 May 2018 To 19 Apr 2019

Engine No. Chassis No.

: 160212115525204PT

: SALVA2AG8CH660201

Vehicle No.

: SLN9919A

Policy No.

Issued Date

: 2100509235-01

Endorsement No.

: 16 Apr 2018

ABOUT THE COVER

Make/Model

: LANDROVER RANGE ROVER EVOQUE (5DR/COUPE)

Engine Capacity/Tonnage : 1,999.00 CC

Sum Insured : Market Value

First Year of Registration : 2012

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : 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 authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as. "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition

: 40 years old and above

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, pace-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 - \$900 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Named Driver and Excess (where applicable)

TAN ENG KIAT - \$900 (Own Damage)

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

Approved Reporting Centres/ AIG 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 Us).
For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG.
SG Mobile App. Simply search and download 'AIG SG' from iTrunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: TOKYO CENTURY LEASING (SINGAPORE) 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).

0504572000

ANG Asia Pacific

SECURANCE SOLUTIONS

SINGAPORE 415875

8 KAKI BUKIT AVENUE 4 #04-26

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

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