NATIONAL Assessment Cont	re Services	(APF Jar/03)		01 (3/074/075/07		
Date In 18/07/18	Jeb descriptio		Date & Tunc Completed	Done	by by	
Ref No MA/AIG 18013033/13	SAS e-filing					
Veh No SYND711Z	E-mail (wider	n 8hrs, AIC 2hrs,				
D.O.A 17/07/18 0700	i-Motor Cla	im Form		and the same		
	i-Motor W/	O (Within: OD 2hr	s. TP 4hrs)		** ****	
OD (IP)' Reporting Only	i-Photo Upl	oaded			X994 0	
TP Insurer	Assessment/S	urvey Report				
1 P INSUICE	Ass't Report	Ass't Report by Fax / Hand to Owner/Wksp				
Preferred Wksp / INC Assign Wksp / QW: (HUP mo	OR	Tel: Fa	x:		
TP Particulars: Veh No:	5KU24471	R INC)/Non-INC()	Mey Local Control		
Owner / Driver: (405	Tel:)		
Policy No: () Policy No: ()	eriod: ()	Cover Type: ()		
Confirmed by : (LOGICA PI CHEN	Date:	Time:)		
	[Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. F: 80-10	0%]		
	Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1,	000 () / \$2,000)()				
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions)				
NA1804518			aration Checklist	Anit (\$)	Amt (\$)	
laimant's Particulars :-		1) AR : Accident 2) DA : Damage /	Reporting (\$30); Assessment (\$100); INC (\$80)			
river/Owner:		3) TF : Towing Fee \$40/\$45 4) FT : Follow-Through Survey \$120				
ontact No:		5) FT : Follow-Th	rough Survey (Resurvey) \$	30		
amaged Portion:		6) TR : Re-inspec 7) N1 : Idac DA +	SMRT Survey 51	75	111	
C Checked by (Engr-In-Charge):		8) NTUC Additional Services:- OD * *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10				
uditors' Comments :-		*N7: Post Repa	ir Inspection \$	25		
t. 1:	. [* SOUT (\$2 - 1/2) Fe1			20		
		9) N12: Idac Mob	ile	30		
t. 2/3;		Invoice dated	Fee Charged Fee Charged	elsie	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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 truthful and accurate 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.
- 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	18/07/2018 10:02	
Date Of Accident	17/07/2018 07:00	
Exact Location Of Accident	PIE TWDS TUAS	
Country/State of Loss	SINGAPORE	
- State Contains and the	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFN2711Z	
Insured/Policyholder		
Name Of Registered Owner	YEO CHANG TOON	
NRIC No	S7220010A	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-98481721	
Alternative Phone No	OTHERS-98481721	
Vehicle Particulars		
Manufacturer	MAZDA	
Model	MAZDA 3	
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE	
Are you claiming under your own insurance policy or repair to your vehicle?	NO	
f No, Please state action to be taken	THIRD PARTY	
/ehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	2100413456-03	
Cover Note Number		
Driver		
Name of Driver	YEO CHANG TOON	
NRIC No	S7220010A	
Date Of Birth	08/06/1972	
Occupation	INDOOR	
Date Of Driving Pass	15/07/1997	

21 YEARS AND 0 MONTHS

(LOCAL) +65-98481721

OTHERS-98481721

MALE

NOEMAIL

Address BLK 607 ELIAS ROAD

#10-186

Postcode 510607

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

38

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

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?

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

YES

Manufacture and video captained by Car Carnera

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKU2447R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver PRIVATE CAR

PEK QIU RONG

NRIC/Passport Number

S8404007Z

Contact Number

90045775

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLS1311D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER:

PRIVATE CAR

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.
- 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:

- 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.

Policyholder's Signature

Date & Time: 1274121 Driver's Signature

(If driver is not the policyholder)

Date & Time: 127d

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

KETCH PLAN				
	P.1.Z. 7	POWERS TUA	4	
			>	
	>		7	
	7	LAMA	XCD LI	
A: SFA	(27112		\rightarrow	
B: Stu	12447R			
C: 0K0	013110		7	
DESCRIBE CIRCUMSTANCES OF				
along PIE toward forcing my car	ards Tuas. De breke. Suddi to more form	ne to the - enly Carcb) vard and hit	front Car (c) E brake hist onto my car behind	in No
		Harris Marie Control	12	1(2:27)
10				
			7.12.15.15.15.15.15.15.15.15.15.15.15.15.15.	
DECLARATION I/We declare the foregoing particul	lars are true in every respe	ct.	0	
Je du	Laco		elym 18/07/18	Ĭ.
Policyholder's Signature Date & Time: July	Driver's Signature (If driver is not the pol Date & Time: 17-17		Reporting Centre Personnel's Signature Name: NRIC/FIN No.:	2

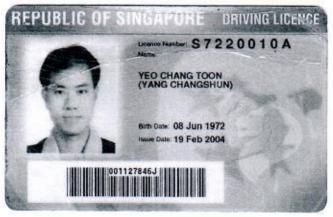
1 DRIVER 1 PHORNER

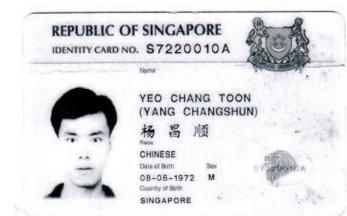
Accident Information

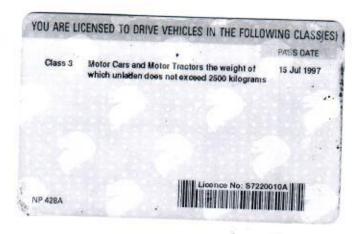
1 Date of Accident	:
2 Location:	S. 10WAS 70AS
3 Weather condition	: Clear / Rain Road Surface : Dry / Wet
4 Claiming under	: Own Damage Third Party Reporting Only
5 Injuries	: Yes/No Type Of Collision : HAD TO REAL
6 Witness Name / Hp	
7 Police Report	: Yes/No Which Station :
VEHICLE A Vehicle No Policy Holder Name	SFN 2711 Z Model: MAZDA 3 SALONA/
Policy I/C No. : _ S	7220010A Contact: 98481721
Policy Address :	K607 # 10-186, ZKIAS RD D(570607)
Policy No. :	Cover: Comp / 3 rd pty / Fire n Theft
Insurance Company:_	No Of Pax / (including Driver)
1)	Sex(Male / Female)
2)	Sex(Male / Female)
Driver Particulars Name: A A Address: AA	BIVE NIRC 97220010A DOB: 08/6/72
Pass Date: 15/7/3 Contact :HP 984	Gender: Male / Female Occupation: Indoor / Outdoor Home
	Relationship: Spouse/Children/Friend/Relative Employee/ Hirer/Parent/Sibling
VEHICLE B : 35	U ZAWFRModel: CHEVROLET Insurance:
	DIY RUNG 1/C No.: 8 84060072

17/07/15 Wanter for CI DENDER A WOEVERUP

Contact No. : 90065775









MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: Yeo Chang Toon

Period of Insurance

: 20 May 2018 To 19 May 2019

Engine No.

: P520280248

Chassis No. : JM6BM42A8G0309613 Vehicle No.

: SFN27117 : 2100413456-03

Policy No. **Endorsement No.**

Issued Date

: 25 Apr 2018

ABOUT THE COVER

Make/Model

: MAZDA 3 1.5 SKYACTIV

Engine Capacity/Tonnage : 1,496.00 CC

Sum Insured : Market Value

First Year of Registration : 2015

Driver Restriction

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 "Young and/or inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 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 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 - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Yeo Chang Toon - \$600 (Own Damage)

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

1.Trans Eurokers Pte Ltd. Add: 5 Ubi Close, Singapore 408605 63958899

For other 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 iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE 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 3 the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503599190

ARF (AP) PTE LTD - MAZDA

7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX

SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

SSPDAC

10537 1001051

78 Shenion Way #07-16 AIG Building S079120 | T+65 6419 3000 | F+65 6415 3723 | www.eig.com