

Date In: 26/1/18 15:34	Job description	Date & Time Completed	Done by
Ref No: MA1A1G 18013621/44	SAS e-filing		
Veh No: SLA 8028 X	E-mail (within 3hrs, ADC 2hrs)		
D.O.A: 25/1/18 10:25.	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by: Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLP 8339 H.	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%, P: 21-79%, F: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

MA1804737	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
Ref 1:	9) N12: Idac Mobile 30		
Ref 2/3:	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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	26/07/2018 15:34
Date Of Accident	25/07/2018 10:25
Exact Location Of Accident	CTE TWDS AYE B4 PIE (TUAS) EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLA8028X
Insured/Policyholder	
Name Of Registered Owner	CHIA GIM SENG
NRIC No	S7046160I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91441208
Alternative Phone No	OFFICE-91441208
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	LM TUCSON 2.0L AUTO ABS D/AB SR
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700094626
Cover Note Number	-
Driver	
Name of Driver	CHIA GIM SENG
NRIC No	S7046160I
Date Of Birth	31/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	25/04/2012
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91441208
Fax Number	
Contact Number	OFFICE-91441208
Email Address	NOEMAIL

Address	BLK 709 WOODLANDS DR 70 #10-11
Postcode	730709
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

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?	YES
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)	2
Passenger 1	NAME: : LEE KELLY
	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

PLEASE REFER TO ATTACHED STATEMENT.

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	SLP8334H
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLM7584A
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKL9518X
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)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number GBD7073Z
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHIA GIM SENG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLA8028X
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name	LEE KELLY
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLA8028X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

- (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.

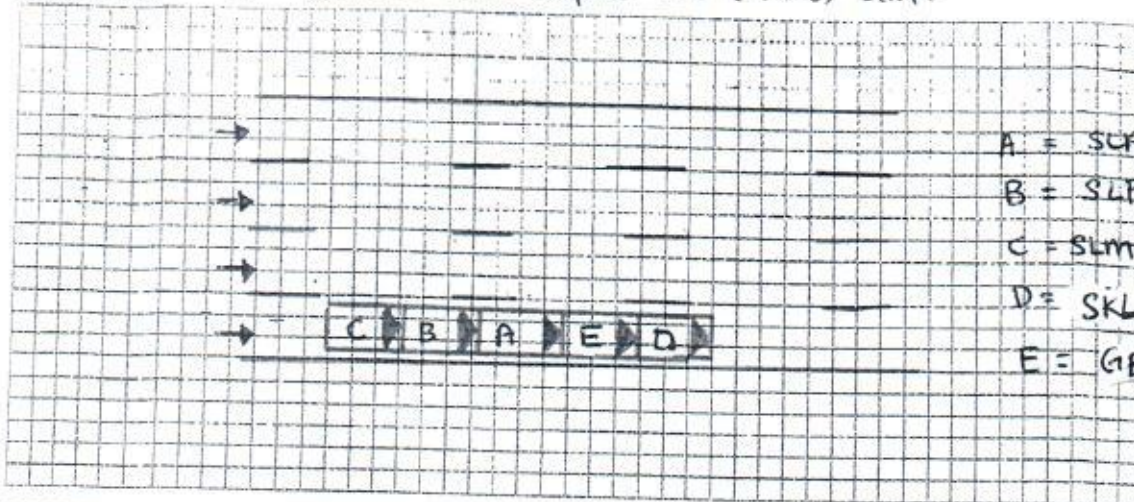
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

CTE towards AYE before PIE (Tuas) Exit.



A = SCA 8028X
B = SLP 8334H
C = SLM 7584A
D = SKL 9518X
E = GBD 7073Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A (SCA 8028X) was travelling straight on the stated venue. As the front vehicle slowed down, I followed suit. Suddenly vehicle B (SLP 8334H) bang onto my rear portion and causing my vehicle to propel forward and hit onto vehicle E. After 2 sec I felt another impact.

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.:

Date of Accident : 25/7/18 Accident Time: 1025 (24-HR-Format)
Accident Place : CIE towards AVE before PIE (Tuas) exit
Vehicle No. (Car Plate No.) : SLA 8028X Make/Model: Hyundai Tucson
Insurance Company : AIG Policy No: 1700094626
Owner or Company Name / IC No. : Chia Gim Seng S(70461601)
Owner or Company Contact No. : _____ Owner's Hp 91441208 Company Tel _____
DRIVER'S Name / IC No. : Chia Gim Seng S(70461601)
DRIVER'S Date Of Birth : 31/12/1970 DRIVER'S License Pass Date 25/4/2012
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : Blk 709 Woodlands Drive 70 #10-11 S(730709)
DRIVER'S Contact No./ Alt No. : 1) 91441208 2) _____
DRIVER'S Occupation : INDOOR (OUTDOOR (e.g. working inside or outside office))
Email Address : _____
Weather & Road Surface : CLEAR & DRY (RAINING & WET) AFTER RAIN & WET
Reporting Type : Reporting Only (Claim Other Party) Claim Own Insurance
Number of Passengers (Including Driver): 2
Was there any video Captured by car camera: YES \ NO (NO)
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): YES

Other Party Driver's Particular (if any)

Vehicle No: (B) SLP 8334H
Vehicle Make/Model: Toyota Wish
Name Driver: _____
IC No. Driver/Contact: _____
(C) SLM 7584A (Toyota Vios)

Vehicle No: (E) GBD 7073Z
Vehicle Make/Model: Honda
Name Driver: _____
IC No. Driver/Contact: _____
(D) SKL 9518X (Mercedes)

* NEW - Passenger's name & gender:
Lee Kelly (Female)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S70461601



Name
CHIA GIM SENG

Race
CHINESE

Date of Birth
31-12-1970

Country of Birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number
Name
S70461601

CHIA GIM SENG



Birth Date: **31 Dec 1970**

Issue Date: **25 Apr 2012**



002063571D

2266825



NRIC No. S70461601



Blood Group

Date of issue

O+

12-08-1994

APT BLK 709 WOODLANDS DRIVE 70 #10-11
SINGAPORE 730709

NRIC No: S70461601

Date: 28/04/2010

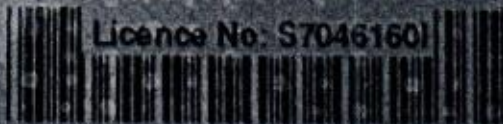
No: 6438698

LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 25 Apr 2012

NP 428A



Licence No: S70461601

CERTIFICATE OF INSURANCE

AUTOVALUE PRIVATE VEHICLE

1700094626

Name of Policyholder: CHIA GIM SENG
Period of Insurance: 31 Dec 2017 To 30 Dec 2018
Engine No.: G4KDA304041
Chassis No.: KMHJ0619MBU056478

Vehicle No.: 3LMB026X
Policy No.: 1700094626
Endorsement No.:
Issued Date: 29 Dec 2017

ABOUT THE COVER

Make/Model: HYUNDAI TUCSON 2.0
Engine Capacity/Tonnage: 1,975.00 CC
Driver Restriction: NA
Sum Insured: Market Value
Off Peak Car: No
First Year of Registration: 2011
Insuring with COE/PART: Yes

Person or Classes of Persons Entitled to Drive*

a) The Policyholder
b) Any other person who is driving on the Policyholder's behalf or with his/her permission.
The Policy will indemnify the Policyholder for any damages and costs of the vehicle insured, the person's legal liability.
You have to provide a minimum sum of \$1,000 as "Financially Responsible Driver License" (FRDL) if you are your Authorized Driver named in certificate, is under the age of 21 and/or has less than 2 years driving experience.

Age Condition: All Age Condition

Limitations as to use*

Use only for social, business and pleasure purposes and for the Policyholder's exclusive. This Policy does not cover use for hire or reward, driving lessons, driving test, racing, business, industry use or experimentation. The coverage is subject to the conditions of the policy and the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 186) and Section 25 of the Road Transport Act, 1991 (Singapore), and may be subject to other conditions.

* Conditions imposed in accordance with Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 186) and Section 25 of the Road Transport Act, 1991 (Singapore), and may be subject to other conditions.

EXCESS

Section 1
Fire & Theft: \$500; Collision: \$50; Flood/Giver: \$0

Section 2
Property Damage: \$0

Windscreen: \$100

Named Driver and Excess (where applicable):

CHIA GIM SENG

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

Any claimant repairs to the vehicle must be carried out by one of our Authorized Repairers.
For other approved repairs, contact AIG Authorized Repairers centre located at 24-hour accident emergency hotline at 454 4338/4203. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. (Subject to prior approval and payment of the 50% from Repair or Google Pay).

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: TECK WEI CREDIT PTE LTD

This policy is only valid for use in Singapore. The Certificate of Insurance is valid for use in Singapore only. The policy is subject to the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 186) and Section 25 of the Road Transport Act, 1991 (Singapore), and Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 186) and Section 25 of the Road Transport Act, 1991 (Singapore).

165362009

KHO HOLDINGS PTE LTD
300A BALESTER ROAD
SINGAPORE 329700

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Penik

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORIZED REPRESENTATIVE