	Services (net dayor)	
Date In 14/08/18	Jeb description Date & Tune Completed	Done by
Ref No NA/A16/8014690/13.	SAS e-filing	
Veh No 54085825	E-mail (within 8hrs, AIC 2hrs)	
DOA 13/08/18 1405	i-Motor Claim Form	
	i-Motor W/O (Within: OD 2hrs, TP 4hrs)	
OD (12) Peporting Only	i-Photo Uploaded	
TP Insurer	Assessment/Survey Report	**************************************
Tr insures	Ass't Report by Fax / Hand to Owner/Wksp	,
Preferred Wksp / INC Assign Wksp / QW: (7/3/	ax:
TP Particulars: Veh No: ک	CGU488H NC()/Non-INC()	
Owner / Driver: (Tel:	
Policy No: () Perio)
Confirmed by : (Date: Time:)
	ote-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-	100%]
	arranty: YES ()/NO ()	
Excess: (\$) Leading: \$1,000	0 ()/\$2,000 ()	
General Remarks:-	THE PROPERTY OF THE PARTY OF TH	te"
() Walk-In Customer's inform	nation strictly Confidential & Strictly NO refer of repairer	
() Total Loss Case : to e-mail Insurer		
Drive-In () / Towed-In (); Invoice:	YES () / NO (); Towing Co. (
Remarks:- (INC hotline: 6788 6616)	Date&Time Completed	Done by
The state of the s	ourtesy Car ()	
2) QC Check / Post Repair Inspection	()	
3) Upload Resurvey Photo [Repair Cost > \$30	00] ()	
3) Upload Resurvey Photo [Repair Cost > \$30	00] ()	
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3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions NA 180-502 9	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC	SSO)
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Claimant's Particulars:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$3) TF: Towing Fee	In Bill Add
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Claimant's Particulars:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey)	\$80) 40/\$45 \$120 \$30
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Claimant's Particulars:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 20)	\$80) 40/\$45 \$120 \$30 05) \$75
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Claimant's Particulars: Oriver/Owner:	Invoice Preparation Checklist 1) AR: Accident Reporting (530); 2) DA: Damage Assessment (5100); INC (3) TF: Towing Fes 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 20) 6) TR: Re-inspection 7) NI: Idao DA + SMRT Survey	\$80) 40/\$45 \$120 \$30
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Demage Assessment (\$100); INC (3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 20 6) TR: Re-inspection 7) N1: Idac DA + SMRT Survey 8) NTUC Additional Services:- OD*	\$80) 40/\$45 \$120 \$30 05) \$75 \$160
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Plaimant's Particulars: Oriver/Owner: Contact No: Damaged Portion:	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$30); TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 20) 6) TR: Re-inspection 7) N1: Idac DA + SMRT Survey 8) NTUC Additional Services:- OD* *N5: Courtesy Car / Tpt Allowance	\$80) 40/\$45 \$120 \$30 05) \$75
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Claimant's Particulars: Oriver/Owner: Contact No: Oamaged Portion: OC Checked by (Engr-In-Charge):	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 20) 6) TR: Re-inspection 7) N1: Idae DA + SMRT Survey 8) NTUC Additional Services:- OD* *N5: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination *N7: Post Repair Inspection	\$80) 40/\$45 \$120 \$30 05) \$75 \$160
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Claimant's Particulars: Oriver/Owner: Contact No: Oamaged Portion: OC Checked by (Engr-In-Charge):	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 20) 6) TR: Re-inspection 7) NI: Idao DA + SMRT Survey 8) NTUC Additional Services:- OD* *N5: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination *N7: Post Repair Inspection *N8: DV / Collect Excess Coordination	\$80) 40/\$45 \$120 \$30 05) \$75 \$160
3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Claimant's Particulars: Oriver/Owner: Contact No: Damaged Portion: OC Checked by (Engr-In-Charge):	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (3) TF: Towing Fee 4) FT: Follow-Through Survey 5) FT: Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 20 6) TR: Re-inspection 7) NI: Idao DA + SMRT Survey 8) NTUC Additional Services:- OD* *N5: Courtesy Car / Tpt Allowance *N6: Repair Co-ordination *N7: Post Repair Inspection	\$80) 40/\$45 \$120 \$30 05) \$75 \$160 \$25 \$310 \$25 \$55 \$20 30

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 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.

	ACCIDENT STATEMENT
Date Of Report	14/08/2018 09:07
Date Of Accident	13/08/2018 14:05
Exact Location Of Accident	TOA PAYOH LOR 2 SLIP RD INTO PIE(CHANGI)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGP8582S
Insured/Policyholder	
Name Of Registered Owner	CHEN MUN LEONG
NRIC No	S7072870B
Email Address	DAVECHENM9@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93841066
Alternative Phone No	OTHERS-93841066
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF
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	2100479387-02
Cover Note Number	
Driver	
Name of Driver	CHEN MUN LEONG
NRIC No	S7072870B

14/07/1970 Date Of Birth OUTDOOR Occupation 02/11/2000 Date Of Driving Pass

17 YEARS AND 9 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-93841066 Mobile Number

Fax Number

OTHERS-93841066 Contact Number

DAVECHENM9@GMAIL.COM EMail Address

BLK 186 PASIR RIS ST 11 Address

#12-82

510186 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 - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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?

Was there any audio recorded?

NO NO

YES

NO

NO

1

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGU488H

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

CHUNG CHEE BENG Name of Driver

NRIC/Passport Number

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.
- 2. 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.
- 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

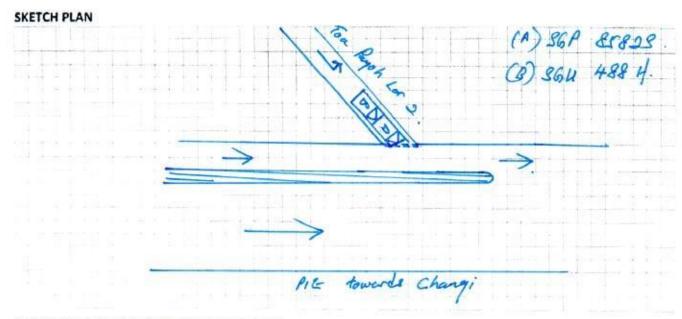
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCONSTANCES OF THE ACCIDENT	
On 13/08/18 at @ 1405 48, I stopped my veho (368 85828) along to Tou Payoh Lor I stop road total towards chang; to give way to the traffic on road. Suddenly, a vehicle (564 4884) from behand onto the rear portion of my vehicle.	cle
(36,8 85828) along to Too Payoh Lor 2 step road tate	PIE
towards chang; to give way to the traffic on	the more
mad. Puddenly a veheale (SGU 488 H) from behand	colleded
ente la best enter al un valente	
onto the vear partial of my veren.	
//	
	222222

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:

Yyu 14/08/18
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Vehicle No.	3GP 8582 3 Model/Make Volks wagen Golf.
Date of Accident	13/08/18
Time of Accident	HOS HRS
Location of Accident	Toa Payoh Lor 2 Stip road into PIE (Changi)
Exact purpose use during acci	
Name of Owner	Chen Mun Leoney.
Telephone No.	H/P: 9384 1066 · Home: Office:
NRIC	3 7072870 B.
Address	84K 186, Paser Res 2+ 11 # 12-82 (2) 510186.
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	AIG .
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	2100H79387 - 02 .
Folicy No.	37007/134/ 02 .
Name of Driver	As Above If No,
NRIC	Any Passengers: N. A.
Date of birth	14/07 /1970.
Occupation	Outdoor / Indoor
Driving License Pass Date	02/11/2000
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	
Driver have any own vehicle	No, If yes, Reg No. Owner.
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
Road Surface	Bry Wet Other
Any Injuries	If Yes, Who?
Name And Contact No.	Chen Mun Leany (HP: 9384 1066).
Name And Contact No.	
Police Report	No, If Yes, Where?
Vehicle B No.	36u 488 H. Any Passengers: N. A.
Name of Driver	Chung Chee Beng Contact No.:
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	N. A. Witness Contact:
Accident Portion	Rear Portion -
Camera Recorder	Yes (No)
Email Address	dave cheam 9@ gmazl. com.
	Dave Country of Manual Country
PARTICULAR WORKSHOP	N-51
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Huixon "
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales @ n51. com. sq



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7072870B





CHEN MUN LEONG

陳文良

CHINESE 14-07-1970

M

570726705

5491172

Country/Place of birth MALAYSIA

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) Class 2B Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 2 Motorcycles exceeding 400 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 killograms PASS DATE 09 Mar 1991 27 Jul 1992 22 Apr 1994 02 Nov 2000 cence No: S7072870B NP 428A

01-07-2015

APT BLK 186 PASIR RIS STREET 11 #12-82 SINGAPORE 510186



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: Chen Mun Leong

: 04 Aug 2018 To 03 Aug 2019

Engine No.

: CMB105488

: WWWZZZAUZDW024289 Chassis No.

Vehicle No.

: SGP8582S

Policy No. Endorsement No.

: 2100479387-02

Issued Date

: 12 Jul 2018

ABOUT THE COVER

Period of Insurance

Make/Model

: VOLKSWAGEN Golf A7 1.4 TSI

Engine Capacity/Tonnage : 1,395.00 CC

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2013

Insuring with COE/PARF : Yes

Driver Restriction Person or Classes of Persons Entitled to Drive*:

a) The Policyholder

: NA

a) The Policytheter who is driving on the Policyholder's order or with his/her permission. This Policy will indemrify 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 than 2 years' driving experience

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)

Chen Mun Leong - \$600 (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 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 carried out at the Sole Agent's workshop.

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: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

If 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).

0693075000

WONG SOO LAN SUZANN BLK 659 CHOA CHU KANG CRESCENT #13-79 SINGAPORE 680659 SP-JIMMYGOH-DWEE Underwritten by AIG Asia Pacific Insurance Pte, Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE