

Date In: 17 18 118 16:49	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NAT AIG 18015007164	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SG2 9399X	i-Motor Claim Form		
D.O.A: 1618118 0:00	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	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: Vch No: ~~Y1471200~~ Y1471200 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: 30-100%]

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

	Invoice Preparation Checklist	Ant (\$) In Bill	Ant (\$) 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Ref. 1:	6) TR: Re-inspection \$75		
Ref. 2/3:	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpf Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	17/08/2018 16:49
Date Of Accident	16/08/2018 13:00
Exact Location Of Accident	JUNC OF UPP SERANGOON RD & SIMON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ9399X
Insured/Policyholder	
Name Of Registered Owner	WOO KIN
NRIC No	S0998650B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94798220
Alternative Phone No	OFFICE-94798220
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
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	2100465666-02
Cover Note Number	-
Driver	
Name of Driver	WOO KIN
NRIC No	S0998650B
Date Of Birth	08/11/1948
Occupation	INDOOR
Date Of Driving Pass	01/08/1969
Driving Experience	49 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94798220
Fax Number	
Contact Number	OFFICE-94798220
Email Address	NOEMAIL

Address	BLK 227 SIMEI ST 4 #08-50
Postcode	520227
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	COLLISION - CROSS JUNCTION
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	YM7120B
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	WOO KIN
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SGZ9399X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



**SINGAPORE
POLICE FORCE**



T/20180817/2042

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20180817/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/08/2018 12:35		Vide Report No.:		Station Diary No.: 4
Informant's Particulars				
Name of Informant: WOO KIN		Address: APT BLK 227 SIMEI STREET 4 #08-50 SINGAPORE 520227		
ID Type / ID No.: NRIC NO / S0998650B		Contact No.: Home/Office: Mobile: 94798220		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 69	Date of Birth: 08/11/1948	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: ASSISTANT GENERAL MANAGER		Driving Licence Information: Class: 2B,3 Date of Expiry: :		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/08/2018 12:50	Type of Location:
Location: Junction of Road 1 and Road 2 UPPER SERANGOON ROAD SIMON ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGZ9399X	Car				Seriously Damaged	0
YM7120B	Lorry					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

CONTINUATION OF REPORT

Driver			
Name	WOO KIN	ID No.	S0998650B
Related Vehicle	SGZ9399X (Car)	Contact No.	94798220
Hospital/Clinic	SINGHEALTH POLYCLINICS - TAMPINES	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	17/08/2018	Date Discharge	17/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	SHI YONGKAI	ID No.	G2843823R
Related Vehicle	YM7120B (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 16/08/2018 at about 12.50pm, I was at the junction of Upper Serangoon Road waiting to turn right to Simon Road. As the green arrow appeared, I proceed to turn right. Out of a sudden a lorry (YM7120B) from the opposite direction came towards me and hit my car (SGZ9399X). Due to the impact my car turned and the left rear passenger door was badly damaged. Traffic Police was called in. After exchanging particulars, I went home.

On 17/08/2018 I went to a Polyclinics at Tampines as I feeling some pain on my neck. The Polyclinic the gave me 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20180817/2042

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20180817/2042

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
SI ABDUL RAHMAN BIN ABDUL RAHIM

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/08/2018 12:35

Officer In Charge Of Case:
TP / AEIT /
✓ Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH
✓ Contact No.: 65476367

Classification Of Case:

Authentication Stamp
NP168



Date of Accident : 16/8/18 Accident Time: 1 pm (24-HR-Format)
 Accident Place : Junction of Upper Serayuan Rd & Simon Road
 Vehicle No. (Car Plate No.) : SGZ 9399X Make/Model: Nissan Sylphy
 Insurance Company : AIG Policy No: 210046566
 Owner or Company Name /IC No. : WOO Kin /50998650B
 Owner or Company Contact No. : _____ Owner's Hp 94798220 Company Tel _____
 DRIVER'S Name / IC No. : as above
 DRIVER'S Date Of Birth : 8/11/1948 DRIVER'S License Pass Date 01/08/1969
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
 DRIVER'S Address : Blk 227 Simai st 4 # 08-50 5520227
 DRIVER'S Contact No./ Alt No. : (1) _____ 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): 1 Driver

Was there any video Captured by car camera: YES \ 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: <u>YM T120B (NTUC)</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0998650B



Name
WOO KIN

Race
CHINESE

Date of Birth
08-11-1948

Sex
M

Country of Birth
JOHORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S0998650B

Name
WOO KIN

Birth Date 08 Nov 1948

Issue Date 21 Apr 2008

001594042F

12 8352



NRIC No. S0998650B



Group Date of Issue
A+ 08-11-1993

Address
APT BLK 227 SIMEI STREET 4
#08-50
SINGAPORE 1552 520227

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 2B Motorcycles <= 200 cc	26 Oct 1982
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	01 Aug 1969

NP 428A

License No. S0998650B



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Woo Kin
Period of Insurance : 12 May 2018 To 11 May 2019
Engine No. : HR16983881B
Chassis No. : MNTBBAB17Z0026701

Vehicle No. : SGZ9399X
Policy No. : 2100465666-02
Endorsement No. :
Issued Date : 30 Apr 2018

ABOUT THE COVER

Make/Model : NISSAN SYLPHY 1.6 PREMIUM
Engine Capacity/Tonnage : 1,598.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
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 authorized 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 Authorized 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 - 1800cc

* Limitations rendered inoperative by Section 6 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)

Woo Kin - \$600 (Own Damage)

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

1. TC AutoClinic Add: No. 1, Sixth Lok Yang Road Singapore 628099 62622212
2. Autolotion Industrial Add: 19 Ubi Road 4 Singapore 408623 64909886
3. TC AutoClinic Add: 25 Leng Kae Road Singapore 159097 67038511 67038512 67038513
4. Tan Chong Motor Sales Add: 913 Bukit Timah Road Singapore 599623 64694091 64694092 64694093
5. Tan Chong Motor Sales Add: 17 Lorong 8 Too Payoh Singapore 319254 63570753 63570754

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 8200. 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.

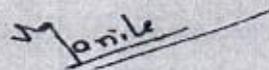
IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

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, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500610309

TAN CHONG CREDIT PTE LTD-CHH
911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
SINGAPORE 599622 ANSP-MOTOR
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.



AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSPS-A