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Date In: 10   6   12:57	Jeb description	Date &Time Completed	Done by
Res No: NA ANG 18015 347 by	SAS e-filing		
Veh No: 10x 38 910	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 17/ /18-10: 15	i-Motor Claim Form		59.Cm(99.51)=C=0.55
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hr	s, TP 4hrs)	
OD : IP : Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		AND THE PARK TO SERVICE TH
IP insurer.	Ass't Report by Fax / Hand	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: Fa	ıx:
TP Particulars: Veh No: 606	mous INC(	)/Non-INC()	W/
Owner / Driver: (	1/1/	Tel:	)
Policy No: ( ) Pe	eriod: (	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %)	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-10	00%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$1,0	000 ( )/\$2,000 ( )		
General Remarks			
( ) Walk-In Customer: Customer's info	rmation strictly Confidential & St	rictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insure	er URGENTLY.	· · · · · · · · ·	9
Drive-In ( )/ Towed-In ( ); Invoice	: YES( )/NO( );T	owing Co: (	, )
		,	A CHARLES THE PARTY OF THE PART
Remarks:- (INC hotline: 6788 6616)		Date&Timis Completed	Done by
1) Apply for Transport Allowance ( )/C	Courtesy Car ( )	-	
2) QC Check / Post Repair Inspection	( )		
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$3	( )		
	( )		
3) Upload Resurvey Photo [Repair Cost > \$3  Injury:	( )		
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.

dates of Station requires to	ACCIDENT STATEMENT	
Date Of Report	17/08/2018 12:57	
Date Of Accident	17/08/2018 10:15	
Exact Location Of Accident	17 MARISILING LANE	
Country/State of Loss	SINGAPORE	

A LINE OF THE PARTY OF THE PART	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJX3895U
Insured/Policyholder	
Name Of Registered Owner	TAY DING LOON
NRIC No	S9425949E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90113362
Alternative Phone No	OFFICE-90113362

Ve	hic	e F	arti	cul	ars
			***		

Manufacturer	TOYOTA
Model	VIOS E AUTO
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 REPORTING ONLY
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 1800079561

Cover Note Number

#### Driver

Name of Driver	TAY DING LOON
NRIC No	S9425949E
Date Of Birth	15/07/1994
Occupation	INDOOR
Date Of Driving Pass	16/08/2016

Driving Experience 2 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90113362

Fax Number

Contact Number OFFICE-90113362

EMail Address NOEMAIL

BLK 230 TAMPINES STRRET 24 Address

#04-134 524230

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

Postcode

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : FEMALE

#### **Details of Police Action**

Was the accident reported to the police?

NO

2

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

## Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS COMING OUT FROM 17 MARSILING LANE APPROACHING THE GANTRY. THE CONSTRUCTION MAN GIVE THE GREEN SIGNAL SIGN, SO I PROCEED ACCORDINGLY. THE WAS SOME COMMERCIAL VEHICLE BLOCKING MY RIGHT VIEW OF THE BLIND SPOT. VEHICLE B WAS TRAVELLING ALONG MARSILING LANE, MY VEHICLE FRONT LEFT PORTION SLIGHTLY GRAZED ONTO VEHICLE B REAR LEFT 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 GBG4302S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

MOHAMED ALI BIN RAIS @ MOHAMED ALI BIN OSMAN MUSAJI Name of Driver

**ANGULLIA** 

NRIC/Passport Number S7015532Z

Contact Number

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.
- 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:

NRIC/FIN No .:

Name:

Reporting Centre Personnel's Signature

ETCH PLAN		
	17 Matiling Lane	A: SJx3895V B:4BG4302S
SCRIBE CIRCUMSTANCES OF THE ACCIDENT		
Refor to Hatemany.		
	2	
CLARATION		· ·
e declare the foregoing particulars are true in every res	pect.	

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.:

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$9425949E



Nami

TAY DING LOON

郑丁

16

CHINESE

Sex

15-07-1994 Country of birth SINGAPORE 991259451





NRIC No. S9425949E

Once of issue

25-08-2009

APT BLK 230 TAMPINES STREET 24 #04-134 SINGAPORE 524230 4452029

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 . 16 Aug 2016 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A



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# CERTIFICATE OF INSURANCE

# AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : TAY DING LOON

Period of Insurance : 05 Jul 2018 To 04 Jul 2019

Engine No. : 1NZY094679

Chassis No. : MR053HY9305166779 Vehicle No.

: SJX3895U

Policy No.

: 1800079561

Endorsement No. Issued Date

: 11 Jul 2018

: 000000000213424

#### ABOUT THE COVER

Make/Model TOYOTA VIOS

Engine Capacity/Tonnage: 1,497.00 CC Sum Insured : Market Value First Year of Registration : 2010 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 "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 speechasting, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade,

\* 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)

TAY DING LOON - \$600 (Own Damage)

#### APPROVED REPORTING CENTRES/AUTHORISED REPAIRES (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers.
For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +85 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 IT unes or Google Play.

#### **IMPORTANT NOTES**

Hire Purchase Company/Employer's Loan: HL Bank

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).

0504629000

CH AUTO SOLUTION

BLK 17 EUNOS CRESCENT #12-2865

SINGAPORE 400017

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE