		MMH 118107192.		
Date in 2018/19 10:04	cb description	Date & Time Completed	Don	by
Rel No NA   AIG 18015059 144.	SAS c-filing	1		
	E-mail (within Shrs, AIC 2hrs)			
	i-Motor Claim Form			
	i-Motor W/O (Within: OD )	Outs, TP 4hrs)		
OD 'Peporung Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp	410000000000000000000000000000000000000	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: Fax	C	)
TP Particulars: Veh No: FB F	9258. INC	( )/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: ( ) Period:	(	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
The Control of the Co		-20%; P: 21-79%. F: 80-100	0%]	
	anty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,000 (	CONTRACTOR OF STREET		-	-
the second secon			7th 3	
( ) Walk-In Customer: Customer's information	on strictly Confidential &	Strictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insurer UF	RGENTLY.			
Drive-In ( ) / Towed-In ( ); Invoice: YE	S( )/NO( );	Towing Co. (	- 4	)
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done	by
1) Apply for Transport Allowance ( )/Courte	er valle i variable de la recollè de la r	2		
2) QC Check / Post Repair Inspection	ay car ( )	***		
	( )			
	( )			
3) Upload Resurvey Photo [Repair Cost> \$3000]	( )			
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# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

EMail Address

- 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	20/08/2018 10:04
Date Of Accident	17/08/2018 16:20
Exact Location Of Accident	BARTLEY RD EAST SLIP RD INTO BARTLEY VIADUCT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU2128Z
Insured/Policyholder	
Name Of Registered Owner	YAP SAY OON
NRIC No	S1727393J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96609965
Alternative Phone No	OFFICE-96609965
Vehicle Particulars	
Manufacturer	NISSAN
Model	TEANA 2.5L CVT
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	2100402102-03
Cover Note Number	5
Driver	
Name of Driver	YAP SAY OON
NRIC No	S1727393J
Date Of Birth	27/07/1965
Occupation	INDOOR
Date Of Driving Pass	01/03/1988
Driving Experience	30 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96609965
Fax Number	
Contact Number	OFFICE-96609965

NOEMAIL

Address

BLK 75 TAMPINES AVE 1 #05-07

Postcode

529781

OWNER

AND RECOGNISHED OF THE CONTROL

Was driver an employee of the Insured's Company NO

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

Type Of Accident

COLLISION - HEAD TO REAR

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?

YES

Was any other material or property damaged? 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

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

FBF925B

Vehicle Make/Model/Colour

Details Of Properties

Details Of Propertie

MOTORCYCLE

Vehicle Category Name of Driver

WONG SEN HUN PHILIP

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.
- 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

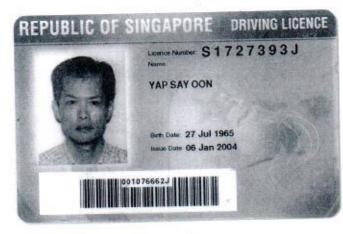
Name:

NRIC/FIN No .:

CH PLAN	
	Bertley Vraduet
	Bearing 1
^	010 =
->	Bartley Flyover >
->	201 271 2722
Ben	Hey Road East (BOHO) FBF 925B
CRIBE CIRCUMSTANCES OF	
On 17/08	18 at @ 1620 hs, I was travelling in my vehicle
27421282) alone	a Bartley Road Gast exit intol Bartley Viadu
a colit	lane. I slow down and stopped due to
on the right	chead suddenly, a motorcycle CFBF 925B
roffic congestion	thead sudering in metal-
from behind c	ollided and the rear portion of my whee
CLARATION	
Ve declare the foregoing particu	nars are true in every respect.
M	The state of the s
	Devention Control Degraphing
icyholder's Signature	Driver's Signature Reporting Centre Personnel's Signature
icyholder's Signature e & Time:	(If driver is not the policyholder) Name:

ehicle No.	SJU 2128 Z. Model/Make Nasan Teana
ate of Accident	17/08/18
ime of Accident	1620 HRS
ocation of Accident	Rartley Road East slip read into Bartley Viaduct
xact purpose use during accid	
lame of Owner	Jap Say Oon
elephone No.	H/P: 19660 9965 Home: Office:
IRIC	9 1727 393 ]
Address	BLK 75, Tumpines Ave 1 405-07 (8) 529781.
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	Comprehensive
rolley No.	
Name of Driver	As Above If No,
VRIC VRIC	Any Passengers: N.A
Date of birth	27/07 1965
Occupation	Outdoor / Indoor
Driving License Pass Date	01 03 1988
Gender	Male / Female
Contact No.	H/P: Home: Office:
Address	ing .
Driver have any own vehicle	No, If yes, Reg No.
	Employee, If no, state Owner
Relationship Weather condition	Clear Raining Other
- 10.00 H	
Road Surface	
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	No, If Yes, Where?
Police Report (	No, If Yes, Where?  FBF 925B Any Passengers:
Vehicle B No.	Wong Sen Hun Philip Contact No.:
Name of Driver	Any Passengers :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	M-A Witness Contact :
Witness Name	
Accident Portion	7,000
Camera Recorder	Yes (No )
Email Address	
PARTICULAR WORKSHOP	Twentas.
	6842 0051 / 6744 0510
CONTACT DEPSON	Hui XW
CONTACT PERSON	6741 0510
FAX NO	sales @ n51· com· sg







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

PASS DATE 12 Jul 1988 01 Mar 1988

Class 2B Motorcycles not exceeding 200 cc

Motor Cars and Motor Tractors the weight of

which unladen does not exceed 2500 kilograms Heavy Motor Cars and Motor Tractors the

05 May 1988

weight of which unladen exceeds 2500 kilograms. Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms

02 Jul 1988

NP 428A

Class 4

Class 5



# CERTIFICATE OF INSURANCE

# NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Herr 1: Yeu Say Opin 5: 11 04 109 Feb 2015 To 08 Feb 2019 1 CR25034712L 1 NOTECAL 3120002009

Vehicle No. Policy No. Endorsement Issued Deta

: 03 Jan 2018

### ABOUT THE COVER ...

Make/Model NISSAN TEANA 2 5 PREMIUM
Engine Capacity/Tophage 2,485 OC CC Sum Insured Market Value
Drive Restriction NA Off Peak Car No

First Year of Registration 2015 Insuring with COE/PARF Yes

Person of Classes of Persons Entitled to Other\*

If the receptories

If Agriculture and the advance on the distribution and the advance of th

Limitation as to use"

Use will be about direction and pressure programs and for the Possiphoton's business. The theory gives not correct on the best of resource directions are proportionally the carriage of possip other best consists of constraints of any times to demand of our property or common the same beautiful.

## EXCESS

Windstram \$120

Named Driver and Excess junes sycropro-

# APPROVED REPORTING CENTRES/AUTHORIES SAUTHOR TAKEN CLAIMS RELATED REPAIRS)

For other Appearable Property Contract Add A discussed Resources (Section Contract on Files, or AGS 50 Modes Ago, Simply search and Section 1865 507 Specification of Decide Prop.

# IMPORTANT NOTES

Hira Purchase Company Employer's Loan, NA

the factors to the day the party of the Control of the same of the

derwritten by AIG Asia Positic Instartance Pte. Ltd.

The wife

AIG Asia Pacific Insurance Pte. Ltd.

2100402102 -03.