Date In: 15/10/2017				
	Jcb description	Date &Time Completed	Done	pì.
Res No: NA/AIGI 8018645/-3	SAS e-filing			
Vch No: SKX5446H	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 14/10/18	i-Motor Claim Form			0.7
OD / (TP)! Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report	i		
	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:		Tel: Fax	:)
	SHD 4746 P INC ()/Non-INC()		
Owner / Driver: (Tel;)	
Policy No: (Period: ()	Cover Type: ()	
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-100	0%]	
Year of Registration: (Warranty: YES ()/NO ()	•	
Excess: (\$) Loading:	\$1,000 ()/\$2,000 ()			
General Remarks:-			5 5 10 TH	
() Walk-In Customers : Customers	Walth Children Commencer C	Stand Toute composed with A Committee	or a	
() Walk-In Customer: Customer's () Total Loss Case : to e-mail In	Milormation strictly Confidential & Si	rictly NO refer of repairer.		
			•	
7,		owing Co: (- It)
Remarks:- (INC hotline) 6788 6610		Date&Time Comple 54	Done	by
1) 4-1 6 5		Datestime Complets 4	Done	by
1) Apply for Transport Allowance () / Courtesy Car ()	Date&Time Complets()	Done	by
Apply for Transport Allowance (QC Check / Post Repair Inspection) / Courtesy Car ()	Dates:Tame Complets4.	Done	by
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >) / Courtesy Car ()	Date&Tame Completsd *	Done	by
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number **EMail Address**

- 1. 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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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.

ACCIDENT STATEMENT

	ACCIDENT STATEMENT
Date Of Report	15/10/2018 14:04
Date Of Accident	14/10/2018 19:40
Exact Location Of Accident	JURONG WEST ST 72 JUNCTION
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKX5446H
Insured/Policyholder	
Name Of Registered Owner	MARIC & PARTNERS PTE LTD
Co Reg No	201620701N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98163777
Alternative Phone No	OFFICE-98163777
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	
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 HIRE
Insurance Company	THE RESIDENCE OF THE PROPERTY
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE, LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994654
Cover Note Number	
Driver	
Name of Driver	ALFRED TAN JUN WEI
NRIC No	\$9501366Z
Date Of Birth	16/01/1995
Occupation	OUTDOOR
Date Of Driving Pass	18/10/2013
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98163777
Fax Number	1

NOEMAIL

Address

BLK 835 JURONG WEST STREET 81 #07-41

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

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?

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

NANYANG N.P.C

Police Station Address

ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7929999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT: T/20181015/2008

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

SHD4746P

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

TEO YEE HIONG

NRIC/Passport Number

Contact Number

S6936038F 91855637

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name ALFRED TAN JUN WEI

Approximate Age 23

Injuries Sustain CHEST, STOMACH AND NECK

Injured person in which vehicle? SKX5446H Were seat belts worn? YES

Was this injured conveyed to hospital by

NO ambulance?

Address BLK 835 JURONG WEST STREET 81 #07-41

Postcode 640835

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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:

- 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)
 - (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.

Maric & Partners Pte Ltd

Co Reg No 201620701N

9 Tagore Lane #03-04

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No .:

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Maric & Partners Pte Ltd Co Reg No 201620701N

Policyhdider's Signature#0.3-04 Date & Simeapore 787472

Driver's Signature

(If driver is not the policyholder)

Date & Time:

olum 15/10/18

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

MANUAL L. DEPARTE





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE

1 of 4 Report No. T/20181015/2008

649482 Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

 Date/Time Report Made:
 Vide Report No.:
 Station Diary No.:

 15/10/2018 02:42
 J/20181014/0232
 8

Informant's Particulars Name of Informant: Address: ALFRED TAN JUNWEI APT BLK 835 JURONG WEST STREET 81 #07-41 SINGAPORE 640835 ID Type / ID No .: Contact No .: NRIC NO / S9501366Z Home/Office: Nationality: Mobile: 98163777 Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Male 23 16/01/1995 Driver Race: Language: Chinese Institution / School Name: Occupation: Singapore Polytechnic Driving Licence Information: STUDENT Class: 3 Date of Expiry:

General Information of the Accident Injury Type of Drink Date/Time of Attended by Police Type of Location: Accident: Drive: Accident: T-Junction No Location: 14/10/2018 19:30 Junction of Road 1 and Road 2 JURONG WEST AVENUE 4 JURONG WEST STREET 72 At the T-Junction of Jurong West Ave 4 and Jurong West St 72 Lamp Post Number: 22 Weather: Road Surface: Clear Road Speed Limit: Dry Traffic Flow: Traffic Control: **Dual Carriage Way** Traffic Volume: Traffic Light - Working Type of Collision: Light Between Moving Vehicles - Head On Anyone conveyed by ambulance: No

Vehicle No.	Туре	Make				
SHD4746P	Car		Model	Color	Condition	No of Passenge
Cal .	HYUNDAI	i40	Blue	Seriously	- Goodinger	
SKX5446H Car	HONDA	Civic		Damaged		
	HONDA		White	Seriously		
					Damaged	

Entry and and printing the second
Use of Pedestrian Crossing: NA





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999 2 of 4 Report No. T/20181015/2008

CONTINUATION OF REPORT

Passenger		Ten Sing		SOME DESIGNATION OF THE PERSON	STEEL ST		
Name	Unknown Passenger			ID No	S	NIL	
Related Vehicle	SHD4746P (Car)			Conta	ct No.	NIL	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Disc				NIL		
	anted Medical Leave NIL Degree of				The second secon		
Passenger					Contract of		
Name	Unknown Passenger			ID No		NIL	
Related Vehicle	SHD4746P (Car)			Conta	ct No.	NIL	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Disc						
No. of Days gran	ted Medical Leave	NIL	Degree o				
Driver	NO THE PARTY OF	-200 248-11				THE RESERVE TO BE SHOWN IN THE RESERVE TO SHOW	
Name	TEO YEE HIONG			ID No.		S6936038F	
Related Vehicle	SHD4746P (Car)			Contact No.		91855637	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Disc				NIL		
	ted Medical Leave	NIL	Degree o				
Driver							
Name	ALFRED TAN JUNWEI		ID No.		S9501366Z		
Related Vehicle	SKX5446H (Car)		Contact No.		98163777		
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	15/10/2018		Date Dis			0/2018	
	ted Medical Leave	03		of Injury	Slight		





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE

3 of 4 Report No. T/20181015/2008

Tel No: 1800-7929999

CONTINUATION OF REPORT

Brief Details.

On 14/10/2018 at about 1930hrs, I was driving my rental car registration number: SKX5446H on the extremely left lane of the 03 lanes road along Jurong West Avenue 4. I slowed down my car as I was approaching the T-Junction of Jurong West Avenue 4 and Jurong West St 72 and the traffic light was not in my favor. There were another 02 vehicles stopped in front of the traffic light on the middle and right most lane. As I was getting closer to the junction, the traffic turned into my favor and both of the stationary cars accelerated and moved off from the traffic light. I then continued to accelerate. Just when I drove past the stop line (in the middle of the junction), a taxi registration number: SHD4746P which was driving on the opposite direction performed a right turn into the direction which was travelling. I felt an impact from my front, when I came down of the car then I discovered that I was hit by the taxi. The taxi front left side hit the front of my car which caused my car to turn left . My car suffer major dents at the front bonnet and the taxi suffered damage at the left front wheel area, both vehicles required towing service. We had exchanged particulars. The taxi driver and his passengers were not injured. However, I went to Ng Teng Fong General Hospital as I felt discomfort at the chest, stomach and neck areas and I was then given 03 days of outpatient leaves. There are in-vehicle camera for both vehicle and there are CCTV in the vicinity. Vide incident number: J/20181014/0232





4 of 4

Report No. T/20181015/2008

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

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 J / Sgt 3 CHEN JIANDA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/10/2018 02:42
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN SUDIN Contact No.: 65476367	Classification Of Case:
authentication Stamp	

ACCIDENT STATEMENT

	111 .3 11	Si constantina		
ACCIDENT DAT	TE: 14/10/18)(DD/MM/Y	YYY), TIME:	9: 40 KHH:MM
LOCATION:	Jurony West	St 72		J () it is is it is
ISSAIICH.	J 1/121	51 12	JONECHON	
1. DETAILS	OF VEHICLE			
	CLE NUMBER:	SKX 5446	H	
	ANCE COMPANY:	P161	NW.	
OJPOLIC	Y NUMBER: 9 97	999654		
		ENSIVE / THIRD D	V 5714 / 71 dam -	PARTY FIRE &THEFT)
e)MAKE	& MODEL: Hon	ida Civic	L. & L	ARTY FIRE &THEFT)
f)TYPE:(S	A OON / COUPE /	MPV /V AN / LOS	PRY LUCYOR	
g)VEHIC	LE CATEGORY: (PRIN	ATE / COMMED	KRI / MOIORC	PYCLE / OTHERS)
h)PURPC	SE OF USING AT AC	CIDENT TIME	WORK PURP	(CYCLE)
IJ ARE YO	U CLAIMING UNDER	P YOUR OWN HA	CLIDANIOE WEE	
IF NO, F	LEASE STATE (THIRD	PARTY CLAIM	DEPORTING O	NO
2. INSURED	/ PULICY HOLDER			NLY
A)NAME:	Maric S	Partners Pte	ltd "	
b)NRIC/F	IN/PASSPORT:	20162070IN	(1)	AALE / FEMALE)
c)ADDRE	ss: a Tau	ore lane =	+03 - 04	1:
75 (7)		S78747	2	
* CONTIN	UE TO 3.d IF DRIVER	ALSO POLICY H	OLDER	
A LA CALLES CON STATE DRIVER	210 1 =			
Cladeding delan a)NAME:		Junwri	IM	(ALE / FEMALE)
O))	N/PASSPORT: Sa	5013662	CONTACT	1: 48163777
CIADDRES	S: 835 JUI	rong west	struct 81	
*-115		7 541 560	+0835	
*d)DATE C	F BIRTH: (11995 1(DD)	/MM/YYYY)	
flyEARS O	ATION: (INDOOR / C	DUIDOOR)	000	
4. WAS DRIV	F DRIVING EXPRERIE	NCE: 5ye	<u>~</u> 2	
IF NO, RE	ER AN EMPLOYEE LATIONSHIP OF TH	OF THE INSUR	ED'S COMPA	NY? (YES / NO)
5. a)WEATHER	CONDITION: (CLE	DRIVER WIT	H INSURED:	Hiver
DIROADSL	RFACE: (DRY / WET	/OTHERS		
6. WAS ANYBO	ODY INJURED (YES	NOI OTHER	MIFUL	
7. a)REPORTE	D TO POLICE (PBS /	NOI	HIMITE.	
IF YES, PLE	ASE STATE WHICH F	POLICE STATION	. Jurory	West won c.
8. THIRD PARTY	VEHICLE			Hie 3
the of passenger of VEHICL	E NUMBER:St	404746P	MODEL:	Taxi
Induding driver) b) DRIVER	'S NAME:		NODEL	10/
(6 5) RIC/FI	N/PASSPORT:		CONTACT:	
Y. THIRD PARTY	VEHICLE			
the of passenger all Devices	E NUMBER:		MODEL:_	¥.
Induding driver e) DRIVER	S NAME:			
Induding driver) f) DRIVER'	V/PASSPORT:		_CONTACT:	7.
()				
= 000				
20				1
		93		000 20 gr
bi Industrial park 2.	email =	REPORTIN'	5@	
PI INCHITATION I		TOPQUE 5.co		
5,51UGI Ave 1	fax =	6452 458	4	
	SOURCE TO		175 KG	
21 22 10 Child (N)				

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9501366Z



ALFRED TAN JUNWEI



Country of birth SINGAPORE





16-01-1995

89501366Z

REPUBLIC OF SINGAPORE DRIVING LICENCE Nome Number S9501366Z ALFRED TAN JUNWEI

> Bre Euro 16 Jan 1995 Sauce Date 18 Oct 2013



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSII

Motor Cars=< 3000kg with =<7 passengers, exclusive 16 Oct 2013 of the driver; and other motor vehicles =< 2500kg

NP 428A



THIRD PARTY

POLICY NO.

CERTIFICATE NO.

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

(The below excess is subject to GST)

S\$1000.00 (Sect II) **POLICY EXCESS**

WINDSCREEN EXCESS

NA

M.Z.400

SUM INSURED

NA

INSURING WITH COE/PARF

SKX5446H MARIC & PARTNERS PTE LTD

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE

25 April 2018 24 April 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the insured's order or with their permission.

S\$1,000.00 Section II Excess is applicable for driver who is above 22 years old and/or with minimum 2 years driving experience

\$\$2,000.00 Section II Excess is applicable for drivers who is 21 years old with minimum 1 year driving experience

COMMERCIAL MOTOR

SKX5446H

999994654

The policy does not cover drivers who are below 21 years old or less than 1 year driving experience

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

6) LIMITATION AS TO USE.

- 1) Use for social, domestic, pleasure purposes and business purposes of insured
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired
- 3) Use for the carnage of passengers for hire or reward by any person to whom the vehicle is hired

The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability that or speed-testing: 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle: 3) Use for any purpose in connection with the Motor Traide.

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

NA

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Issued in Singapore 25 Apr 2018

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AIG Asia Pacific Insurance Pte Ltd

AUTHORISED REPRESENTATIVE

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