

MAIAY 36968

Date In: 2/10/2008 15:39	Job description	Date & Time Completed	Done by
Ref No: N/A/08/20/9132/y	SAS e-illing		
Veh No: SBE 718m	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 2/10/2008 10:30	E-Motor Claim Form		
OD (TP) Reporting Only	E-Motor W/O (within 60 hrs, TP 3hrs)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: ()

TP Particulars: Yell No: 800 4999, INC () / Non-INC ()

Owner / Driver: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Bsl, Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)

Year of Registration: () Warranty: YBS () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YBS () / NO () ; Towing Co: ()

Remarks: INC Hotline 6788 5616

Remarks	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	Action

N/A 1806839

Invoice Preparation Checklist	Amount	Unit
1) AR: Accidental Reporting (\$20)	17	
2) DA: Damage Assessment (\$100)	INC (\$20)	
3) TP: Towing Fee	\$40/\$40	
4) FT: Follow Through Survey	110	
5) RT: Follow Through Survey (Resurvey)	120	
Excludes: Excess INC Only (w/ 10 Jan 2008)		
6) TR: No Inspection	312	
7) NT: 14v DA + SMRT Survey	1160	
8) NTUC Additional Services		
9) NTUC Additional Services		
10) NTUC Additional Services		
11) NTUC Additional Services		
12) NTUC Additional Services		
13) NTUC Additional Services		
14) NTUC Additional Services		
15) NTUC Additional Services		
16) NTUC Additional Services		
17) NTUC Additional Services		
18) NTUC Additional Services		
19) NTUC Additional Services		
20) NTUC Additional Services		
21) NTUC Additional Services		
22) NTUC Additional Services		
23) NTUC Additional Services		
24) NTUC Additional Services		
25) NTUC Additional Services		
26) NTUC Additional Services		
27) NTUC Additional Services		
28) NTUC Additional Services		
29) NTUC Additional Services		
30) NTUC Additional Services		
31) NTUC Additional Services		
32) NTUC Additional Services		
33) NTUC Additional Services		
34) NTUC Additional Services		
35) NTUC Additional Services		
36) NTUC Additional Services		
37) NTUC Additional Services		
38) NTUC Additional Services		
39) NTUC Additional Services		
40) NTUC Additional Services		
41) NTUC Additional Services		
42) NTUC Additional Services		
43) NTUC Additional Services		
44) NTUC Additional Services		
45) NTUC Additional Services		
46) NTUC Additional Services		
47) NTUC Additional Services		
48) NTUC Additional Services		
49) NTUC Additional Services		
50) NTUC Additional Services		
51) NTUC Additional Services		
52) NTUC Additional Services		
53) NTUC Additional Services		
54) NTUC Additional Services		
55) NTUC Additional Services		
56) NTUC Additional Services		
57) NTUC Additional Services		
58) NTUC Additional Services		
59) NTUC Additional Services		
60) NTUC Additional Services		
61) NTUC Additional Services		
62) NTUC Additional Services		
63) NTUC Additional Services		
64) NTUC Additional Services		
65) NTUC Additional Services		
66) NTUC Additional Services		
67) NTUC Additional Services		
68) NTUC Additional Services		
69) NTUC Additional Services		
70) NTUC Additional Services		
71) NTUC Additional Services		
72) NTUC Additional Services		
73) NTUC Additional Services		
74) NTUC Additional Services		
75) NTUC Additional Services		
76) NTUC Additional Services		
77) NTUC Additional Services		
78) NTUC Additional Services		
79) NTUC Additional Services		
80) NTUC Additional Services		
81) NTUC Additional Services		
82) NTUC Additional Services		
83) NTUC Additional Services		
84) NTUC Additional Services		
85) NTUC Additional Services		
86) NTUC Additional Services		
87) NTUC Additional Services		
88) NTUC Additional Services		
89) NTUC Additional Services		
90) NTUC Additional Services		
91) NTUC Additional Services		
92) NTUC Additional Services		
93) NTUC Additional Services		
94) NTUC Additional Services		
95) NTUC Additional Services		
96) NTUC Additional Services		
97) NTUC Additional Services		
98) NTUC Additional Services		
99) NTUC Additional Services		
100) NTUC Additional Services		

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 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. 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	22/10/2018 15:39
Date Of Accident	20/10/2018 10:30
Exact Location Of Accident	THOMSON ROAD NEAR WHITLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBE718M
Insured/Policyholder	
Name Of Registered Owner	YAM KWAI LAM PHILIP
NRIC No	S2553814E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97807824
Alternative Phone No	OTHERS-97807824

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200
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	2100402410-03
Cover Note Number	

Driver

Name of Driver	YAM KWAI LAM PHILIP
NRIC No	S2553814E
Date Of Birth	31/07/1946
Occupation	INDOOR
Date Of Driving Pass	31/12/1965
Driving Experience	52 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97807824
Fax Number	
Contact Number	OTHERS-97807824
Email Address	NOEMAIL

Address	47 NAMLY GARDEN
Postcode	267375
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	2
Was any body injured in the Accident?	NO
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)	2
Passenger 1	NAME: : DOLLY LEE
	GENDER: : FEMALE

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 SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

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	SKQ4199P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

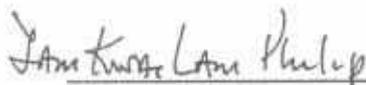
SKETCH PLAN

IMPORTANT NOTICE

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 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:

- (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:
 - (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.

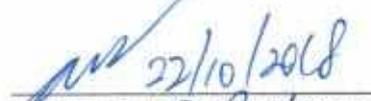


Policyholder's Signature
Date & Time:

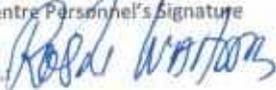
20/10/2018
11:36 AM



Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No. 

SKETCH PLAN

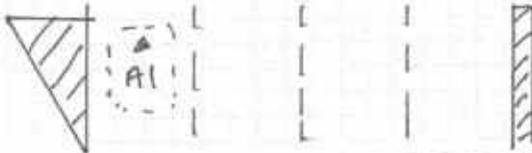
Thomson Road near Whangy Road



Thomson Road

Vehicle A: SBE 718M

Vehicle B: SKQ 4199P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A was travelling straight.

Suddenly Vehicle B make a right turn and hit onto my vehicle

right portion. Would like to state that green light is in

my favour.

DECLARATION

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

Jan Kua Lam

Policyholder's Signature

Date & Time:

20/10/2018

11:26 am

Yan Jial

Driver's Signature

(if driver is not the policyholder)

Date & Time:

20/10/2018
Rishi Wadhwa

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 20/10/2018 (dd/mm/yy) Time of Accident: 10:30 (24-HR-FORMAT)
Vehicle No.: SBE 718 M Vehicle Make & Model: Mercedes C200
Exact location of Accident: Thomson Road near Whitley Road
Policyholder's Name / IC No.: Yam Kwai Lam Philip S2553814E
Driver's Name / IC No.: Yam Kwai Lam Philip S2553814E (As Above)
Driver's Contact No.: 9780 7824 Company Contact No.: _____
Driver's Address: 47 Namly Garden S(267375)
Insurance Company: AIG Email address (if any): _____

Relationship between Owner & Driver: Owner or Others specify: _____

What do you wish to claim? (Please TICK one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) Indoor / Outdoor

Private use / Work purpose

No. of Passengers (Including Driver): 02

Passenger Name: Dolly Lee

Gender: Female

Passenger Name: _____

Gender: _____

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No

Any Injuries: Yes / No (IF YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (IF YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SKQ 4199 P

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2553814E



Name

YAM KWAI LAM PHILIP

任桂林

Race

CHINESE

Date of birth

31-07-1946

Sex

M

S2553814E

Country of birth

MALAYSIA

4801388



NRIC No. S2553814E

Date of issue
13-10-2012

Address
47 NAMLY GARDEN
SINGAPORE 267375



**SINGAPORE
POLICE FORCE**

**TRAFFIC POLICE
SINGAPORE POLICE FORCE
10, UBI AVENUE 3
SINGAPORE 408865
Tel : 65470000
www.police.gov.sg**

Private & Confidential

YAM KWAI LAM PHILIP

47 NAMLY GARDEN
SINGAPORE 267375

You will receive your photocard driving licence by registered post within 10 to 14 working days from the date of application unless you made a special request to collect at Traffic Police at the time of application

You can drive while awaiting the delivery of your photocard driving licence

Please turn overleaf for important notes.

S2553814E
(3)

C001431472

\$25/-

(Please do not detach)

**YOU CAN DRIVE WHILE AWAITING THE
DELIVERY OF YOUR PHOTOCARD**

20/11/2018

pass date 31 Dec 1965.



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder	: Yam Kwai Lam Philip	Vehicle No.	: SBE718M
Period of Insurance	: 03 Mar 2018 To 02 Mar 2019	Policy No.	: 2100402410-03
Engine No.	: 27492030328380	Endorsement No.	:
Chassis No.	: WDD2050422R041227	Issued Date	: 14 Feb 2018

ABOUT THE COVER

Make/Model	: MERCEDES BENZ C200 SEDAN AVANTGARDE / EXCLUSIVE	First Year of Registration	: 2015
Engine Capacity/Tonnage	: 1,991.00 CC	Sum Insured	: Market Value
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 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 2000cc:

* Limitations rendered operative 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 - \$1300 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Yam Kwai Lam Philip - \$1300 (Own Damage)

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

1 Eunice Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408050 67412338
 2 Pandan Loop Service Center - Body Care & Repair (For accident repair & accident reporting) Add: 188 Pandan Loop Singapore 128378 67778388

For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 8338 8200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG 5G Mobile App. Simply search and download "AIG 5G" 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 C of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1990 (Malaysia).

0500660410

CYCLE & CARRIAGE - YEOL
 239 ALEXANDRA ROAD
 SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.



AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE