			3. 10	41 1 2		
NATIONAL Assessment Centre	Services.	(well ) Jamos) .			1	
Date In: Os/u/18	Jeb description		Date &Time Complet	ed	Done	by
RCINO: NA/A1618019971/13	SAS e-filing					
Veh No: SBV39A	E-mail (within	Shrs, AIC 2hrs)				•
D.O.A: 01/11/18 1600	i-Motor Clai					
	i-Motor W/C	(Within: OD 2hrs	TP 4brs)			
OD (TP) Reporting Only	i-Photo Uploaded					
	Assessment/Su					
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp					
Preferred Wksp / INC Assign Wksp / QW: (	HUP SOU	-	Tol:	Fax:		)
	5458938	With the second second	)/Non-INC( )		Party Market Survey	
Owner / Driver: (			Tel:	A Million and a second	)	
Policy No: ( ) Perio	od: (	)	Cover Type: (		)	
Confirmed by : (		Date:	Time:		)	
Insured/Driver Liability: ( %) [N	ote-Est. Status (V	VO): N: 0-20	%; P: 21-79%. P: 5	30-100%	6]	
Year of Registration: ( ) W	arranty: YES (	)/NO(	)			
Excess: (\$ ) Loading: \$1,000	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO	( )		- 1 R 100		
General Remarks -	ANT OF THE			33300	· (5) s	
( ) Walk-In Customer: Customer's inform	nation strictly Co	nfidential & Str	ictly NO refer of repair	er.		
( ) Total Loss Case : to e-mail Insurer	URGENTLY.		· · · · · · ·			
Drive-In ( )/ Towed-In ( ); Invoice:	YES( )/N	10 ( ) ; To	owing Co: (			)
Ramarks:- (INC hording: 6788 6616) \cdot			Date&Timo Comple	444.7	Done	by
	urtesy Car (	)				
2) QC Check / Post Repair Inspection	( ·)					
3) Upload Resurvey Photo [Repair Cost > \$30	00] (	)			2	
Injury:						
				15/6/12	F 54	· · ·
Date/Time Actions	on Comment	DEVENDED BY AND AND		CARESTON	GSCHAFAF	D-DVAROUR DA
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	1	Alexander (Consequence)				
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	NAME OF TAXABLE PARTY.	1) AR : Accident	Reporting (330);	S. Franks A. A.	2775205	
laimant's Particulars is		2) DA : Damage / 3) TF : Towing Fe	Assessment (\$100); IN	C (\$80) \$40/\$45		
river/Owner:		4) FT : Follow-Th		\$120 \$30		
ontact No:	ts e	For claiming as	oinsUNC Only (wef 10 Jon	2005)		
amaged Portion:		6) TR: Re-inspec 7) N1: Idao DA		\$160		
3		8) NTUC Additio	nel Services:-			
C Checked by (Engr-In-Charge):	\$	*NS: Courlesy	Car / Tpt Allowance	\$5		
	THE RESERVE THE SECOND	*N6: Repair Co *N7: Post Repa	-ordination	510 \$25		
uditors' Comments ::		*NB: DV / Col	ect Excess Coordination	23		
1.1:	( Total )	TP (N11): TP 9) N12: Idac Mol	(Non INC) against INC	\$20 30		H 74 P243 - MEN
2/3;		Involce dated	Fee Char Fee Char		MANIN	uning the
		Involce dated	ree char			

### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Driving Experience

Mobile Number

Contact Number EMail Address

Fax Number

Gender

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

A STATE OF THE STA	ACCIDENT STATEMENT			
Date Of Report	02/11/2018 17:17			
Date Of Accident	01/11/2018 16:00			
Exact Location Of Accident	PIE TWDS JLN JURONG KECHIL			
Country/State of Loss	SINGAPORE			
BOX IN COLUMN THE RESERVE OF THE COLUMN TO	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SBV39A			
Insured/Policyholder				
Name Of Registered Owner	THAM SOOK CHENG			
NRIC No	S1765876Z			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-98168688			
Alternative Phone No	OTHERS-98168688			
Vehicle Particulars				
Manufacturer	SUBARU			
Model	2			
Exact Purpose for which vehicle was being used at time of accident	GOING HOME			
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	1800062405			
Cover Note Number				
Driver				
Name of Driver	THAM SOOK CHENG			
NRIC No	S1765876Z			
Date Of Birth	16/12/1966			
Occupation	INDOOR			
Date Of Driving Pass	13/04/1995			
SELECTION OF THE PROPERTY OF T	The state of the s			

23 YEARS AND 6 MONTHS

(LOCAL) +65-98168688

OTHERS-98168688

FEMALE

NOEMAIL

Address

62 TOH TUCK ROAD

#04-02

Postcode

596724

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

0

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

RAINING

Road Surface

WET

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE 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

SGJ8928K

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

LIYAN

NRIC/Passport Number

S7283410J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name

THAM SOOK CHENG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SHOULDER, NECK AND HAND

SBV39A

YES

NO

# SKETCH PLAN

# **IMPORTANT NOTICE**

- 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.
- 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.
- 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
- 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)
  - 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.

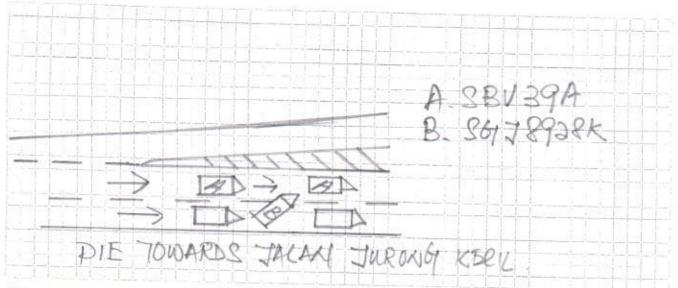
Your

Policyholder's Signature Date & Time:

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

00/11/18

Name: NRIC/FIN No.:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1:11-18 @ 1600 hours, I exited my ar SBV39A from PIE and
mavelled on the left land towards In Lymna Lock! My lateration
TO TIONAL STOLLING TOWN OFFICE ILLE IN THE INTERIOR OF THE
THE TOTAL TO
was travalling along the right I as so I is strong which
was travelling along the right lane (can only turn right to In
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car who my lane and turn left into the slin mad I realist
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not with standing the evasive action taken by me.
As a cosult at the soudest the
As a result of the accident, the right front partion was badly
charraged and date to the import Times not able to make
1119 411001.
I wish to state that I have ansulted my doctor for my
Shoulder, neck and hand pain after the accident. Tam making a 3rd party claim against say 89 - 8 k.
Jam norting a 3rd morticlains assist ac 19029 to
THING OF THE TY CHAINST SON 8748 K.

# DECLARATION

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

ham

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Agur 03/11/18

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:



BIK 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921. TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO:	39A	MAKE/MOD	EL:	SUBARU	
DATE OF ACCIDENT	DAY/MONTH/YEAR	TIME	16 HR	00	MIN AM(PM
LOCATION OF ACCIDENT	<u> 715</u>				ONH KREIL
EXACT PURPOSE USE DU	JRING ACCIDENT	GOINE	y Hou	١٦-	
CAR OWNER					
NAME OF CAR OWNER	THAM 800	K CEFEN	47		
CONTACT NO	98168688	4	100		
NRIC	81165876				
CLAIM TYPE		OD	1	THIRD PARTY	REPORTING ONLY
INSURANCE COMPANY	A161	<del></del>	<u></u>		17 <u>11111111111111111111111111111</u>
TYPE OF COVERAGE		COMPREHEN	NSIVE	THIRD PARTY	THIRD PARTY FIRE & THEF
POLICY NO	180006 2405				
ACCIDENT DRIVER		AS ABOVE	Г	IF NOT- KINDLY	FILL IN BELOW
NAME OF DRIVER	PHAM 800	K CHNU6	1 _		
NRIC	817658767		il.	NO OF PASSENGER,	/s O
DATE OF BIRTH	16-13-1966				
OCCUPATION				OUTDOOR	INDOOR
DATE OF DRIVING PASS	13 ADR 19915		Ar-		
GENDER	1.00			MALE	FEMALE
CONTACT NO	9816 8688		8		
ADDRESS	NO-67-40	H Tack	ROAI	0-AO# (	2(8) 596724
DRIVER OWN ANY VEHIC	NO/ IF YES- REGISTE		#=		
RELATIONSHIP	MPLOYEE/ IF NOT:	0001	URR	7	
WEATHER CONDITION		4 CLEAR	RAI	NING	OTHER:
ROAD SURFACE	L	DRY	WE	Т	OTHER:
ANY INJURIES		NO/ IF YES- NAM	E:		
CONTACT NO					
POLICE REPORT		NO/ IF YES- LOCA	TION:		
VIDEO FOOTAGE		NO/ YES			
3RD PARTY INFO					
VEHICLE B NO	361 8038	K.		NO OF PASSENGER	us two w
NAME	- Na - 20				
CONTACT NO					
VEHICLE C NO				NO OF PASSENGER,	/s
VEHICLE D NO		110400000000000000000000000000000000000	0	NO OF PASSENGER,	/s
VEHICLE E NO				NO OF PASSENGER/	'S
VEHICLE F NO				NO OF PASSENGER/	'S
ANY WITNESS					
WITNESS CONTACT NO		***************************************			





Lioance No. \$17658762

PASS DATE 13 Apr 1995



# CERTIFICATE OF INSURANCE

# SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: Tham Sook Cheng

Period of Insurance

: 31 May 2018 To 30 May 2019

Engine No.

: FB20YD66906

Chassis No.

: JF1SJ5KC5JG109151

Vehicle No.

: SBV39A

Policy No.

Issued Date

: 1800062405

Endorsement No.

: 20 Jun 2018

### ABOUT THE COVER

Make/Model

: SUBARU Forester 2.0i-L

Engine Capacity/Tonnage : 1,995.00 CC

Sum Insured : Market Value

First Year of Registration : 2018

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 inexpenenced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less

Age Condition

: All Age Condition

Limitation as to use\* :

ie only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving fulfion, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

\* 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

### EXCESS

Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Tham Sook Cheng - \$800 (Own Damage)

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

1 Motor Image Enterprises Pte Ltd. Add: 19 Lorong 8 Toa Payoh Singapore 319255 64170100

For other Approved Reporting Centres/AiG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 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 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 State (C

0500619227

TAN CHONG CREDIT SUBARU-CKL 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE SINGAPORE 589622

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE