

[verf. 1 Jan'03]

MMA 118153533

Date In:	Job description	Date & Time Completed	Done by
27 / 11 / 18 11:11	SAS e-filing		
Ref No: NA1 AIG18021366164	E-mail (within 3hrs, AIG 2hrs)		
Veh No: 5LY 9940 V	I-Motor Claim Form		
D.O.A : 26 / 11 / 18 16:35	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD : <del>TP</del> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (                      ) Tel:                      Fax:                      )

TP Particulars:	Veh No: <u>YM 331A</u>	INC ( ) / Non-INC ( )
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Owner / Driver: (	Tel: )
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Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by : ( \_\_\_\_\_ ) Date: \_\_\_\_\_ Time: \_\_\_\_\_ )

Insured/Driver Liability: (            %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

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

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

General Remarks:

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

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

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

100-443887-100

Remarks:	(INC 106 inches 6788 8616)		
1) Acetylene Gas / Density	1.109 g/cm <sup>3</sup>	2) Constant Gas /	

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) OC Check / Post Sample Inspection ( )		

2) QC Check / Post Repair Inspection	( )			
3) Upload Receipt Photo (Repair Cost > \$3000)	( )			

[illegible]

*Injury:* \_\_\_\_\_

Date/Time	Actions
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\_\_\_\_\_

1

\_\_\_\_\_

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Am (5) 3: AM (1)

NA1807770	Invoice Preparation Checklist	7/10/18	Add Bill
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Deedant's Particulars:-	1) AR : Accident Reporting (\$30);	30.00
	2) DA : Damage Assessment (\$100); INC (\$30)	

Driver/Owner:	3) TP + Towing Fee	\$40/\$45
		\$120

4) FT : Follow-Through Survey	\$30
5) FT : Follow-Through Survey (Resurvey)	\$30

For claiming against INC Only (wef 10 Jan 2000)	575
GATE - Reimbursement	

7) NI ; Idan DA + SMRT Survey	\$160
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	5) NTUC Additional Services:-	
	OD*	

• NS: Courtesy Car / Tpl Allowance	\$3
• NS: Basic Coordination	\$10

*N7: Post Repair Inspection	\$25
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TP (N11): TP (N-on INC) against INC	\$20
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9) N12: Idao Mobile	30
Number dated	Fee Charged

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	27/11/2018 11:11
Date Of Accident	26/11/2018 16:35
Exact Location Of Accident	STADIUM BLVD & STADIUM WALK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV9940U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOH MEI LIN ROSALIND
NRIC No	S0223006B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96157159
Alternative Phone No	OFFICE-96157159

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 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	1800006856
Cover Note Number	-

### Driver

Name of Driver	SOH MEI LIN ROSALIND
NRIC No	S0223006B
Date Of Birth	09/11/1951
Occupation	INDOOR
Date Of Driving Pass	25/02/1971
Driving Experience	47 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96157159
Fax Number	
Contact Number	OFFICE-96157159
Email Address	NOEMAIL

Address	5 BUANGKOK GREEN #06-06
Postcode	539748
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 - ROUNDABOUT
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?	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)	2
Passenger 1	
	NAME: : ANTHONY KOH
	GENDER: : MALE

#### 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	YN331A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	SOH MEI LIN ROSALIND
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SLV9940U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	ANTHONY KOH
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SLV9940U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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.
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:

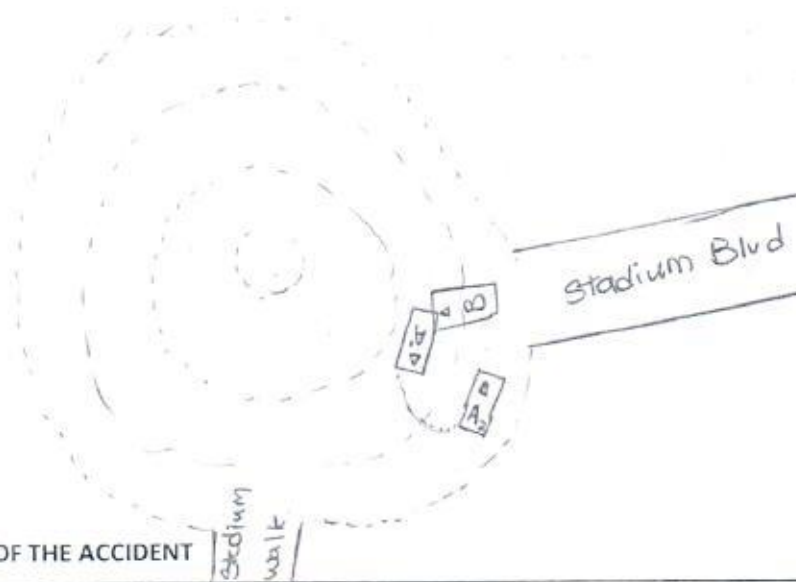


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/11/2018 at about 4:35 pm. I was in the roundabout.

I was in the middle lane suddenly vehicle B came out from stadium Blvd. without checking and stepping.

vehicle B then hit into my vehicle.

## DECLARATION

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



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.:

Date of Accident : 26/11/2018 Accident Time: 4:35pm (24-HR-Format)  
Accident Place : Stadium Bvd & Stadium Walk.  
Vehicle No. (Car Plate No.) : SLV9940U. Make/Model: mit At-trage 12  
Insurance Company : BIG Policy No: 1800006856  
Owner or Company Name /IC No. : SOH Mei Lin Rosalind. 902230068.  
Owner or Company Contact No. : 96157159. Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : AS above.  
DRIVER'S Date Of Birth : 09/11/1951 DRIVER'S License Pass Date 25 Feb 1971  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner.  
DRIVER'S Address : 5 Bunkok Green #06-06. Spire 539748.  
DRIVER'S Contact No./ Alt No. : 1) - 2) -  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : -  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 1 Passenger 1 Driver.

Was there any video Captured by car camera: YES (NO)

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): YES Driver & Passenger  
↳ Neck & Back pain. ↳ Neck & Back pain.

Other Party Driver's Particular (if any)

Vehicle No: <del>YN331A</del> YN331A	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

DATHONY KOL (MALE) - Neck & Back pain.

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S0223006B**

Name: **SOH MEI LIN ROSALIND**

Birth Date: **09 Nov 1951**  
Issue Date: **09 Dec 2003**

001041511D




**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S0223006B**

Name: **SOH MEI LIN ROSALIND**

Race: **CHINESE**  
Date of Birth: **09-11-1951** Sex: **F**  
Country of Birth: **SINGAPORE**





**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(IES)**

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Feb 1971

NP 428A

Licence No: **S0223006B**



2969711

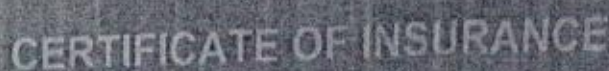
NRIC No: **S0223006B**

Blood Group: **AB+** Date of issue: **12-07-1997**

**5 HUANGHOK GREEN #06-06**  
**SINGAPORE 530743**

NRIC No: **S0223006B** Date: **10-05-1998** No: **2495225**



Name of Policyholder : Soh Mei Lin Rosalind  
Period of Insurance : 25 Jan 2018 To 24 Jan 2020  
Engine No. : 3A92UGR3505  
Chassis No. : MMBSTA13AJH001587

Vehicle No. : SLV9940U  
Policy No. : 1800006856  
Endorsement No. :  
Issued Date : 05 Feb 2018

Make/Model	: MITSUBISHI ATTRAGE 1.2 CVT	
Engine Capacity/Tonnage	: 1,193.00 CC	Sum I
Driver Restriction	: NA	Off Pe

Sum Insured	: Market Value
Off Peak Car	: No

First Year of Registration : 2018  
Insuring with COE/PARF : Yes

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 0-24 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, motoring 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 1500cc - 1600cc

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 93 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

Section 1 -  
Fire - \$0, Own Damage - \$500, Theft - \$0, Flood Cover - \$0

Section 2  
Property Damage - \$0

Wiedersehen: \$100

Named Driver and Excess (where applicable)

Son Mai Lin Rosalind - \$500 (Own Damage)

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

\* Cycle & Carriage Customer Service Centres (For windscreen claim only). Add: 20 Leng Kee Rd Singapore 159024 64706688  
 \* Cycle & Carriage Customer Service Centre (For windscreen claim only). Add: 330 Ulu Rd 3 Singapore 408650 67461000  
 \* Cycle & Carriage Body & Paint Centre. Add: 209 Pandan Gardens Singapore 609335 65654501

For other Approved Reporting Corbin/AIG Authorized Repairs, please contact our 24-hour accident emergency hotline at +65 8338 8200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://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: NA

(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. 183) Part IV of the Road Transport Act, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).)

0504523206

FULCOMIP2 - JASIT  
22, UBI ROAD # FULCO BUILDING  
SINGAPORE 408617

Underwritten by AIG Asia Pacific Insurance Plc. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd**  
AUTHORISED REPRESENTATIVE

DOI: 10.1002/for