

[wef 1 Jan'03]

Date In	Job description	Date & Time Completed	Done by
Ref No. NA/A1618021277/13	SAS e-filing		
Job No. SAH66096	E-mail (within 3hrs, A/C 2hrs)		
DOA 26/11/18	I-Motor Claim Form		
TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (TWINCAR) Tel: Fax:			
P Particulars:	Veh No: SMC38615	INC ( ) / Non-INC ( )	
Owner / Driver: ( )	Tel: ( )		
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 repairer.			
( ) Total Loss Case : to e-mail Insurer URGENTLY.			
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )			
Remarks:	(INC Hotline: 6788 6616)	Date & Time Completed	Done by
( ) Apply for Transport Allowance ( ) / Courtesy Car ( )			
( ) QC Check / Post Repair Inspection ( )			
( ) Upload Resurvey Photo [Repair Cost > \$3000] ( )			
Injury:			
Date/Time	Actions		
Remnant's Particulars:		Invoice Preparation Checklist	
Owner/Owner:		1) AR : Accident Reporting (\$30);	
Contract No:		2) DA : Damage Assessment (\$100); INC (\$80)	
Damaged Portion:		3) TP : Towing Fee \$40/\$45	
Checked by (Engr-In-Charge):		4) PT : Follow-Through Survey \$120	
editors' Comments :		5) PT : Follow-Through Survey (Resurvey) \$30	
		For claiming against INC Only (wef 10 Jan 2009)	
		6) TR : Re-inspection \$75	
		7) NI : Idao DA + SMRT Survey \$160	
		8) NTUC Additional Services:-	
		ON*	
		*N5: Courtesy Car / Tpt Allowance \$5	
		*N6: Repair Coordination \$10	
		*N7: Post Repair Inspection \$25	
		*N8: DV / Collect Excess Coordination \$5	
		TP (N11) : TP (Non INC) against INC \$20	
		9) N12: Idao Mobile 30	
		Invoice 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 14:07
Date Of Accident	26/11/2018 15:15
Exact Location Of Accident	B4 ENTERED INTO MALAYSIA CIQ
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA6609G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOH FLORICULTURE SUPPLIES
Co Reg No	49686800D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67624046

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	2100054638-10
Cover Note Number	

### Driver

Name of Driver	LIM LEIGH FEN
NRIC No	S7484154F
Date Of Birth	30/05/1974
Occupation	INDOOR
Date Of Driving Pass	16/08/2001
Driving Experience	17 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97313482
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 307 BUKIT BATOK ST 31 #11-117
Postcode	650307
Was driver an employee of the Insured's Company	YES
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 - CHANGE/CROSS LANE
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?	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: : UNKNOWN
	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

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	SMC3881J
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:



Driver's Signature

(If driver is not the policyholder)  
Date & Time:



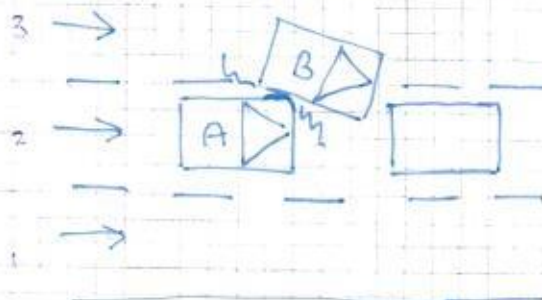
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

RIGHT BEFORE SLOPE DOWN ENTERING INTO CIQ MALAYSIA

VEHICLE A - SJA 6609 G

VEHICLE B - SMC 3881 J



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ON THE CENTRE LANE OF A THREE LANE CARRIAGE WAY.

WHILE DRIVING STRAIGHT AHEAD AND DUE TO HEAVY TRAFFIC, I BECAME TO COMPLETE STOP. WHILE STATIONARY, SUDDENLY A VEHICLE CUT INTO MY LANE FROM THE LEFT SIDE OF MY VEHICLE AND HIT ONTO THE LEFT FRONT PORTION OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH CAR PLATE (SMC 3881 J) THAT HIT ONTO MY VEHICLE WHILE CUTTING INTO MY LANE.

VEHICLE A - SJA 6609 G

VEHICLE B - SMC 3881 J

*[Handwritten signature]*

## DECLARATION

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

*[Handwritten signature]*  
Policyholder's Signature

Date & Time:

*[Handwritten signature]*  
Driver's Signature

(If driver is not the policyholder)  
Date & Time:

*[Handwritten signature]* 27/11/18

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



<b>Vehicle No.</b>	SSA66096	<b>Model / Make</b>	TOYOTA ALTIS
<b>Date of Accident</b>	26/11/2018		
<b>Time of Accident</b>	1515	<b>HRS</b>	
<b>Location of Accident</b>	Before ENTER INTO MALAYSIA C.A		
<b>Exact purpose use during accident</b>	PRIVATE USE		
<b>Name of Owner</b>	TOH FLORICULTURE SUPPLIES		
<b>Telephone No.</b>	H/P:	Home:	Office: 6762 4046
<b>NRIC</b>	496868000		
<b>Address</b>	90 JALAN USKAR S(698952)		
<b>Claim type</b>	OD	<u>THIRD PARTY</u>	REPORTING ONLY
<b>Insurance Company</b>	AIG		
<b>Type of Coverage</b>	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	2100054538-10		
<b>Name of Driver</b>	As Above If <u>No</u> , LIM LEIGH FEN		
<b>NRIC</b>	57484154 F	<b>Any Passengers:</b>	1 (MALE)
<b>Date of birth</b>	30/05/1974		
<b>Occupation</b>	Outdoor / <u>Indoor</u>		
<b>Driving License Pass Date</b>	16 Aug 2001		
<b>Gender</b>	Male / <u>Female</u>		
<b>Contact No.</b>	H/P: 9731 3452	Home:	Office:
<b>Address</b>	BLK 307 BUKIT BATOK ST 31 #11-117 S(650307)		
<b>Driver have any own vehicle</b>	<u>No</u> If yes, Reg No.		
<b>Relationship</b>	<u>Employee</u> , If no, state		
<b>Weather condition</b>	<u>Clear</u> , Raining Other		
<b>Road Surface</b>	<u>Dry</u> , Wet Other		
<b>Any Injuries</b>	<u>No</u> , If Yes, Who?		
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	<u>No</u> If Yes, Where?		
<b>Vehicle B No.</b>	SMC 3881 J	<b>Any Passengers:</b>	
<b>Name of Driver</b>		<b>Contact No.:</b>	
<b>Vehicle C No.</b>		<b>Any Passengers:</b>	
<b>Vehicle D No.</b>		<b>Any Passengers:</b>	
<b>Vehicle E no.</b>		<b>Any Passengers:</b>	
<b>Vehicle F No.</b>		<b>Any Passengers:</b>	
<b>Vehicle G No.</b>		<b>Any Passengers:</b>	
<b>Witness Name</b>		<b>Witness Contact:</b>	
<b>Accident Portion</b>	LEFT FRONT PORTION		
<b>Camera Recorder</b>	Yes / <u>No</u>		
<b>Email Address</b>			
<b>HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?</b>			
		Yes / No	
<b>PARTICULAR WORKSHOP</b>	TWINAR AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	Sales@n5f.com.sg		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7484154F



Name

LIM LEIGH FEN

林 丽 芬

Race

CHINESE

Date of birth

30-05-1974

Sex

F

Country/Place of birth

MALAYSIA



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7484154F

Name

LIM LEIGH FEN

Birth Date 30 May 1974

Issue Date 02 Oct 2003



1000878857H

5897271



NRIC No S7484154F



Date of issue

22-03-2018

Address

APT BLK 307 BUKIT BATOK STREET 31  
#11-117  
SINGAPORE 650307

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

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	16 Aug 2001
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	16 Aug 2001



Licence No: S7484154F

NP 428A





# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Toh Floriculture Supplies  
Period of Insurance : 17 Dec 2017 To 16 Dec 2018  
Engine No. : 3ZZ4704614  
Chassis No. : MR053ZEC107156597

Vehicle No. : SJA6609G  
Policy No. : 2100054638-10  
Endorsement No. :  
Issued Date : 05 Dec 2017

### ABOUT THE COVER

Make/Model : TOYOTA COROLLA ALTIS 1.6  
Engine Capacity/Tonnage : 1,598.00 CC  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2007  
Insuring with COE/PAF : Yes

#### Person or Classes of Persons Entitled to Drive\*

Any person who is driving on the Policyholder's order or with their 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 1500cc - 1600cc Optional

\* 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 included under these headings.

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.  
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](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

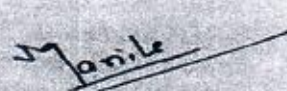
Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

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 the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1955 (Malaysia).

0168005000

TEOH GEK HOI @ JENNY TEOH  
371 ALEXANDRA ROAD #06-28 AIA ALEXANDRA  
SINGAPORE 159963 SP-PETERHSLIM

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

  
AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

SSPDCH