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	I-Motor W/O	(Within: OD 2hr	(, TP 4hrs)			
OD / TP / Reporting Only	i-Photo Upioa	i-Photo Uploaded				
WORKS	Assessment/Sur	vey Report			* ••	
TP Insurer:	Ass't Report by	Ass't Report by Pax / Hand to				22/84/27/27/2
Proforred Wksp / INC Assign Wksp / QW: (and the construction of		Tel:	Fax:		1
TP Particulars: Veh No:	SUN 6806 P-	. INC(.)/Non-INC(
Owner / Driver: (200 1/4 00		Tcl:)	
Policy No: () F	Period: ()	Cover Type: ().	
Confirmed by : (Date:	Timer)	
Insured/Driver Liability: (%)	[Note-Est. Status (W	O): N: 0-2	0%; P: 21-79%. P:	80-100%]	ــــــــــــــــــــــــــــــــــــــ
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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

国际是国际公司的政治和企业共享	ACCIDENT STATEMENT		
Date Of Report	11/01/2019 12:57		
Date Of Accident	10/01/2019 16:35		
Exact Location Of Accident	LORONG 6 TOA PAYOH SLIP ROAD TO PIE (CHANGI)		
Country/State of Loss	SINGAPORE		
1921 AND TO SEE SEE SEE SEE SEE	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SGZ5066H		
Insured/Policyholder			
Name Of Registered Owner	LEE SOK NOI		
NRIC No	S6941329C		
Email Address	SEANCHEW@CHINSENGHIN.COM.SG		
Mobile Phone No	(LOCAL) +65-97471433		
Alternative Phone No	OTHERS-98634540		
Vehicle Particulars			
Manufacturer	DAIHATSU		
Model	MATERIA-1.5 (A)		
Exact Purpose for which vehicle was being used at time of accident	116/16/11/06/06/11/11/11/11/11/11/11/11/11/11/11/11/11		
Are you claiming under your own insurance policy for repair to your vehicle?	NO		
If No, Please state action to be taken	REPORTING ONLY		
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	2100172642-09		
Cover Note Number			
Driver			
Name of Driver	VERASAK SAE-CHEW		
NRIC No	S7298030A		
Date Of Birth	06/02/1972		
Occupation	INDOOR		
Date Of Driving Pass	09/07/1996		
Driving Experience	22 YEARS AND 6 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-98634540		
Fax Number			
Contact Number	OTHERS-97471433		

SEANCHEW@CHINSENGHIN.COM.SG

Address

BLK 133 LORONG AH SOO

#08-438

Postcode

530133

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

.

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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

PLEASE REFER TO SKETCH PLAN

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

SLW6806P

Vehicle Make/Model/Colour

HONDA SHUTTLE

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

WONG WING HOONG, ANDY

NRIC/Passport Number

S8627497C

Contact Number

83289432

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel

Name:

NRIC/FIN No .:

Policyholder's Signature Date & Time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

00 10-Ton 2019 of what A 25 am 1 what 1 11 A
On 10 Jan 2019 at about 435 pm, I was driving My Car bearing registration Number SB 25066 H along
Lamber Saz Soon along
wrong 6 Too payon, While at the Slip road of
Lorong 6 Tou payon toward PIE changi. I stoppe
· my vehicle before the Slip Food as there are Many
cars on PIE, while waiting for the cars to
Clear and its safe to enter PIE; Suddenly I felt
an impact from the rear, I alighted from from
my vehicle when it is softe to do so. I has inspect
My vehicle and found that my Vehicle is domaged
at the Rear portion body and It was unable
to Open My Rear door or car boot, When exchange
Our particulars the driver of the Venicle SLW 6806P
Mr. Andy Work Wing Honny of 16 S 86274976
said that he is storry to bong my vehicle from the law
And willing to bear all responsible.
DECLAPATION.

DECLARATION

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

Verasak Cae Chew

Driver's Signature

(If driver is not the policyholder)

Date & Time: 11.15am . /1 Jon 2019 NRIC/FIN No.:

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

GWRAM SketchFlanform V-r

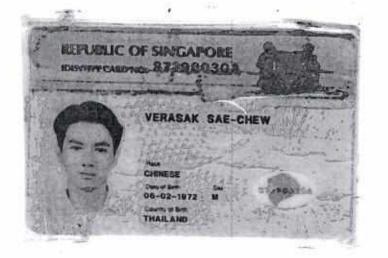
Policyholder's Signature

Date & Time:

ACCIDENT STATEMENT

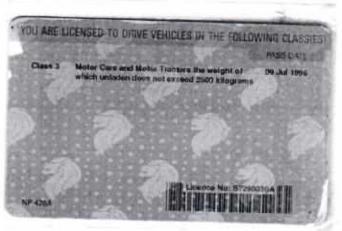
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ACCIDENT DATE: 10,01, 2019 (DD/MM/YYY), TIME: 6 35 (HH:MM)
LOCATION: Lorong 6 Toa Payoh, Slip Road to PIE (change
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: SGZ 5066 H b) INSURANCE COMPANY: A IGI c) POLICY NUMBER: d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) e) MAKE & MODEL: Da ha TSu Motorcycle / Others) f) TYPE: (SALOON / COUPE / MPY / V AN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YESVIO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: LEE SOK NOI (MALE (FEMALE)) b) NRICATIOPASSPORT: S 694 1329 C CONTACT: 9747 1433 c) ADDRESS: BIK 44. Sims 4 108 - 167 *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Cincluding driver) DRIVER DRIVER ALSO POLICY HOLDER Cincluding driver) DRIVER DINAME: VERASAK SAE CHEW (MALE) FEMALE) 98634541 DINAME: SAE CHEW (MALE) FEMALE (MALE) 98634541 DINAME: SAE CHEW (MA
ODATE OF BIRTH: (06 /02 / 1972)(DD/MM/YYYY) B)OCCUPATION: (INDOOR / OUTDOOR) 1) DATE OF DRIVING PASC 17 July 2003 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES (NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: BOYGHTOO DIWEATHER CONDITION: CLEAR RAINING / OTHERS b) ROAD SURFACE (DRY) WET / OTHERS
6. WAS ANYBODY INJURED (YES (NO) 7. DIREPORTED TO POLICE (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION:
(2) 9. THIRD PARTY VEHICLE Wong Wing Hoong Phoy O NRIC/FIN/PASSPORT: 86 27497C CONTACT: 83289432. Wo of passenger of VEHICLE NUMBER: MODEL: MODEL: Honda Shuttle MODEL: Honda Shuttle MODEL: Honda Shuttle MODEL: MOD
Induding driver) f) DRIVER'S NAME:

email = Seanchew Ochin seng hin com, sg. VIDBO : No Video











CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: Lee Sok Nol

Period of Insurance

: 01 Nov 2018 To 31 Oct 2019

Engine No.

1 1843367

: JDAM402S001005411 Chassis No.

Vehicle No.

: SGZ5066H

Policy No.

: 2100172642-09

Endorsement No.

Issued Date

: 18 Oct 2018

ABOUT THE COVER

Make/Model

DAIHATSU DAIHATSU MATERIA

Sum Insured : Market Value

First Year of Registration

Engine Capacity/Tonnage : 1,495.00 CC

Driver Restriction

Off Peak Car : No

Person or Classes of Persons Entitled to Drive*:

: NA

Insuring with COE/PARF : Yes

a) The Poscyholder to Avis other person who is driving on the Policyholder's order or with his/her permission.
to Avis other person who is driving on the Policyholder's order or with his/her permission.
This Folicy will indemnify the Policyholder or any authorised driver only if heistne meets the spourfied age continue.

You have to pay an additional sum of \$3,000 as "inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience

Age Condition

: 35 years old and above

Use cirtly for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, cirting tunion, 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

tion 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cep. 188) and Section 95 of the Road Transport Act, 1987 (Melaysia), are not to be * Limitations randered inoperative by 5 included under these headings.

EXCESS

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Lee Sok Noi - \$600 (Own Damage)

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

Approved Repairing Centred AIG Authorised Repairers (For claims related repairs.)

Any accident repairs to the Vehicle must be paried 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 Requirers, please contact our 24-hour accident emergency hottine at +65 6336 6200. Alternatively, You may refer to AIG website www.aig.com.sg or AIC SG Mobile App. Simply search and download "AIG SG" from ITunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OCBC Bank Ltd

We havely cartify that the policy to which this Certificate of Insurance relates is leaved in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of Stressport Act. 1987 (Maleysia) and Motor Vehicles (Third Party Risks) Rules. 1959 (Melaysia)

0500658000

COWELL INSURANCE (AGENCY) PL BURN ROAD NOS-OR TRIVEX IINGAPORE 369977 ANSP-NONLIFE

Indepartition by AIG Asia Basine

AIG Asia Pacific Insurance Pte. Ltd.