139(# 10) K	Centre Services		Date &Time Completed	Done by	
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Ref No: 49 A1 4 19 000905/24	E-mail (within 8	Shrs, AIC 2hrs)			4
Veh No: (61 7757)	i-Motor Clair	m Form			
D.O.A: 14/1/19 - 09:40	i-Motor W/O	(Within: OD 2hr	, TP 4hrs)		
OD TP Reporting Only	i-Photo Uplo		1		
	Assessment/Su	rvey Report			
TP Insurer:			o Owner/Wksp		
Preferred Wksp / INC Assign Wksp /			Tel:	Fax:	
	No: WAYV96K .	. INC ()/Non-INC().		
Owner / Driver: (17.700		Tel:)	
Policy No: () Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (\	WO): N: 0-2	10%; P: 21-79%. P: 80)-100%]	-
Year of Registration: () Warranty: YES ()/NO()		
	ling: \$1,000 ()/\$2,000)()	10 Commenced #1 (100 To 100 To	>183 - 17. T.	
General Remarks:-			Test Property and the second	13 (20 h) 1 1 1 2 2	- 1
() Walk-In Customer : Custo	mer's information strictly Co	onfidential & S	trictly NO refer of repaire	er	-
() Total Loss Case : to e-m	ail Insurer URGENTLY.	¥0	9-1-5		
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Remarks: (INC horline: 678		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		10.72.10	
1) Apply for Transport Allowance	The state of the s	,		-	
a) OO Charle / Door Dennis Incharl	tion ()			
2) QC Check / Post Repair Inspect					
3) Upload Resurvey Photo [Repair	r Cost > \$3000] ()			
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SINGAPORE ACCIDENT STATEMENT

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.
- 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.
- 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

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15/01/2019 14:54 Date Of Report 14/01/2019 09:40 Date Of Accident

BKE TWDS PIE AFTER DAIRY FARM RD EXIT Exact Location Of Accident

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

SGT775J Vehicle Registration Number

Insured/Policyholder

LAMBERT ALDINO RUMAMBI KAMALDIN Name Of Registered Owner

S80208661 NRIC No NOEMAIL **Email Address**

Mobile Phone No (LOCAL) +65-92396040 OFFICE-92396040 Alternative Phone No.

Vehicle Particulars

KIA Manufacturer

SORENTO 2.2(A) CRDI 2WD S/R Model

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?

THIRD PARTY

NO

If No. Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

AIG ASIA PACIFIC INSURANCE PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

2100504641-01 Policy Number

Cover Note Number

Driver

LAMBERT ALDINO RUMAMBI KAMALDIN Name of Driver

S8020866I NRIC No. 16/07/1980 Date Of Birth OUTDOOR Occupation Date Of Driving Pass 09/10/2001

17 YEARS AND 3 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-92396040 Mobile Number

Fax Number

OFFICE-92396040 Contact Number

NOEMAIL FMail Address

BLK 437 FAJAR ROAD Address

#08-378

Postcode 670437

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 CHAIN COLLISION

Weather Conditions CLEAR DRY Road Surface

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

4

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

Was any other material or property damaged?

I have been approached by unknown person(s)

YES NO

4

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME:

NAME:

.

: NURLIANAH BINTE NURUDDIN

Passenger 1

GENDER: : MALE

Passenger 2 NAME:

> GENDER: : FEMALE

Passenger 3

: FEMALE GENDER:

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

REFER TO 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

WA4296K

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

SKU4845L

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKM2213R

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

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

NURLIANAH BINTE NURUDDIN Name

Approximate Age

BODY Injuries Sustain SGT775J Injured person in which vehicle? Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode NO

SKETCH PLAN

IMPORTANT NOTICE

- 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 Delver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow indurance companies to <u>repudiate policy flability</u>.
- 4. The issue and seceptance of this Form by incurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false recording 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 interested parties.
- By the lodgment of this report to the insurers, you hareby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- S. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (s) 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 onpossessed 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:
 - 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 maling 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 peckages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my dains. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/(avt firms, may/are parrefitted to collect, uso, disclass 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 GtA to their third party service providers or agents (including their lawyers/aw firms), which may be sited certaide of Singapore, for one or more of the above Purposes.
- (a) thy 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.

Folloyholdera Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

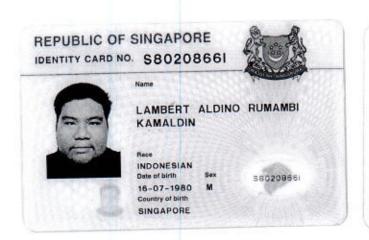
Reporting Centro Personnel's Signature Name:

NRIC/FIN No.:

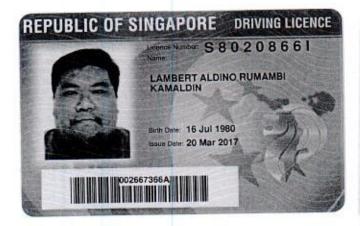
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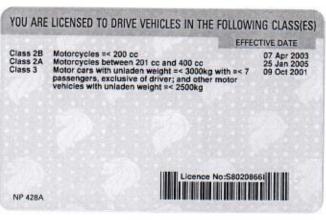
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DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
Un the above St	area date and time, I von	A (SGT 775J) was travelling
along BKE TOWN	DE MIE . VEH C (SKU4845	L) which was introot of me
came to a stop.	I managed to stop intime	. I then felt an impact from
my vehicle rear	. I alighted to find out +	hat VEH B (WAAZ96K) have
failed to stop	in time and collided into	my which year potion. The
impact causes m	y vehicle to proper forma	ed and collided into VEH C.
I found out the	tises involved in a d	oth didy neither also
include VEH D		The same of the sa
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ofeyholder's Signature	Orivos's Signature	Reporting Centre Personne's Signature
ate & Times	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

Date of Accident	: 14/1/9 Accident Time: 09.40 (24-HR-Format)
Accident Place	: BKE IPIE after doing farm Exit
Vehicle Reg. No. (Car Plate No.)	SAT 775 J
Vehicle Make/Model	: Kia Soreato 2-2 A Diesel
Issurance Company	Policy No. 2103564641-01
Owner or Company Name /IC No.	: Lambert Aldino Rumandi 58020866 I
Owner or Company Contact No.	: 9139 6040 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: As Above
DRIVER'S Date Of Birth	DRIVER'S License Pass Date 09 /10 2001
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: on U
DRIVER'S Address	: Blk 437 For Rd 408-378 s(670437)
DRIVER'S Contact No./ Alt No.	:1) 4139 6040 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 D	
Was there any video Captured by continuous Exact purpose for which vehicle was	ar camera: YES \ NO as being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if anv)
Vehicle Reg. No: W# 4296k	CB) Vehicle Reg. No: Sku H845L (c)
Vehicle Make Model: Myvi	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	
Driver's Contact & Add:	
Vehicle Reg NO. SKM 2213 R (4)











CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: Lambert Aldino Rumambi Kamaldin

Period of Insurance Engine No.

: 22 Mar 2018 To 21 Mar 2019 : D4HBHH309872

Chassis No.

: KNAPH81BMH5318510

Vehicle No.

: SGT775J

Policy No.

Endorsement No. Issued Date

: 2100504641-01 : 16 Mar 2018

ABOUT THE COVER

Make/Model

: KIA SORENTO 2.2 A DIESEL

Engine Capacity/Tonnage : 2,199.00 CC

Sum Insured : Market Value

First Year of Registration : 2017

Driver Restriction

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

a) The Policyholder by 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 than 2 years' driving expenence.

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 fust, 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

* Limitations rendered inoperative by Section 6 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

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

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Lambert Aldino Rumambi Kamaldin - \$600 (Own Damage)

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

- Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
 Cycle & Carriage Customer Service Centre (For Windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278600
- 3 Cycle & Carriage Customer Service Centre (For windscreen claim only). Add: 330 Ubi Rd 3 Singapore 408850 67461000

For other: Approved Reporting Centres/AID Authorised Repairers, please contact our 24-hour accident emergency hottine 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: Daimler Financial Services Africa & Asia Pacific Ltd

I/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 (Microysia) and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia).

0500709274

CYCLE & CARRIAGE - ALTHAM(KIA)

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE