

NATIONAL Assessment Centre Services [ver 1 Jan 05] MMA 119011486.

Date In: 24/1/19 11:21	Job description	Date & Time Completed	Done by
Ref No: MA/ AIG 190015741h4.	SAS e-filing		
Veh No: SDJ 2929H	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 22/1/19 14:40.	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SJW 900FE. 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:	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars:	Invoice Reimbursement Checklist	Am't (\$)	Am't (\$)
Driver/Owner:		Bill	Add'l Bill
Contact No:	1) AR: Accident Reporting (\$30);		
Damaged Portion:	2) DA: Damage Assessment (\$100); INC (\$50)		
QC Checked by (Engr-In-Charge):	3) TP: Towing Fee \$40/\$45		
Auditors Comments:	4) FT: Follow-Through Survey \$120		
Pl. 1:	5) FT: Follow-Through Survey (Resurvey) \$30		
Pl. 2/3:	For claiming against INC Only (ver 10 Jan 2005)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N'n 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	24/01/2019 11:21
Date Of Accident	23/01/2019 14:40
Exact Location Of Accident	WOODLANDS CRES NEAR TO BLK788A CARPARK ENTRANCE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDJ2929H
Insured/Policyholder	
Name Of Registered Owner	KAM KIAN POH
NRIC No	S1273806D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97312767
Alternative Phone No	OFFICE-97312767
Vehicle Particulars	
Manufacturer	SUBARU
Model	XV 2.0I-S EYESIGHT AWD 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	1800064088
Cover Note Number	-
Driver	
Name of Driver	KAM KIAN POH
NRIC No	S1273806D
Date Of Birth	26/09/1957
Occupation	INDOOR
Date Of Driving Pass	09/02/1982
Driving Experience	36 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97312767
Fax Number	
Contact Number	OFFICE-97312767
EMail Address	NOEMAIL

Address	BLK 788C WOODLANDS CRES #08-162
Postcode	733788
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 - HEAD ON COLLISION
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?	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: : KHAING MAN OO
	GENDER: : FEMALE

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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW9008E
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)

DETAILS OF INJURED PERSON 1

Name	KAM KIAN POH
Approximate Age	
Injuries Sustain	LEG, NECK, SHOULDER
Injured person in which vehicle?	SDJ2929H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	KHAING MAN OO
Approximate Age	
Injuries Sustain	NECK, SHOULDER, BACK
Injured person in which vehicle?	SDJ2929H
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.
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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:

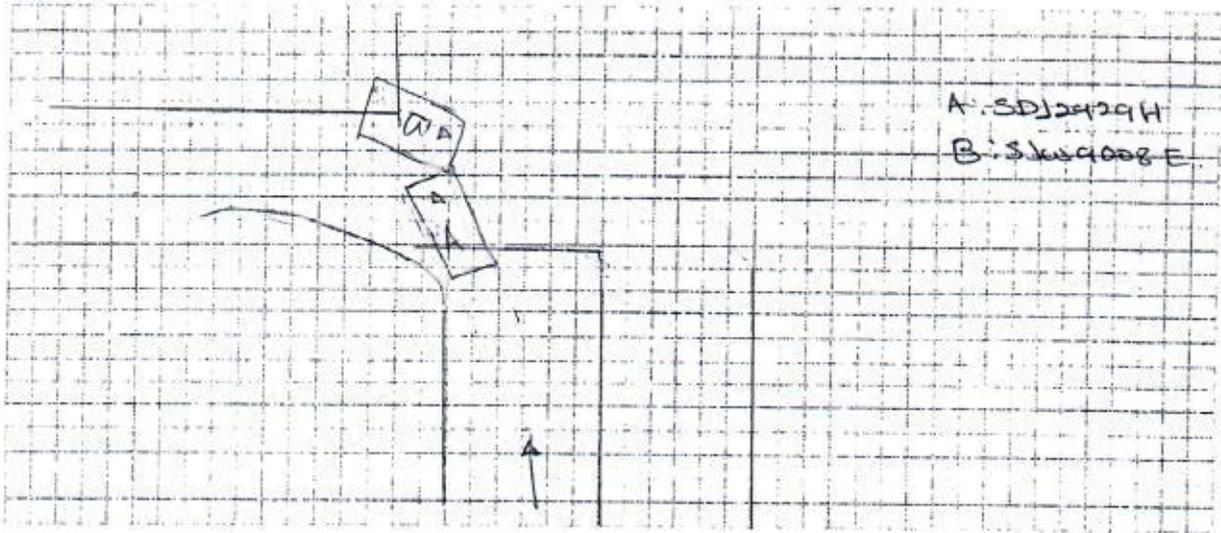


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/04/18 at about 14:42. I was travelling in Woodlands
 Crescent near to BIK 788A Carpark. My vehicle B was
 at the stopline. I observed that there were ~~no~~ no vehicles
 moved.
 I was moving forward slowly. Suddenly vehicle B
 came from opposite direction, without stopping at the
 stopline & collided 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 : 23/01/19 Accident Time: 14:42 (24-HR-Format)

Accident Place : Woodlands Crescent, ^{NET} Opp. to Blk 788A, Carpark entrance.

Vehicle No. (Car Plate No.) : SDJ2929H Make/Model: Subaru XV 2.0

Insurance Company : AIG Policy No: 1800064088

Owner or Company Name /IC No. : Kam Kian Poh. 3073806D.

Owner or Company Contact No. : 97312767 Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No. : AS above

DRIVER'S Date Of Birth : 26/09/1957 DRIVER'S License Pass Date 09/02/1982

Relationship of Owner & Driver : Spouse | Parents | Children | Sibling | Employee | Others: -

DRIVER'S Address : Blk 788C Woodlands Crescent. 408-162
8733782

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): Driver & 1 passenger.

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 : leg & neck & shoulder.
Passenger : neck & shoulder & back.

Other Party Driver's Particular (if any)

Vehicle No: <u>SDW 4008 E. (NTUC)</u>	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:**

1. Khaing Mar Oo Female 

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1273806D



Name
KAM KIAN POH
甘建保

Race
CHINESE

Date of Birth
26-09-1957

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number **S1273806D**

Name
KAM KIAN POH

Exp. Date **26 Sep 1957**

Issue Date **29 Jan 2003**

000150051J

2500914



S1273806D 4346



Ward Group Date of issue
A+ 19-10-1994

APT BLK 788C WOODLANDS CRESCENT #08-162
SINGAPORE 733788
S1273806D 25/08/2013

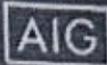
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	09 Feb 1992

NP 429A

License No: S1273806D





CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Kam Kian Poh
 Period of Insurance : 01 Jun 2018 To 31 May 2019
 Engine No. : FB20YC42679
 Chassis No. : JF1GT7KL5JG026763

Vehicle No. : SDJ2929H
 Policy No. : 1800064068
 Endorsement No. :
 Issued Date : 19 Jun 2018

ABOUT THE COVER

Make/Model : SUBARU XV 2.0I-S EYESIGHT AWD CVT
 Engine Capacity/Tonnage : 1,995.00 CC
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2018
 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 \$3,600 as "Young and/or Inexperienced Driver Excess" ("YIDIE") 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

* 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 - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Kam Kian Poh - \$800 (Own Damage)

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

1 Motor Image Enterprises Pte Ltd Add: 18 Liming 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 8200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG 50 Mobile App. Simply search and download "AIG 50" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

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, 1989 (Malaysia).

0500819213

TAN CHONG CREDIT SUBARU-TJO
 911 BUKIT TIMAH ROAD
 SINGAPORE 589622

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE