NATLONAL Assessment Centre Services. per 130001. MNA 119 0 3 3220. Date In: 1213119 Job description Date & Time Completed Done by 14:21 Ref No: MAI AIG 1900, 4466 164. SAS c-filling Vch No: E-mail (within this, AIC 2hrs) SFK 321U D.O.A.: 1213/19 06:30. i-Motor Claim Form I-Motor W/O (Within: OD 2hrs, TP 4hrs) (1) Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Proferred Wksp / INC Assign Wksp / QW: (Fax: TP Particulars: Veh No: INC ()/Non-INC (SLP 3369 R. 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(Gone of the inhalt was the state of the second state of the control of the contro) 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: ((1862 (160)(ne : 679)(1616)(N 1) Apply for Transfort Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection .) Upload Resurvey Photo [Repair Cost > \$3000] Injury : MA1901942 The little bad bin Chimant's Particulars 1) AR : Accident Reporting (530); 2) DA : Damege Assessment (\$100) INC (550) Driver/Owner: 3) TF : Towing Fee \$40/\$45 4) FT : Pollow-Through Survey \$120 Contact No: 5) PT : Pollow-Through Survey (Resurvey) 230 For claiming against INC Only (wof 10 Jan 2005) Damaged Portion: 6) TR: Re-Inspection \$75 7) NI : Idao DA + SMRT Survey \$160 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): 22 *N5: Courtesy Cor / Tpt Allowence * N6: Repair Co-ordination 510 Auditors Comments : * N7; Fost Repair Inspection \$25 *NS: DV / Collect Excess Coordination 22 Cat. 1: TP (N11): TP (Non INC) against INC \$20 9) N12: Idna Mobile 1 2/3; Involve dated Fee Charges MARIN Fee Charged Involce dated

in per or a per

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 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.
- 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

	ACCIDENT STATEMENT		
Date Of Report	12/03/2019 14:21		
Date Of Accident	12/03/2019 06:30		
Exact Location Of Accident	ALONG TANAH MERAH KECHIL RD		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SFK321U		
Insured/Policyholder			
Name Of Registered Owner	WONG CHUNG LOK JOSEPH		
NRIC No	S2671337D		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-92954808		
Alternative Phone No	OFFICE-92954808		
Vehicle Particulars			
Manufacturer	SUBARU		
Model	FORESTER		
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	2100504758-01		
Cover Note Number			
Driver			

Name of Driver WONG CHUNG LOK JOSEPH

NRIC No. S2671337D Date Of Birth 16/02/1967 Occupation **INDOOR** Date Of Driving Pass 11/06/1998

Driving Experience 20 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92954808

Fax Number

Contact Number OFFICE-92954808

EMail Address NOEMAIL Address 6 PARI DEDAP WALK #05-05

Postcode 486060

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

-

2

NO

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 (including own vehicle) involved in the accident 2

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES
I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : WONG PU MING

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?

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 SLP3369R

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

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 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)
 - 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;
 - 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

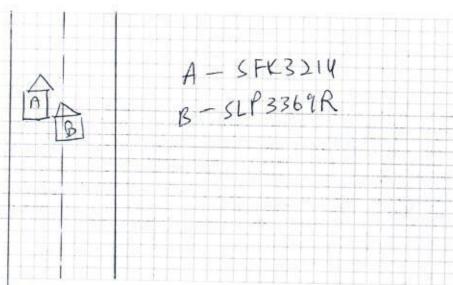
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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A aling	Turah	merah	kechil	Road.	1 stop	at the	traffic
		red ligi					
proceed	to dr	ive off	. Sudden	ly rel	icle B	cut	into
my lune	. and	hit v	n mj	RH Side	L New	portion.	
						The state of the s	

DECLARATION

Date & Time:

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

Wang Chung Wh Form

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

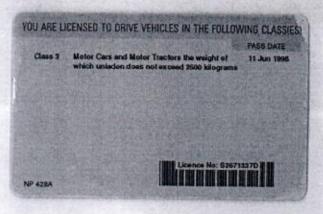
NRIC/FIN No.:

Date of Accident	: 12/3/19 Accident Time: 6. 30am (24-HR-Pormat)
Accident Place	: Along Turah Merah Kechil Road
Vehicle, No. (Car Plate No.)	: SFK 3214 Make/Model: Subary Forester 2.
Insurace Company	: AlG Policy No: 2100504758-01
Owner or Company Name /IC No.	
Owner or Company Contact No.	Company Tel
DRIVER'S Name / IC No.	: as above
DRIVER'S Date Of Birth	: 16/2/1967 DRIVER'S License Pass Date 11/6/1996
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: _Owner
DRIVER'S Address	: 6 Pari Delap walk . #05-05 5486060
DRIVER'S Contact No./ Alt No.	:1)
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 Dr.	iver): 2 person
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):	camera: YES NO being used at the time of accident: Private use \ Work purpose
Other Pa	urty Driver's Particular (if any)
Vehicle. No: SLP 3369	R (NTUC) Vehicle. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	
IC No. Driver/Contact:	The state of the s
* NEW - Passenger's name & g	

Wong Pu Ming (M)











CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Wong Chung Lok Joseph

Period of Insurance

: 27 Mar 2018 To 26 Mar 2019

Engine No. Chassis No.

: FB20Y556114 : JF1SJ5KC5HG084051 Vehicle No.

: SFK321U

Policy No.

: 2100504758-01

Endorsement No.

Issued Date .

: 13 Feb 2018

ABOUT THE COVER

SUBARU Forester 2.0i-L

Driver Restriction

Engine Capacity/Tonnage : 1,995.00 CC

Sum Insured : Market Value

First Year of Registration : 2017

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*;

: NA

a) The Policyholder to Any other person who is driving on the Policyholder's order or with fusible promission. This Policy will indigently the Policyholder or any authorised driver only if heldre meets the specified age condition.

You have to pay an artisticinal sum of \$3,000 as "Young and/or (nexpanienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unstand) is under the age of 23 and/or has less than 2 years' driving experience.

Off Peak Car : No

Age Condition

: All Age Condition

Limitation as to use: ;

Use cost, for about dumestic and pleasure purposes and for the Policytoider's business. This Policy does not cover use for him or reward, dreing little, during lest, racing, page-making, reliability stal or specificating the carriage of posts offer than samples in connection with Motor Trade.

Lusa of Use 1500cc - 1600cc

* Limitations rendered impossive by Section 8 of the Motor Vehicles (Thint-Party Risks and Compensation) Avt. (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under transport made in the followings.

EXCESS

Section 1 Fire - S0 Dan Damage - \$800 Theh - \$0 Flood Cover - \$D

Section 2 Property Domage - Sti

Windscreen: \$100

Named Driver and Excess satisfic applicable)

Wong Chung Lok Joseph - \$800 (Own Damage)

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

For other, Augmoved Reporting Centres/AIG Authorised Reportins, please contact our 24-hour accident entergency holine at 455 6338 5200. Alternatively, you may refer to AIG website warming.com.sg. or AIG SQ Maste App. Surply search and document "AIG SQ" from France or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

(We heleby certify that the policy to which Pris Certificate of Insurance relates is issued in accordance with the provisions of the fáctor Vehicles (Third Porty Risks and Compensation) Ass (Cap. 189), Part (Violence Vehicles) (Third Porty Risks) Roles, 1959 (Malaysin).

G500619206

TAN CHONG CREDIT SUBARU-TIP

911 BUKIT TIMAH ROAD

SINGAPORE 589622

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE CANNOT THE