N.4710	N.11. Assessment Centre	Services persons			
Date In	16/03/19	Jcb description	Date &Time Completed	Done	by
Ref No	NA/A1419004812/13	SAS e-filing	51.	**	
Veh No	SGH9541X	E-mail (widon 8hrs, AIC 2hr			
	15/03/19 3200	i-Motor Claim Form			
		I-Motor W/O (Within: OE	The TP dies		
OD (IP)' Reporting Only	i-Photo Uploaded	2003, 17 4002)		
		Assessment/Survey Repo	rt		
TP Insurer		Ass't Report by Fax / Hand to Owner/Wksp			
Preferred V	Vksp / INC Assign Wksp / QW: (MARSIVE	Tel: Fax		
TP Particu	dars: Veh No:	177935/S INC			
Owner / I		(2001)	Tel:	1	
Policy No	o: () Perio	od: () Cover Type: (
C	onfirmed by : (Date:	Time:		
Insured/f	Oriver Liability: (%) [No	ote-Est. Status (WO): N:	0-20%; P: 21-79%. F: \$0-100	9/6]	
Year of F		arranty: YES ()/NO (
Excess: (\$) Loading: \$1,000)()/\$2,000()			
General Re	marks:-	The Market Street	S. Mariana	-	
() Wal	k-In Customer: Customer's inform	ation strictly Confidential &			
The second secon	Il Loss Case : to e-mail Insurer	The state of the s			
Drive-In (Touris Co. /		
		res () / NO ()	; Towing Co. (
		Supplied to the All The Color	Date&Time Completed	Done l	by
		artesy Car ()			
	ck / Post Repair Inspection	()			
3) Upload F	Resurvey Photo [Repair Cost > \$300	00] ()			
Injury :					
Date/Time		CAS PROPERTY CONTRACTOR	notification of the second		
Date/Time	Actions	PERSON THOU ISSUE	THE PROPERTY OF	3	
			*		
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	N91901986	Invoice I	reparation Checklist	Anit (\$)	Amt (\$)
laimant's P	articulars :-	1) AR : Acci	dent Reporting (530);	Ist Billi	Add Bill
	The State of the S	2) DA : Dem 3) TF : Towi	ege Assessment (\$100); INC (\$80)		
Priver/Owner:			ng Fee \$40/\$4 w-Through Survey \$120	-	
ontact No:		5) FT : Follo	w-Through Survey (Resurvey) \$30		
amaged Portion:			ng against INC Only (wef 10 Jan 2005) spection \$7:	5	
	non.	7) N1 : idae	DA + SMRT Survey \$160		
C Checked	by (Engr-In-Charge):	8) NTUC Ad QD:	Iditional Services:-		
- uccked	of (Engi-in-Charge):	* N5; Cour	tesy Car / Tpt Allowance S.	THE RESERVE AND DESCRIPTION OF THE PERSON.	
uditors' Co	omments :-	*N7: Post	rir Co-ordination 510 Repair Inspection 52	-	-
II.		The second second second second second	Collect Excess Coordination 5:		
		9) N12: Idne	: TP (Non INC) against INC \$20 Mobile 30	-	-
1 2/3:		Invoice date			V of
		Involve dated	f Fee Charged	· 2000	

SINGAPORE ACCIDENT STATEMENT

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 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.
- 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

	ACCIDENT STATEMENT	
Date Of Report	16/03/2019 12:59	
Date Of Accident	15/03/2019 22:00	
Exact Location Of Accident	JUNC OF SAM LEONG RD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGH9541X	
Insured/Policyholder		
Name Of Registered Owner	JASON TAN HONG CHAI	
NRIC No	S7603623C	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-81384306	
Alternative Phone No	OTHERS-81384306	

Vehicle Particulars

Manufacturer	TOYOTA	
Model	WISH	

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

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 2100470306-02

Cover Note Number

Driver

Name of Driver JASON TAN HONG CHAI

NRIC No S7603623C Date Of Birth 08/02/1976 Occupation INDOOR Date Of Driving Pass 06/01/1998

Driving Experience 21 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81384306

Fax Number

Contact Number OTHERS-81384306

EMail Address NOEMAIL Address BLK 167D PUNGGOL EAST

#05-385

Postcode 824167

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 SIDE SWIPE Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

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:

: MDM HO MUI KIN

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

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

SKT9351S

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

BHAJAN SINGH

NRIC/Passport Number

S0009412I

Contact Number

Name of Driver

90022800

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN	7 1 1 1 1	11.1.0:56.46	001
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[CP]	SP SP		
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DESCRIBE CIRCUMSTANCES OF THE	ACCIDENT Hotel		
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11160	tel towards Kitchner	2d. Suddenly, there was	
Trying to make a rig	s) dashed out from It turn, collided into	my right (Som Leong Rd)	
Portion.	- The Committee of the	2 conde tigni side	
Page MA	11 . 12: . 1	- 1 (4)-	
lossender: Mg	in Ho Mui Kin, 1 CS	521606-11E	
	<u> </u>		

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:

NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:

SANK Seatth Floridam, V.

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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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.
- 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) 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 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:

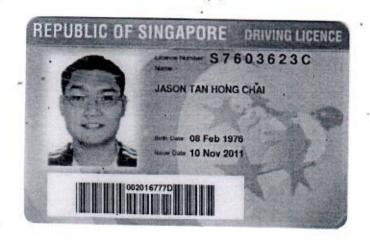
NRIC/FIN No .:

	ACCIDENT STATEMENT
	ACCIDENT DATE: 15,03, 5019 (DD/MM/YYYY), TIME: 12:00 (HH:MM
	LOCATION: Jantion of Sam Leong Rd
	1. DETAILS OF VEHICLE
	a) VEHICLE NUMBER: SGH 9541X
	b)INSURANCE COMPANY: A)G
	c)POLICY NUMBER:
	d)POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL: TOUCH
	f)TYPE:(SALOON / COUPE / MPX /VAN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	h) PURPOSE OF USING AT ACCIDENT TIME: Private
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE LYES NOD
	IF NO, PLEASE STATE THIRD PARTY CLAIMY REPORTING ONLY
	2. INSURED / POLICY HOLDER
	A)NAME: Jason Tan Hong Chai (MALE) FEMALE)
	DINRIC/FIN/PASSPORT: 5-1603623 C CONTACT: 81384304
	CIADDRESS: 12/12/1672 Panggol East #05-385
	3(824167)
× 11 0	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Ano of passo	nga DRIVER
(Including d	a) NAME: 1/3 above (MALE / FEMALE)
(02)	CONTACT:
	c)ADDRESS:
1-)	*dinate of Birth. (OX, O), 1830
(+)	*d) DATE OF BIRTH: (08/02/1976) (DD/MM/YYYY)
	f) YEARS OF DRIVING EXPRENIENCE: 06 01 1998
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
	5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS
	b)ROAD SURFACE: (DRY / WET / OTHERS
	6. WAS ANYBODY INJURED (YES (NO)
	7. a) REPORTED TO POLICE (YES / NO)
	IF YES, PLEASE STATE WHICH POLICE STATION:
i	8. THIRD PARTY VEHICLE
He of passing	a) VEHICLE NUMBER: SKT93515 MODEL: TOYOTA VIOL
Including dri	b) DRIVER'S NAME: Dhajan Singh
$(\underline{})$	C) NRIC/FIN/PASSPORT: SODO 9412 I CONTACT: 90022800
775	9. THIRD PARTY VEHICLE
No of passer	d) VEHICLE NUMBER:MODEL:
Induding di	O) DRIVER STRAME.
7	f) NRIC/FIN/PASSPORT:CONTACT:
1	

email =

fax =

VIDEO = No.











CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder Period of Insurance

: Jason Tan Hong Chai

Engine No.

: 27 Jun 2018 To 26 Jun 2019

: 1ZZ2595282 Chassis No. : ZNE100310689 Vehicle No.

: SGH9541X : 2100470306-02

Policy No.

Endorsement No. Issued Date

: 20 Jun 2018

ABOUT THE COVER

Make/Model

TOYOTA WISH MPV

Engine Capacity/Tonnage : 1,794.00 CC

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2006

Insuring with COE/PARF Yes

Driver Restriction

Person or Classes of Persons Entitled to Drive*: a) The Policyholder

a) The Publishment of 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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition

: 40 years old and above

Limitation as to use*

Use only for social, demestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving fution, driving test, racing, pace-making, reliability trial or speed-lesting, 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 (Melaysia), are not to be

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)

Jason Tan Hong Chai - \$600 (Own Damage)

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

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

Approved Reporting Centres/ ArG 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/AlG Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 6338 6209, Alternatively. You may refer to AlG websile www.aig.com.sg.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Yes Motoring & Credit Pte 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 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504339000

TAN HONG CHAI JASON BLK 167D PUNGGOL EAST #05-385 SINGAPORE 824167 SP-DESTINLIM

Underwritten by AIG Asia Pacific Insurance Pte, Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE