

Date In: <b>18/03/2019 12:16</b>	Job description	Date & Time Completed	Done by
Ref No: <b>1188/21619004839/Y</b>	SAS e-filing		
Veh No: <b>8LA 8022L</b>	E-mail (w/ins 2hrs, AIC 2hrs)		
D.O.A: <b>07/03/2019 20:20</b>	I-Motor Claim Form		
CID: <b>TP</b> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

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

TP Particulars: Vch No: **SUP-2665U** 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%; F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Information:

( ) 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date	Time	Done by

<b>NA190015</b>	1) AR: Accident Reporting (\$30)	
Claimant Particulars	2) DA: Damage Assessment (\$100) INC (\$50)	
Driver/Owner:	3) TP: Towing Fee \$40/\$45	
Contact No:	4) PT: Follow-Through Survey \$120	
Damaged Portion:	5) FT: Follow-Through Survey (Resurvey) \$30	
QC Checked by (Engr-In-Charge):	For claiming against INC Only (w/ef 10 Jan 2005)	
Author's Comments:	6) TR: Re-inspection \$75	
Sal: 1:	7) NI: Idao DA + SMRT Survey \$160	
2/3:	8) NTUC Additional Services:	
	ON:	
	*N3: Courtesy Car / TP Allowance \$1	
	*N6: Repair Coordination \$10	
	*N7: Post-Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (NI): TP (Non-INC) against INC \$10	
	9) NI: Idao Mobile	
	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	18/03/2019 12:16
Date Of Accident	07/03/2019 20:20
Exact Location Of Accident	SLIP ROAD OF TELOK BLANGAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA8022L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KUO LI LIAN ELAINE (GUO LILIAN ELAINE)
NRIC No	S7538874H
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82885796
Alternative Phone No	OTHERS-97599946

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1,6 (A)
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	2100456368-03
Cover Note Number	

### Driver

Name of Driver	KUO SIEW YEE
NRIC No	S1157606J
Date Of Birth	27/01/1938
Occupation	INDOOR
Date Of Driving Pass	25/07/1968
Driving Experience	50 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82885796
Fax Number	
Contact Number	OTHERS-97599946
E-Mail Address	HANCARREPAIRS@GMAIL.COM

Address	21 WEST COAST WAY
Postcode	0512
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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 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)	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	SLF2665U
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

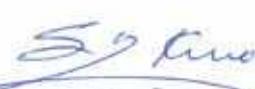
### IMPORTANT NOTICE

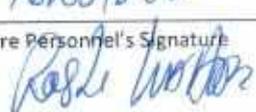
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.

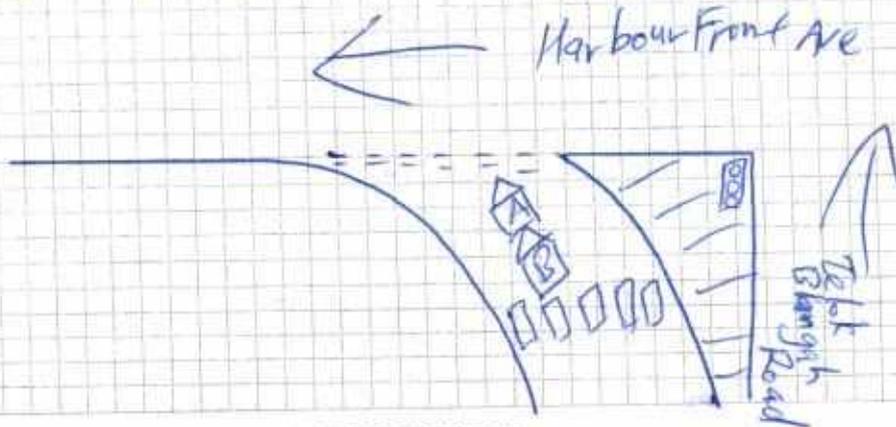
Policyholder's Signature  
Date & Time:

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

 18/03/2019  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:

SKETCH PLAN

- ① SLA 8022L
- ② SLF 26654



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along slip road of Teluk Blangah Road towards Harbour Front Ave

I slowed down and stopped before the give-way line to give way to oncoming vehicles.

However, vehicle ② came from behind and hit my car ①

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

18/03/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**PERSONAL PARTICULARS**

Date of Accident: 07/03/2019

Time of Accident: 20:20 (24Hrs)

Vehicle No: SLA 8022L

Vehicle Make/Model: Toyota Altis

Exact Location of Accident: Slip Road of Telok Blangah Road

Owner's Name/NRIC: Kuo Li Lion Elaine / S7538874H

Driver's Name/NRIC: Kuo Siew Yee @ Keh Chew Gee / S1157606J

Driver's Contact: 8288 5796 / 97599946 Insurance Co & Policy No: AIIG - 2100-456368-3

Driver's Email Address: hancarepairs@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: Daughter/Father

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes/ No If Yes, which police station? \_\_\_\_\_

The Other Party (Vehicle B) Details

Driver's Name/IC: \_\_\_\_\_

Vehicle No: SLF2665U

Insurance Company: JK Insurance Agencies Pte Ltd

Driver's Contact: \_\_\_\_\_

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): \_\_\_\_\_

Independent Witness (If Any): \_\_\_\_\_ Contact: \_\_\_\_\_

Preferred Workshop (If Any): \_\_\_\_\_ Contact: \_\_\_\_\_

\* If no proper document are produced, IDAC should not file the report.

\* Information will be discarded after one week.

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S1157606J**  
 Name:  
**KUO SIEW YEE**  
 Birth Date: **27 Jan 1938**  
 Issue Date: **13 Sep 2003**

000627472D



**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S1157606J**



**KUO SIEW YEE**  
**@KEH CHEW GEE**

Race:  
**CHINESE**  
 Date of Birth: **27-01-1938** Sex: **M**  
 Country of Birth:  
**SINGAPORE**

1204870



UIC No. **S1157606J**

Vision:  
**A+**      Date of issue:  
**27-10-1993**

21 WEST COAST WAY  
 SINGAPORE 0512

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

PASS DATE

**Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**      **25 Jul 1968**



NP 428A

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7538874H



Name

KUO LI LIAN ELAINE  
(GUO LILIAN ELAINE)

郭丽莲

Race

CHINESE

Date of birth

06-12-1975

Sex

F

Country of birth

SINGAPORE

SECRET

3840110



WNET No. S7538874H



9030 4125

Date of issue

23-03-2006

Address

21 WEST COAST WAY  
SINGAPORE 127000