NATIONAL Assessment Centre				-	· les
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Res No: 44/4/4/2027 74/124	SAS e-filing				
Veh No: 5009899 C	E-mail (within Shrs, AIC	2hrs)			
D.O.A : 26/4/19-72:43	i-Motor Claim Form	n			
OD / TP / Reporting Only	I-Motor W/O (Within	OD 2hrs, TP 4hrs)			
	i-Photo Uploaded			7.33	Water 1250
TP Insurer:	Assessment/Survey Re	eport			
	Ass't Report by Fax /	Hand to Owner/WI	<u>tsp</u>		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fa	c ;)
TP Particulars: Veh No: & ESYX	Α	INC()/Non-l	NC()	**	O-00-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Owner / Driver: (Tel:)	
Policy No: () Period	d: () Cover Typ	c: ()	
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	te-Est. Status (WO):	N: 0-20%; P: 21-	79%. P: 80-10	0%]	
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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.

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 ladgement 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.

W21	ACCIDENT STATEMENT
Date Of Report	29/04/2019 15:56
Date Of Accident	26/04/2019 22:40
Exact Location Of Accident	BALESTIER RD BEFORE TESSENSOHN RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDU9899G
Insured/Policyholder	

Name Of Registered Owner	KOH SOO SEE
NRIC No	S1678250E
Email Address	NOEMAIL

 Mobile Phone No
 (LOCAL) +65-98757899

 Alternative Phone No
 OFFICE-98757899

Vehicle Particulars

Manufacturer VOLKSWAGEN

Model TIGUAN R-LINE 2.0 TSI AT 5N22M9

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 REPORTING ONLY
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 2100480140-02

Cover Note Number

Driver

Name of Driver DARRYL LIM ZONG HAN

 NRIC No
 \$9800391F

 Date Of Birth
 05/01/1998

 Occupation
 INDOOR

 Date Of Driving Pass
 13/07/2018

Driving Experience 0 YEAR AND 9 MONTH

Gender MALE

Mobile Number (LOCAL) +65-88663691

Fax Number

Contact Number OFFICE-88663691

EMail Address NOEMAIL

BLK 607 ELIAS ROAD Address

#11-186 510607

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES NO

3

Number of Passengers (Including Driver)

Passenger 1

NAME: : +

GENDER: : MALE

Passenger 2

NAME:

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLE8438A Vehicle Make/Model/Colour HONDA VEZEL

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver HUNG CHEUNG SING CHARLES

NRIC/Passport Number S2616239D Contact Number 96302465

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.
- 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.
- 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:
 - (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.

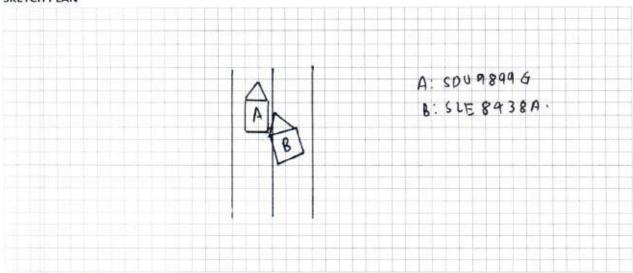
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personne

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I	was	travelling	Straigh	t a	long Bale	stier	Rd o	- Jane	2	when
a	Hondo	Vezel	behind	me	collided	into	му	right	rear	bumper

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 Signature Name:

NRIC/FIN No.:

SHARMS SERRIPROPERTY A

ACCIDENT STATEMENT

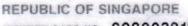
ACCIDENT DATE:	Second life to the second seco	(DD/MM/YYYY), TIM	E:(20 : 40.) (HH:MA
LOCATION:_ B4	estier Rd Before	Tessensohn Rd.	
1. DETAILS O		1 1	-
a)VEHICLE	NUMBER: SOU	1899 G	- A
b)INSURAI	NCE COMPANY: A	IG 1	
c)POLICY	NUMBER: 210048	0140-02	
d)POLICY	TYPE: (COMPREHENSIN	E / THIPD DARTY (T	HÎRD PARTY FIRE &THEFT)
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			OTORCYCLE!
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JAKE YOU	CLAIMING UNDER YOU	IR OWN INCIDANC	E (YES/MO)
	UNE STATE THIRD PAR	Y CLAIM / REPORT	NG ONLYI
	OLIC I HOLDER		
A)NAME:			(MALE / FEMALE)
C)ADDRESS:	PASSPORT: S 167 8	250Eco	NTACT: 4875 7899
STADDICESS.			
* CONTINUE	TO 3.d IF DRIVER ALSO		
His of passanga, DRIVER	10 S.d IL DKIVEK VEZ	O POLICY HOLDER	20
(Induding driver) DINAME: [Parryl Lim Zong H	Avo.	
b) NRIC/FIN/	PASSPORT: Sae	\$0.000.2416	MALE / FEMALE)
(1.) DINRIC/FIN/	607 Elias Rd	, # 11-186.	NTACT: 8866 3691.
0			
GIDATE OF	BIRTH: (05 / 01 / 1	998- HDD/MM/YY	YYI
SICCOLAI	UN: (INDOOR / OUTD	CORI	
1) TEARS OF D	RIVING EXPREPIENCE	9 months	
4. WAS DRIVE	R AN EMPLOYEE OF	THE INCURENCE OF	OMPANY? (YES (NO)
			RED: Son
	CUDING W. III HWD 1	DAININIO / OF ITE	
DIVOVO 20KI	ACE: IDRY / WET / OT	LIFEC	
O. WAS ANTBOL	INJURED (YES / KA)		10
IF YES PLEAS	O POLICE (YES / 10)		
8. THIRD PARTY V	E STATE WHICH POLICE	CE STATION:	
No of passenger a) VEHICLE 1	NUMBER: SLE 84	70 A	7.2
Induding driver) b) DRIVER'S	NAME: U Che	MODE	L: Veze1.
	LAVIELIEL.	ung sing charles	
9. THIRD PARTY V	EHICLE	6 234 D CON	TACT: 96302465.
140 of passenger d) VEHICLEN	UMBER.		
		MODE	L:
	PASSPORT:		2 1
		CONT	ACT:
	- 3		
1.4			

email =

fax =

VIDEO =





IDENTITY CARD NO. \$9800391F





DARRYL LIM ZONG HAN

林宗

Country/Place of birth SINGAPORE

CHINESE Date of birth 05-01-1998



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

EFFECTIVE DATE

Motor cars ~ 3000 kg with ~ 7 possengers, exclusive of the driver; and motor fractors/vehicles ~ 2500 kg Beory motor cars and motor treators ~ 2500 kg

S / No.9000320710

NP 428A

APT BLK 607 ELIAS ROAD #11-186 SINGAPORE 510607

5245256



Date of Issue

19-11-2013



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Engine No. : CCZ455900

Chassis No.

Name of Policyholder : Koh Soo See
Period of Insurance : 10 Sep 2018 To 09 Sep 2019

: WVGZZZ5NZFW020966

: SDU9899G

Policy No. Endorsement No.

: 2100480140-02

Issued Date

: 23 Jul 2018

ABOUT THE COVER

Make/Model

VOLKSWAGEN TIGUAN SPORT 20 (A)

Engine Capacity/Tonnage : 1.984.00 CC
Driver Restriction : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration . 2014 Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Orive"

You have to per an initiatival run of \$3.000 as "Young and/or bresponsored Driver Exempt" (YIQAS) if You are an Your Automated Driver (named or unmarried as under the age of 2) entered as under the age of 2) entered as under the age of 2) entered as under the age of 2).

Age Condition

. All Age Condition

Limitation as to use* :

Use only for social definish and precure purposes and for the Policyhoder's business. This Policy does not opine use for him or recept, driving turken, spend forting. The contage of goods other than samples in connection with third Trade.

* Levrakova rendered inoperative by Section 6 of included under these headings.

EXCESS

Section 1 Fire - \$0 Own Damage - \$1600 Theft - \$0 Flood Cover - \$0

Windscreen: \$100

Named Driver and Excess were without

Kish Sup See - \$1600 (Own Correge)

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

Approved Autoriting Combins ACS Autoritiest Requirement For Islams models hapting. Within the brief is young after brief and Autoritiest Requirement. Within the brief is young after brief and of Autoritiest Requirement. Within the brief is accordant of places included of all of the Side August Autoritiest Requirement places committed out of the Side August Autoritiest Requirement places committed out of the August August August Requirement places committed out of the August August

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

Fifth hereby contribute for policy to which the Confidence of International International International Laboratorial Laboratorial Confidence of the Motor Vehicles (Third Party States and Compensations) Act (Cop. 1849, Part IV of the Annual International Confidence (Third Party Residual Russia, 1959) (Management Confidence)

0502283000

SAFE HARBOUR ASSURANCE AGENCY BLK 208 HOUGANG ST 21 #04-207 SINGAPORE SJOJOS

Underwritten by AKG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.