

MMA 119067210

Date In:	Job description	Date & Time Completed	Done by
24 15 119 13:28	SAS e-filing		
Ref No: MA1 AIG 19009156 1/4.	E-mail (within 3hrs, AIC 2hrs)		
Veh No: SJY 88982	I-Motor Claim Form		
DDA: 2415119 09/15.	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP: Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksn		

Preferred Wksp / INC Assign Wksp / QW: (Tel: ()		Fax: ()	
IP Particulars:		Veh No: 5JC 9590U		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: (UNCLONING CAR) (LOTO)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

[illegible]

NA1903915		Invoice for Non-Governmental Organizations (NGOs)		Invoice No. 1903915	
Client/Donor/Recipient:		1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TP: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
		5) FT: Follow-Through Survey (Re-survey) \$30			
		For claiming against UNC Only (wef 10 Jan 2003)			
		6) TR: Re-inspection \$75			
		7) NI: Idem DA + SMRT Survey \$160			
		8) NTUC Additional Services:			
		ON:			
		*NS: Courtesy Car / Tpt Allowance \$3			
		*NG: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect License Coordination \$3			
		TP (N11): TP (N11) INC against INC \$20			
		9) N12: Idem Mobile \$0			
QC Checked by (Engr-In-Charge):		Invoice dated	Fee Charged		
Auditors' Comments:		Invoice dated	Fee Charged		
Sub J:					
2/3:					

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	24/05/2019 13:28
Date Of Accident	24/05/2019 09:15
Exact Location Of Accident	CHANGI SOUTH LANE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJY8898Z
Insured/Policyholder	
Name Of Registered Owner	FONG WAI LENG
Passport No/FIN	F0061991N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96186505
Alternative Phone No	OFFICE-96186505
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180 SEDAN AVANTGARDE
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	2100491203-02
Cover Note Number	-
Driver	
Name of Driver	LIM YAN NEE
NRIC No	F1999551T
Date Of Birth	05/07/1989
Occupation	INDOOR
Date Of Driving Pass	30/07/2011
Driving Experience	7 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96631839
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	32 JALAN RAJAH #10-01
Postcode	329141
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	-
	-
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?	
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

I WAS TRAVELLING ALONG UPPER CHANGI RD AFTER TURNING INTO CHANGI SOUTH LANE, SUDDENLY VEH B (BEARING NO SJC9590U) WHICH WAS IN FRONT OF ME JAMMED BRAKE, I MANAGE TO STOP BUT CANNOT STOP IN TIME, AS THE RESULT, MY VEH HIT ONTO THE VEH B REAR PORTION.

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	SJC9590U
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


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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.:

Changi South Lane

A = SJY 88983
B = SJC 95900

Upp Changi Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **F1999551T**

Name: **LIM YAN NEE**

Birth Date: 05 Jul 1989

Issue Date: 04 Jul 2016

Valid Till 29/07/2021

002584672J

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	30 Jul 2011

NP 428A

Licence No: F1999551T

Tandatangan Pembawa/Signature of Bearer

Tandatangan Pembawa/Signature of Bearer

50169217

**Pasport /
Passport**

Jenis / Type
P

Kod Negara / Country Code
MYS

No. Pasport / Passport No.
A50169217



Nama / Name
LIM YAN NEE

Warganegara / Nationality
MALAYSIA

Tarikh Lahir / Date of Birth
05 JUL 1989

Jantina / Sex
P-F

Tarikh Dikeluarkan / Date of Issue
05 MAR 2018

Pejabat Pengeluar / Issuing Office
SINGAPORE



No. Pengenalan / Identity No.
890705015374

Tempat Lahir / Place of Birth
JOHOR

Tinggi / Height
158 cm

Tarikh Tamat / Date of Expiry
05 SEP 2023

[illegible]

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CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Fong Wai Leng
Period of Insurance : 01 Dec 2018 To 30 Nov 2019
Engine No. : 27491030729149
Chassis No. : WDD2050402R213862

Vehicle No. : SJY8898Z
Policy No. : 2100491203-02
Endorsement No. :
Issued Date : 18 Oct 2018

ABOUT THE COVER

Make/Model : MERCEDES BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE

Engine Capacity/Tonnage : 1,595.00 CC

Sum Insured : Market Value

First Year of Registration : 2016

Driver Restriction : NA

Off Peak Car : No

Insuring with COE/PAF : 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 \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") 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 2000cc

* 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)

Fong Wai Leng - \$800 (Own Damage)

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

1. Cycle & Carriage Eunus Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061816

2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 186 Pandan Loop Singapore 128378 62061816

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download 'AIG SG' from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asia Pacific 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).

0504380224

CYCLE & CARRIAGE - EVELIM

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSPKKO