- per et 1 (20) NATIONAL Assessment Centre Services. [wel | Jan'03] . : MNA 1190 83543 Done by Jeb description Date &Time Completed 27 16/19 11:21 Ref No. SAS c-filling MAI AIG 19011381/64. Vch thr E-mall (white this, AIC 2hrs) SLL 1329 R AULT I-Motor Claim Form 26/6/19 15:50. I-Motor W/O (Within: OD Zhrs, TP 4hrs) (11) Reporting Only I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/ Wkon Proformed Wissp / IHC Assign Wissp / QW: ( Tolt Fix: IT Particulars: Yeh No: INC ( )/Non-INC ( YN 1125Y. Owner / Driver: ( Tcl: Policy No: ( Period: ( Cover Type: ( Confirmed by: ( Dates Tima: Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. Year of Registration: ( Warranty; YES ( )/NO( Excess: (\$ Loading: \$1,000 ( )/\$2,000( Concolitation by Street K. S. Marketter ) Walk-In Customer's Customer's information strictly Confidential & Strictly NO refer of repairer. ) Total Loss Case : to e-mall Insurer URGENTLY. Drive-In ( )/Towad-In ( ); Invoice: YES ( ) / NO ( ) ; Towing Co; ( kuminglister i i diske nominerazionia kan k 1) Apply for Transport Allowance ( ) / Courtesy Car ( 2) QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury : MA 1904797 1) AR I Accident Reporting (530); Chumantsaparticulary \$40/\$4: Driver/Owner: 3) TF : Towing Pee 4) FT 1 Pollow-Through Survey \$120 5) PT': Follow-Through Survey (Resurvey) Contact No: Por claiming agains UNC Only (wef 10 Jan 2003) 6) TR : Re-Imposition Damaged Portion: 7) NI : Idao DA + SMRT Survey 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): \*NS: Courtery Cor / Tpt Allowance \$3 510 \*NG: Repair Co-ordination \$25 \* N7; Post Repair Inspection Anditors Comments \*Nn: DV / Collect lixuess Coordination \$5 TP (NII) : TP (Kin INC) against INC \$20 Cal. 1: 9) N17: Idae Mobile 34 273; Involve dated

Involce 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.
- 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 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	27/06/2019 11:21
Date Of Accident	26/06/2019 15:50
Exact Location Of Accident	AT 149 GEYLANG RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL1329R
Insured/Policyholder	
Name Of Registered Owner	THAM CHI WEI KELVIN
NRIC No	S8234164A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90040777
Alternative Phone No	OFFICE-90040777
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA ELITE
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	1800000346-01
Cover Note Number	•
Driver	
Name of Driver	THAM CHI WEI KELVIN
NRIC No	S8234164A
Date Of Birth	10/10/1982
Occupation	INDOOR
Date Of Driving Pass	10/05/2001
Driving Experience	18 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90040777
Fax Number	
Contact Number	OFFICE-90040777
EMail Address	NOEMAIL

Address BLK 271A JURONG WEST ST 24 #07-28

Postcode 64127

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO 2

NO

Was any body injured in the Accident?

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

0

Number of Passengers (Including Driver)

**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 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 YN1125Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number 86167724

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.
- 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 inionetary 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

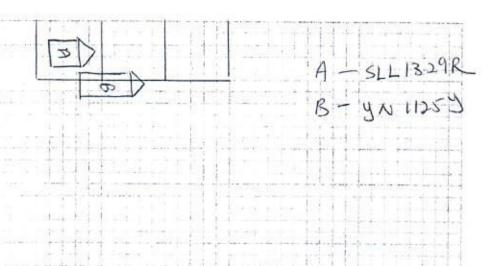
(ii) for complying with requirements under any regulations, laws or court orders.

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 .:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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to	capt	ture t	he au	ident.					
			and the section						
		(441)							
		7-31							

DECLARATION

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

Driver's Signature

(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:

CLIPMOSEradioflavioria vs.

2	: 26/6/19 Accident Time: 3-50 pm (24-HR-Format)
Date of Accident	
Accident Place	: at 149 Geylung Road
Vehicle. No. (Car Plate No.)	: SLL 1329R Make/Model: Hyunder Elanting
Insurace Company	: Ala Policy No: 180'0000346-01
Owner or Company Name /IC No.	: Tham Chi Wei Kelvin/58234164A
Owner or Company Contact No.	: 90040777 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: as above
DRIVER'S Date Of Birth	: 10 10 1982 DRIVER'S License Pass Date 10 5/2001
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: OWNY
DRIVER'S Address	: BIK 271A Juny West Stat \$07-28
DRIVER'S Contact No./ Alt No.	:1)2)
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 I	Driver):
Was there any video Captured by c Exact purpose for which vehicle w Any Injury (If YES, Pls state):	as being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle. No: 4N1125	Ty (Ergo) Vehicle, No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact: 8 61	67724 IC No. Driver/Contact:

\* NEW - Passenger's name & gender:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8234164A



THAM CHI WEI, KELVIN (TAN ZHIWEI, KELVIN)

潭 志

CHINESE

10-10-1982 SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE S8234164A

THAM CHI WEL KELVIN (TAN ZHIWEL KELVIN)

Bell Dat 10 Oct 1982

5198817



27-07-2013

APT BLK 271A JURONG WEST STREET 24 #07-28 SINGAPORE 641271

S8234164A

30/01/2019

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

For LKK/NAC Use Only



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: THAM CHI WEI KELVIN

Period of Insurance Engine No.

: 15 Feb 2019 To 14 Feb 2020 : G4FGGU015744

Chassis No.

: KMHD841CMHU333568

Vehicle No.

: SLL1329R

Policy No.

: 1800000346-01

Endorsement No.

**Issued Date** 

: 30 Jan 2019

#### ABOUT THE COVER

Make/Model

: HYUNDAI ELANTRA ELITE

Engine Capacity/Tonnage: 1,591.00 CC

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2017 Insuring with COE/PARF : Yes

: NA Driver Restriction

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 hershe 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

: 35 years old and above

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, retiability trial or speed-testing. The certiage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Porty 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**

Fire - \$0 Own Damage - \$500 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

THAM CHI WEI KELVIN - \$500 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For dalms 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 control out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency holline at +65 6339 8200. 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: NA

I/We hareby 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. 180), Part IV of the Road Transport Act, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1958 (Malaysia).

0504389000

LOW CHIEH YAN ANGELYNA

BLK 10F BEDOK SOUTH AVENUE 2 #05-540

SINGAPORE 465010

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

No