

Date In: 20/09/2009 12:53	Job description	Date & Time Completed	Done by
Ref No: NBA/AIG/90/707/Y	SAS e-filing		
Veh No: 52L 7866R	E-mail (John Sher, AIC 2hrs)		
DOA: 25/09/2009 10:00	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

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

TP Particulars: Vch No: SKR 1221Y INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Dates: ( ) Times: ( )

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 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: ( )

- Reminders:
- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
  - 2) QC Check / Post Repair Inspection ( )
  - 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

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

Date/Time	Activity

Client/Particulars	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)	
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) FT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey)	\$30
Architect's Comments:	For claiming against INC Only (ver 10 Jan 2003)	
Date:	6) TR: Re-inspection	\$75
	7) NI: Idas DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	O1: *	\$3
	NS: Courtesy Car / Tpl Allowance	\$10
	NR: Repairs Coordination	\$23
	NT: Post Repair Inspection	\$3
	NO: DV / Collect Excess Coordination	\$20
	TP (Nil): TP (Non INC) against INC	\$0
	9) NI: Idas Mobile	

Invoice dated \_\_\_\_\_ Fee Charged \_\_\_\_\_  
 Invoice dated \_\_\_\_\_ Fee Charged \_\_\_\_\_

NBA1907285

WINDY 2009

## 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	28/09/2019 12:53
Date Of Accident	25/09/2019 10:00
Exact Location Of Accident	MCE TOWARDS PIE TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL7866R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SEAH CHEE BENG
NRIC No	S7012002Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93387255
Alternative Phone No	OTHERS-93387255

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	1088153482
Cover Note Number	

### Driver

Name of Driver	SEAH CHEE BENG
NRIC No	S7012002Z
Date Of Birth	17/04/1970
Occupation	OUTDOOR
Date Of Driving Pass	13/08/1992
Driving Experience	27 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93387255
Fax Number	
Contact Number	OTHERS-93387255
EEmail Address	NOEMAIL

Address BLK 273 TOH GUAN ROAD  
#03-67  
Postcode 600273  
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 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? YES  
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 SKR1221Y  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver KEVIN LIM CHIP BOON (KELVIN LIN JIWEN)  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

### DETAILS OF INJURED PERSON 1

Name SEAH CHEE BENG

Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJL7866R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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:

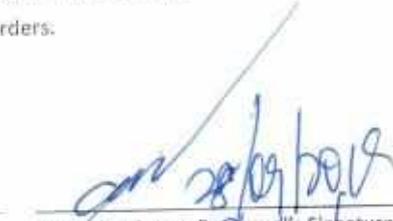
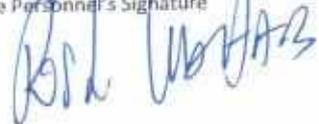
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

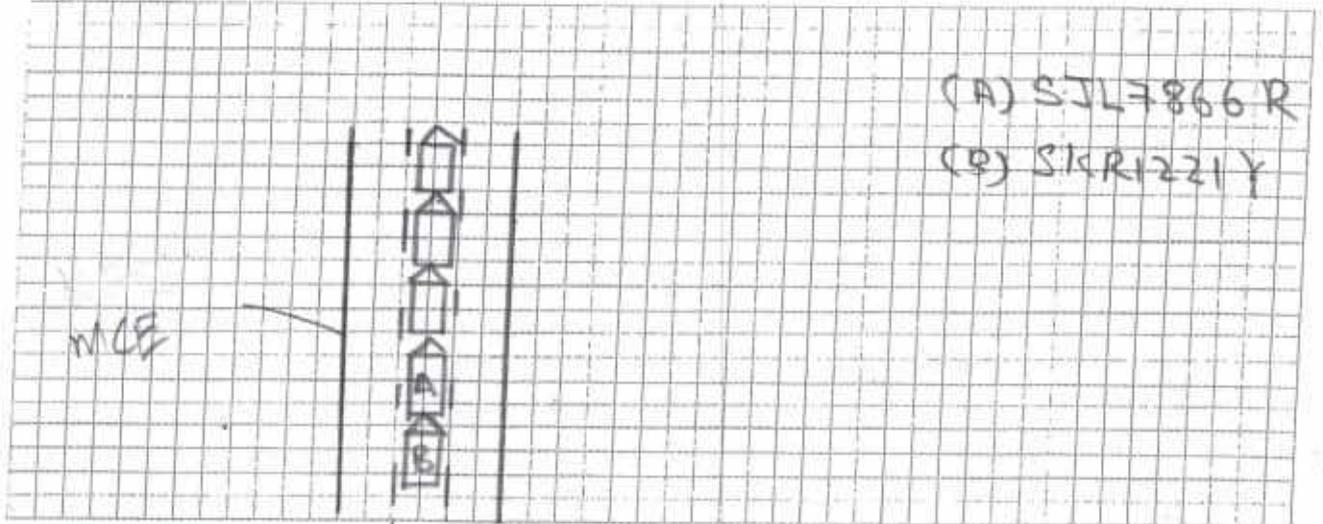
 22.09.19

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

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

  
Name:   
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

vehicle in front of me slow down & stop,  
I followed slow down & stop, vehicle B  
hit my vehicle rear.

DECLARATION

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

*[Signature]* 28.09.19

Policyholder's Signature

Driver's Signature

*[Signature]* 28/09/2019

Reporting Centre Personnel's Signature

VEHICLE NO:	8JL7866R		VEHICLE MODEL:	Toyota Vios
DATE OF ACCIDENT	25 / 09	119		
TIME OF ACCIDENT	10.00			AM/PM
LOCATION OF ACCIDENT	MCE -> Pie Tiles			
Contact Purpose use during accident	gear			
NAME OF OWNER	SEAH CHEE Beng			
TEL NO	93387255			
NRIC	S7612002Z			
CLAIM TYPE	OD/ <u>THIRD PARTY</u> / REPORTING ONLY			
INSURANCE CO	AIG			
TYPE OF COVERAGE	<u>Comprehensive</u> / Third party / third Party Fire & Theft			
POLICY NO	1800153482			
NAME OF DRIVER	<u>As above</u> / if no:		Any passengers: 1	
NRIC	S7012002Z			
DATE OF BIRTH	17 / 04 / 1970			
OCCUPATION	<u>Outdoor</u> / Indoor			
DATE OF DRIVING PASS	13 / 08 / 1992			
GENDER	<u>Male</u> / Female			
CONTACT NO	93387255	Office:	Home:	
ADDRESS	Blk 273 Toh Guan Road #03-67 S600273			
DRIVER HAVE ANY OWN Vehicle	<u>No</u> / if yes: Reg No:			
RELATIONSHIP	Employee / if No:		Owner	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:			
ROAD SURFACE	<u>Dry</u> / Wet / Others:			
ANY INJURIES	No / (if yes) Who?			
CONTACT NO	93387255			
POLICE REPORT	<u>No</u> / if yes: Where?		Any passengers: NIL	
VEHICLE B NO	SKR1221Y			
NAME	KEVIN LIM CHIP BOON (Kevin LIM Jiwen)			
CONTACT NO	NIL			
VEHICLE C NO				
VEHICLE D NO				
VEHICLE E NO				
VEHICLE F NO				
ANY WITNESS				
WITNESS CONTACT NO				
PARTICULAR WORKSHOP	IMPERIUM AUTOMOTIVE			
TEL NO	26 KAKI BUKIT ROAD 4			
CONTACT PERSON	#01-49 SYNERGY @ KB			
AX NO	SINGAPORE 417800			
	TEL: 9748 9940 FAX: 63467213			
	Reg. No. 53293624L			



# CERTIFICATE OF INSURANCE

## THE SHARE PRIVATE VEHICLE

Name of Policyholder : SEAH CHEE BENG  
 Period of Insurance : 24 Dec 2018 To 23 Dec 2019  
 Engine No. : 1NZX798777  
 Chassis No. : MR053HY9305083654

Vehicle No. : SJL7866R  
 Policy No. : 1800153482  
 Endorsement No. :  
 Issued Date : 24 Dec 2018

CO11

### ABOUT THE COVER

Make/Model : TOYOTA VIOS  
 Engine Capacity/Tonnage : 1,497.00 CC  
 Driver Restriction : NA  
 Person or Classes of Persons Entitled to Drive\* :  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2008  
 Insuring with COE/PARF : Yes

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.

When the Vehicle is used for the carriage of passenger for hire or reward, such authorised driver must be named under the Policy and registered with an intermediary which facilitates the carriage of passengers for hire or reward.

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 for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired.  
 Use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired.  
 This Policy does not cover:  
 1) use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;  
 2) use whilst drawing a trailer except the towing (other than for reward) of anyone disabled using a mechanically propelled vehicle; and  
 3) use for any purpose in connection with Motor Trade.

\* 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 - \$1800 Theft - \$0 Flood Cover - \$0

Section 2  
 Property Damage - \$2000

Windscreen : \$100

#### Named Driver and Excess (where applicable)

SEAH CHEE BENG - \$1800 (Own Damage) \$2000 (Property Damage)

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

Approved Reporting Centres/ AIG 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/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 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

If the vehicle is used for the carriage of passenger for hire or reward, such driver must be named under the Policy and registered with an intermediary which facilitates the carriage of passengers for hire or reward. Should you decide to include any other driver, please contact us. (Company reserves the right to accept/reject the inclusion of any Named Drivers)

Hire Purchase Company/Employer's Loan: EFIZZIG 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, 1989 (Malaysia).

INSURE LINK PTE LTD  
 2 KALLANG AVE #08-16 CT HUB  
 SINGAPORE 339407  
 Tel: 6444 4046  
 Fax: 6444 0040

0501295000

INSURE LINK PTE LTD

2 KALLANG AVE #08-16 CT HUB

SINGAPORE 339407

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

Yeo Yang Loh

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