Ref No: Vol. 1814 [Jolic 144]  Veh No: 1812 [Jolic 144]  D.O.A. 6	Date In: Holig-17:47	Jeb descripti	on	Date & Time Co	ompleted	Do	ne by
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Preferred Wksp / INC Assign Wksp / QW: ( Tal: Fax: Tal: Fax: TP Partitulars: Veh No: Avy ) 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: 80-160%]  Year of Registration: ( ) Warranty: YES ( ) / NO ( )  Excess: (S ) Loading: \$1,000 ( ) /\$2,000 ( )  General Remarks: ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repalier. ( ) Total Loss Case: to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )  Apply for Transport Allowance ( ) / Courtesy Car ( )  Dy QC Check / Post Repair Inspection ( )  Dy Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury:   altertime: Actions  Invoice Preparation Checklist: (Assis) (	ob . It reporting Only	i-Photo Up	loaded				
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Preferred Wksp / INC Assign Wksp / QW: (	17 hisurer.	Ass't Report	by Fax / Hand to	Owner/Wksp			
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Double   Description   Descr	TP Particulars: Veh No: Jhv	2300	. INC(	)/Non-INC (	)		7.= IH
Confirmed by : (						)	
Insured/Driver Liability: (	Policy No: ( ) Pe	riod: (	)	Cover Type: (		)	1
Year of Registration: ( ) Warranty: YES ( ) / NO ( )  Excess: (S ) 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: ( )  Cemarks: (INC hotline: 67886616)  Date&Time Completed. Done by  Don	Confirmed by : (		Date:			)	
Year of Registration: ( ) Warranty: YES ( ) / NO ( )  Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )  General Remarks:: ( ) Walk-In Customar: Customer's information strictly Confidential & Strictly NO refer of repairer. ( ) Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towel-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )  Generals:- (INC hotline: 6788 6616)  1) Apply for Trans-ort Allowance ( ) / Courtesy Car ( )  2) QC Check / Post Repair Inspection ( )  2) Upload Resurvey Photo (Repair Cost > \$3000) ( )  Injury:  Pate/Time   Actions   Actions    Invoice Preparation Checklist:   Ana (5)   Anald    Invoice Preparation Checklist:   Ana (5)    Injury:  Pate/Time   Actions   Actions    Invoice Preparation Checklist:   Ana (5)    Injury:  Pate/Time   Actions   Actions    Invoice Preparation Checklist:   Ana (5)    Invoice Preparation Checklist:   Ana (5)    Injury:  Pate/Time   Actions   Actions    Invoice Preparation Checklist:   Ana (5)    Injury:  Pate/Time   Actions   Anald    Invoice Preparation Checklist:   Ana (5)    Injury:  Invoice Preparation Checklist:   Ana (5)    Inj	Insured/Driver Liability: ( %)	Note-Est. Status	(WO): N: 0-20	%; P: 21-79%.	P: 80-100	0%1	
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1 AR : Accident Reporting (330);   10 AR : Accident Reporting (330);   2 DA : Darmage Assessment (\$100);   INC (\$80)	Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/C  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3  Injury:	ourtesy Car (	) ) )		\$ pletod \$	Don	) Sby
2 DA: Damage Assessment (\$100); INC (\$80)     Ver/Owner:   3) TF: Towing Fee	Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/C  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Pate/Time Actions	ourtesy Car (	)	Date&Time Com		Ani((s))	( Amu
4) FT : Follow-Through Survey   \$120     11act No:   5) FT : Follow-Through Survey (Resurvey)   \$30     For claiming against INC Only (wef 10 Jan 2005)     Maged Portion:   6) TR : Re-inspection   \$75     7) N1 : Idac DA + SMRT Survey   \$160     8) NTUC Additional Services:-     OD*   *N5: Courtesy Car / Tpt Allowance   \$5     *N6: Repair Co-ordination   \$10     *N7: Post Repair Inspection   \$25     *N8: DV / Collect Excess Coordination   \$51     TP (N11) : TP (Nan INC) against INC   \$20     9) N12: Idac Mobile   30     Invoice dated   Fee Chargesi   \$30     Invoice dated   \$40     Invoice dated   Fee Chargesi   \$30     Invoice dated   Fee Chargesi   \$30     Invoice dated   Fee Chargesi   \$30     Invoice dated   \$30	Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/C  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Pate/Time Actions	ourtesy Car (	Invoice Prepa	Date&Time Com		Ani((s))	A ARC
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*N5: Courtesy Car / Tpt Allowance \$5  *N6: Repair Co-ordination 510  *N7: Fost Repair Inspection 525  *N8: DV / Collect Excess Coordination 55  1: TP (N11): TP (Non INC) against INC 520  9) N12: Idae Mobile 30  Invoice dated Fee Charges	Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/C  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Pate/Time Actions  Liminant's Particulars:  ver/Owner:	ourtesy Car (	Invoice Prepa  1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thre For claiming aga 6) TR: Re-inspection	Date& Time Com  ration Checklis  porting (\$30);  sessment (\$100);  ough Survey  ough Survey (Resurvey  inst INC Only (wef 10)  in	INC (\$80) \$40/\$45 \$120 y) \$30 0 Jan 2005)	Anic (5)	A ARC
*N6: Repair Co-ordination   510	Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/C  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Pate/Time Actions  Liminant's Particulars:  ver/Owner:	ourtesy Car (	Invoice Prepa  Invoice Prepa  1) AR: Accident R  2) DA: Damage As  3) TF: Towing Fee  4) FT: Follow-Thre  For claiming agai  6) TR: Re-inspectio  7) N1: Idac DA + S	Date&Time Com  Tration Checklis  Eporting (\$30);  Seasment (\$100);  Mugh Survey  Mugh Survey (Resurve)  InstINC Only (wef 10)  MMRT Survey	INC (\$80) \$40/\$45 \$120 y) \$30 0 Jan 2005)	Anic (5)	A ARC
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Involce dated Fee Charged	Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/C  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  Date/Time Actions  Liminal's Particulars:  iver/Owner:  Intact No:  maged Portion:  Checked by (Engr-In-Charge):  ditors' Comments:  1:	ourtesy Car (	Invoice Preparation of the control o	Date & Time Com  pration Checklis  eporting (\$30); sessment (\$100); ough Survey ough Survey (Resurve) inst INC Only (wef 10 on iMRT Survey I Services:  ar/Tpt Allowance ordination Inspection t Excess Coordination in INC) against INC	INC (\$80) \$40/\$42 \$120 \$130 \$250 \$510 \$225 \$33	Anic(S)	Add B

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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 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,	sent to the archiving of this report at the centre and to copies of the report being made available					
CONTRACTOR OF THE PROPERTY OF	ACCIDENT STATEMENT					
Date Of Report	07/10/2019 17:47					
Date Of Accident	06/10/2019 21:35					
Exact Location Of Accident	95 FRANKEL AVE					
Country/State of Loss	SINGAPORE					
MAGINE STATE OF THE STATE OF TH	DETAILS OF OWN VEHICLE					
Vehicle Registration Number	SBU72H					
Insured/Policyholder						
Name Of Registered Owner	TERENCE HO HIN NGEE					
NRIC No	S1472907J					
Email Address	NOEMAIL					
Mobile Phone No	(LOCAL) +65-98330253					
Alternative Phone No	OFFICE-98330253					
Vehicle Particulars						
Manufacturer	VOLKSWAGEN					
Model	SCIROCCO 2.0L AT TSI 1379V3					
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE					
Are you claiming under your own incurance policy						

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

1700060103-01

Cover Note Number

Driver

Name of Driver HO REN JIE, TROY

S9233709Z NRIC No Date Of Birth 14/09/1992 INDOOR Occupation Date Of Driving Pass 14/09/2011

Driving Experience 8 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98330253

Fax Number

OFFICE-98330253 Contact Number

EMail Address NOEMAIL Address

37B JERVOIS ROAD

Postcode

249022

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Type Of Accident Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

**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

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?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SGV230D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

98769786

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# SKETCH PLAN

## IMPORTANT NOTICE

- Please report correctly 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.
- 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.
- 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.
- R. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 insurers) 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:
  - 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'y Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature

Name:

NRIC/FIN No.:

VEHICLE A: SBU 72 H

venicu 3: 56v 230D

[95 Frankel Ave]

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DECLARATION

I/We declare the loggoing 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's Signature

Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 10/ 10/ 2019 1000	MM/YYYY), TIME: 37 HH:MM
LOCATION: Along 95 Frankel	
1. DETAILS OF VEHICLE	
	SBU 72H
b)INSURANCE COMPANY: ALE	
	060 103-01
	THIRD PARTY / THIRD PARTY FIRE &THEFT)
	SWAREN.
	N / LORRY / MOTORCYCLE. / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / CO	
h)PURPOSE OF USING AT ACCIDENT	
I) ARE YOU CLAIMING UNDER YOUR C	
IF NO, PLEASE STATE (THIRD PARTY)C	LAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	οςΩ=Ε\Ε\
A)NAME: HO HIN NGE	MALE / FEMALE)
	147 2907J CONTACT:
CLADDRESS: 378 JENOIS RO	au (1747022)
* CONTINUE TO 3.d IF DRIVER ALSO PO	OLICY HOLDER
His of passenger DRIVER	OLICI HOLDER
Claded of a) NAME: HO REN JIE, TYOU	(MADE / FEMALE)
b) NRIC/FIN/PASSPORT:	2337097 CONTACT: 4533 0253
(_0) CIADDRESS: 378 JEWOIS ROAD	S(949017)
*d)DATE OF BIRTH: (14 / 09 / 199)	) upp vita popol
e)OCCUPATION: (INDOOR / OUTDOO	
FIVE ARE OF DRIVING EVEREPIENCE	
4. WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIV	INSURED'S COMPANY? (YES:/ NO
IF NO, RELATIONSHIP OF THE DRIV	ER WITH INSURED: CHILD
5. a) WEATHER CONDITION: (CLEAR / RA!	NING / OTHERS
b)ROAD SURFACE: (DRY / WET / OTHER	RS
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	urbern a N.
IF YES, PLEASE STATE WHICH POLICE S	STATION:
No of passenger a) VEHICLE NUMBER: SGV 230	D . HODEL
	MODEL.
	CONTACT:98769786
(01) female THIRD PARTY VEHICLE	
	MODEL:
No of passinger, of DRIVER'S NAME	100 00
Induding driver) 1). NRIC/FIN/PASSPORT:	CONTACT::-
( )	
	ec 100 100

email =

fax =



# CERTIFICATE OF INSURANCE

#### AUTOPLUS PRIVATE VEHICLE

: SBU72H : 1700060103-01

: 26 Nov 2018

#### ABOUT THE COVER

Make/Model VOLKSWAGEN SCIROCCO 2 5 TSI
Engine Capacity/Tonnage 1 594 00 CG Sum Insured Mark
Driver Restriction NA Off Peak Car No
Person or Classes of Persons Entitled to Driver

1 to Personate Tonnage 1 to Driver

1 to Personate 1 to Driver

2 to Driver

1 to Driver

1 to Driver

1 to Driver

1 to Driver

2 to Driver

3 to Driver

4 to Driver

5 to Driver

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5 to Driver

5 to Driver

5 to Driver Sun Insured : Market Value First Year of Registration : 2011
Off Peak Car : No. Insuring with COE/PARF : Yes

You have in pay or additional curr of \$1.000 or "having and/or has partied from \$1.000 or \$1.000

Age Condition — All Age Condition
Limitation as to use\*

Limitation as to use\*

Limitation as to use a limitation are present account and to be important and to be a limitation and to be a recent and to

Loss of Line 1900s; - 1600s; Optional

\*Line Marine reviews from parties to Section 6 of the Marin Contents (from Sens and Components); And Clay 180 and Section 50 of the Season Sensor Annal Section 50 of the Season Sensor Sen

Section 1 For - 87 Chart Damage - \$1000 That - 50 Food Cover - 50

Broken I Properly Decreps - NO

Named Driver and Excess personne

TEMPLOS HO HAVINGES - STREET FOR CHANGE

## APPROVED REPORTING CENTRES-AUTHORISED REPAIRERS FOR CLASSINE ATEC MEPAIRS)

Approved Reporting Contract with Authorities Reporting to Jesus related register.

Any according to the Service was in a contract on the service Reporting Service on the Service Reporting Service Reporting Service Reporting Service Reporting Service Report and Service Reporting Service Report Report and Service Report Repo

# IMPORTANT NOTES

Hire Purchase Company/Employer's Loan. NA

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AIG Asia Pacific Insurance Pts. Ltd.

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