

Date In: 19/10/19 17:31	Job description: SAS e-filing	Date & Time Completed:	Date by:
Ref No: NA/ AIG 19018470/14	E-mail (within 2hrs, AIG 2hrs)		
Ref No: 56Y800T	I-Motor Claim Form		
Date In: 18/10/19 19:15	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
Reporting Only	I-Photo Uploaded		
Assessment/Survey Report			
Ass't Report by Fax / Hand to Owner/Whsp			

Photo not Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
IP Particulars: Vch No: GGG 5699R	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: 80-100%]	
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: (INC Number: 0748/0016)	Date & Time Completed: ()	Done by: ()
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date/Time	Actions

NA1907867

Client's Particulars:	Invoice Preparation Checklist:	Amount:
Driver/Owner:	1) AR: Accident Reporting (\$30):	10.00
Contact No:	2) DA: Damage Assessment (\$100): INC (210)	
Damaged Portion:	3) TP: Towing Fee \$40/145	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (see 10 Jan 2023)	
	6) TR: Re-inspection \$75	
	7) NI: Ideal DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	*NS: Courtesy Car / Tpl Allowance \$5	
	*NG: Repair Coordination \$10	
	*NT: Post Repair Inspection \$75	
	*NS: DV / Collect Excess Coordination \$5	
	TP (Nil): TP (Non INC) against INC \$20	
	9) N12: Ideal Mobile \$30	
	Invoice dated	Fee Charged
	Invoice 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.
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	19/10/2019 13:31
Date Of Accident	18/10/2019 19:15
Exact Location Of Accident	KAKI BUKIT AVE 3 TWDS KAKI BUKIT RD 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY800T
Insured/Policyholder	
Name Of Registered Owner	ENG SOON AUTO PTE LTD
Co Reg No	199705198G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62917775

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	2100508829-02
Cover Note Number	

Driver

Name of Driver	PANG KIM LEE
NRIC No	S7075126G
Date Of Birth	06/09/1970
Occupation	INDOOR
Date Of Driving Pass	29/04/1994
Driving Experience	25 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91895885
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 410C FERNVALE RD #18-94
Postcode	793410
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	AFTER RAINED
Road Surface	WET

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

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	GBG5699R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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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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:

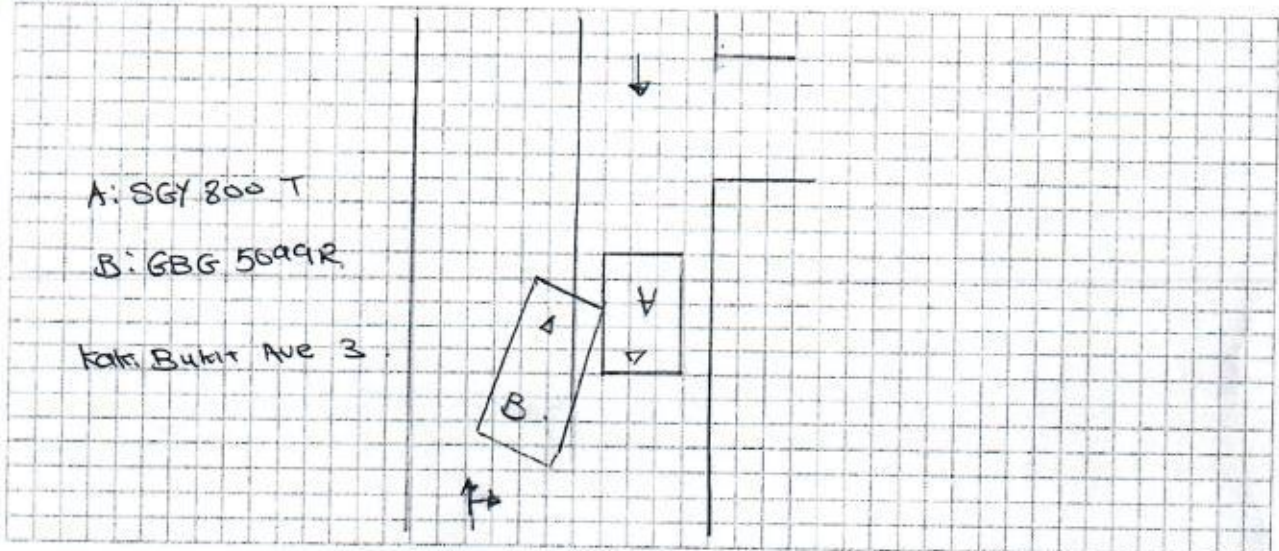


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/10/19 at about 7:16 pm. I was ~~not~~ traveling
 along Kari Bukit Ave 3 towards Kari Bukit Road 3.
 I was stationary due to front traffic. Suddenly
 vehicle B from the opposite direction, cut across
 my lane at one hit my vehicle.

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's Signature
 Name:
 NRIC/FIN No.:

Date of Accident : 18/10/19 Accident Time: 7:16 am (24-HR-Format)
Accident Place : Kaki Ave 3 towards Kaki Bukit road 3
Vehicle No. (Car Plate No.) : SGY 800T Make/Model: Honda Shuttle
Insurance Company : AIG Policy No: 2100508829-02
Owner or Company Name /IC No. : Eng Soon Auto rta Ltd. (1997051986)
Owner or Company Contact No. : Owner's Hp 62917775 Company Tel
DRIVER'S Name / IC No. : 570751266 Pong Kim Lee
DRIVER'S Date Of Birth : 06/09/1970 DRIVER'S License Pass Date 29/04/1994
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : Blk 40C Fernvale Rd #18-44 S793410
DRIVER'S Contact No./ Alt No. : 1) 91895825 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 Driver): Driver only.
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): NO injury.

Other Party Driver's Particular (if any)

Vehicle No: <u>GBG 5699R</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:





CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Eng Soon Auto Pte Ltd
Period of Insurance : 26 May 2019 To 25 May 2020
Engine No. : L15B3534862
Chassis No. : GK81004114

Vehicle No. : SGY800T
Policy No. : 2100508829-02
Endorsement No. :
Issued Date : 15 May 2019

ABOUT THE COVER

Make/Model : HONDA Shuttle

Engine Capacity/Tonnage : 1,496.00 CC

Driver Restriction : NA

Person or Classes of Persons Entitled to Drive* :

Any person who is driving on the Policyholder's order or with their 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.

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2017

Insuring with COE/PARF : Yes

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 1500cc - 1600cc Optional

* 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 - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

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 6338 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

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).

0500257000

NG EE PIN KENNETH

AIG BUILDING 78 SHENTON WAY #07-16

SINGAPORE 079120 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSPOCH