

Ref No: 29110119 14:34	Job description	Date & Time Completed	Done by
Ref No: MA1A1G19019072164	SAS e-filing		
Ref No: SJL 6711K	E-mail (within 3hrs, A/C 2hrs)		
Ref No: 26/10/19 19:55	I-Motor Claim Form		
Ref No: 0 Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Platford Wkep / INC Assign Wkep / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SMA 12 G.

INC () / Non-INC ()

Tel:

Cover Type: ()

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 repairs.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC) (Mobile: 6788 6616)

Date & Time Completed: 26/10/19 19:55

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time: 26/10/19 19:55

Actions:

MA1908098

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engi-In-Charge):

Auditors' Comments:

Tel:

Fax:

Invoice Preparation Checklist

1) AR: Accident Reporting (\$30)

INC (\$40)

2) DA: Damage Assessment (\$100)

INC (\$40)

3) TP: Towing Fee

\$40/\$45

4) FT: Follow-Through Survey

\$120

5) FT: Follow-Through Survey (Resurvey)

\$20

6) TR: Re-inspection

\$75

7) N1: Idas DA + SMRT Survey

\$160

8) NTUC Additional Services:-

ON:

*N5: Courtesy Car / Tpt Allowance

\$5

*N6: Repair Coordination

\$10

*N7: Post Repair Inspection

\$25

*N8: DV / Collect Excess Coordination

\$5

TP (N11): TP (Non INC) against INC

\$20

9) N12: Idas Mobile

\$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged

2019/10/26

2019/10/26

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	29/10/2019 14:34
Date Of Accident	26/10/2019 19:55
Exact Location Of Accident	REPUBLIC BLVD / REPUBLIC AVE TWDS CRAW FORD ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL6711K
Insured/Policyholder	
Name Of Registered Owner	CHUAN SHU YUN ELIZABETH
NRIC No	S8515875I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91853755
Alternative Phone No	OFFICE-91853755

Vehicle Particulars

Manufacturer	KIA
Model	RIO
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	1800152379
Cover Note Number	

Driver

Name of Driver	CHUAN JIN LOONG KENNETH(ZHUANG JINLONG)
NRIC No	S9533032J
Date Of Birth	11/09/1995
Occupation	INDOOR
Date Of Driving Pass	26/10/2017
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88141442
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 5 BEDOK SOUTH AVE 2 #03-358
Postcode	460005
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	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

REFER TO 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	SMA12G
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)	

DETAILS OF INJURED PERSON 1

Name	CHUAN JIN LOONG KENNETH(ZHUANG JINLONG)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJL6711K
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:

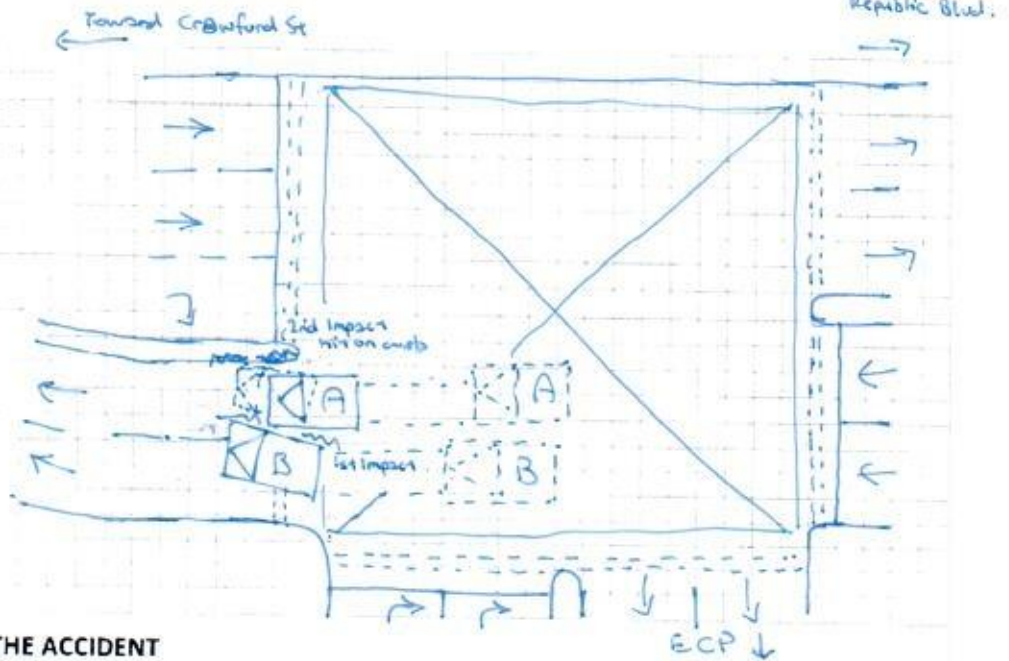
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

Vehicle A
- SJL 6711K

Vehicle B
- SMA12G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along Republic Blvd toward Crawford St direction. I was on the right lane.

While at the junction of Republic Blvd / Republic Ave, suddenly I noticed a vehicle on my left swerving into my lane, immediately I sounded the horn to warn the driver, nevertheless with my effort, eventually the vehicle hit onto the left side of my vehicle and with the impact it pushed me to the right and hit onto the center divider curb.

Alighted from my vehicle and realized it was a vehicle with licence plate (SMA12G) that collided to the left side of my vehicle.

The whole accident footage was captured by my in-car camera.

Vehicle A - SJL 6711K

Vehicle B - SMA12G

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.:

Vehicle No.	2JL 6711K	Model / Make	KIA RIO
Date of Accident	26/10/19		
Time of Accident	1955	HRS	
Location of Accident	REPUBLIC BLVD / REPUBLIC AVE toward CRAWFORD ST		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	CHUAN SHU YUN ELIZABETH		
Telephone No.	H/P: 91853755	Home :	Office :
NRIC	S85158751		
Address	5 Bedok South Ave 2 #03-358 S(460005)		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	AIA		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	1800152379		
Name of Driver	As Above If NO, CHUAN JIN LOONG, KENNETH		
NRIC	S 9533032J	Any Passengers :	NIL
Date of birth	11 SEP 1995		
Occupation	Outdoor / <u>Indoor</u>		
Driving License Pass Date	26 OCT 2017		
Gender	<u>Male</u> / Female		
Contact No.	H/P: 88141442	Home :	Office :
Address	Bk 5 Bedok South Ave 2 #03-358 S(460005)		
Driver have any own vehicle	<u>No</u> , If yes, Reg No.		
Relationship	Employee,	If no, state	SUBURB.
Weather condition	<u>Clear</u>	Raining	Other
Road Surface	<u>Dry</u>	Wet	Other
Any Injuries	No, If <u>Yes</u> , Who?		
Name And Contact No.	CHUAN JIN LOONG, KENNETH, 88141442.		
Name And Contact No.			
Police Report	<u>No</u> , If Yes, Where?		
Vehicle B No.	SMA 126	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name	Witness Contact :		
Accident Portion	LEFT SIDE OF VEHICLE, HIT ON CURB ON THE RIGHT		
Camera Recorder	<u>Yes</u> / No		
Email Address			
	AK upload photo		
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg		



CERTIFICATE OF INSURANCE

AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : CHUAN SHU YUN ELIZABETH
Period of Insurance : 20 Dec 2018 To 19 Dec 2019
Engine No. : G4EE8H192261
Chassis No. : KNADE241396479965

Vehicle No. : SJL6711K
Policy No. : 1800152379
Endorsement No. :
Issued Date : 20 Dec 2018

ABOUT THE COVER

Make/Model : KIA RIO 1.4 A HATCHBACK
Engine Capacity/Tonnage : 1,396.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2008
Insuring with COE/PARF : 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.

* 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 - \$500 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

CHUAN SHU YUN ELIZABETH, CHUAN JIN LOONG, KENNETH (ZHUANG JINLONG) - \$500 (Own Damage)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers.
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: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

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).

0501295000

INSURE LINK PTE LTD
2 KALLANG AVE #08-16 CT HUB
SINGAPORE 339407

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Insure Link Pte Ltd
2 Kallang Avenue #08-16
CT Hub S(339407)
Off: 6444 4644
Fax: 6444 4644
[Signature]

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

Yin Ying Leoh