

NA1908276		Invoice Preparation Checklist		Ref (S)	Ref (T)
Driver's Particulars:		1) AR : Accident Reporting (\$30)		30.00	
Driver/Owner:		2) DA : Damage Assessment (\$100) INC (\$40)			
Contact No:		3) TP : Towing Fee \$40/\$45			
Damaged Portion:		4) FT : Follow-Through Survey \$120			
		5) FT : Follow-Through Survey (Re-survey) \$30			
		For claiming against INC Only (w/c 10 Jan 2003)			
		6) TR : Re-inspection \$75			
		7) NI : Idao DA + SMRT Survey \$140			
		8) NTUC Additional Services:			
		OR:			
		*N5: Courtesy Car / Tpt Allowance	\$5		
		*N6: Repair Co-ordination	\$10		
		*N7: Post Repair Inspection	\$25		
		*N8: DV / Collect Excess Coordination	\$5		
		TE (N11) : TP (Non INC) against INC	\$20		
		9) NI 2: Idao Mobile	\$5		
QC Checked by (Engr-In-Charge):		Invoice dated	Fee Charged		
		Invoice dated	Fee Charged		
Writers Comments:					
at:					



## 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	02/11/2019 11:37
Date Of Accident	01/11/2019 18:40
Exact Location Of Accident	8C BOON TIONG RD MSCP (DECK 2A)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU5305K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YAO HUITING GERTRUDE
NRIC No	S8426860G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97124555
Alternative Phone No	OFFICE-97124555

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 6
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	1700079969
Cover Note Number	

### Driver

Name of Driver	CHAY LAP WAI JACKSON (XIE LIWEI)
NRIC No	S8239190H
Date Of Birth	27/11/1982
Occupation	INDOOR
Date Of Driving Pass	06/07/2006
Driving Experience	13 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97124555
Fax Number	
Contact Number	
EMail Address	NOEMAIL



Address	BLK 454 CLEMENTI AVE 3 #23-556
Postcode	120454
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBZ1398K
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)	



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 Information 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.:



A: SLW5305K  
B: SBZ1398K

On 01.11.2019 at about 18:41, I parked my car at 8C Boon Tong Road Multi Storey Carpark (Deck 2A). Suddenly Vehicle B hit my Vehicle.

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

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



Date of Accident : 01.11.2019 Accident Time: 18.41 (24-HR-Format)  
Accident Place : 8C, Boon Tiong Road Multi storey carpark (Deck 2A).  
Vehicle No. (Car Plate No.) : SLV 5305K Make/Model: Mazda 6  
Insurance Company : AIG Policy No: 1700079969  
Owner or Company Name / IC No. : Yao Huiing Gertrude (S84268606)  
Owner or Company Contact No. : - Owner's Hp - Company Tel  
DRIVER'S Name / IC No. : Chay Lap Wai, Jackson (S823919014)  
DRIVER'S Date Of Birth : 27.11.1982 DRIVER'S License Pass Date 06.07.2006  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
DRIVER'S Address : Blk 454 Clementi Avenue 3 # 23-556 Singapore 120454  
DRIVER'S Contact No / Alt No. : 1) 9712 4555 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): 1 Driver.  
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

Other Party Driver's Particular (if any)

Vehicle No: SBZ 1398K	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

## MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Yao Huiting Gertrude  
Period of Insurance : 05 Dec 2017 To 04 Dec 2019  
Engine No. : PY21062327  
Chassis No. : JM6GL1031J0135052

Vehicle No. : SLU5305K  
Policy No. : 1700079969  
Endorsement No. : 000000000167715  
Issued Date : 19 Dec 2017

### ABOUT THE COVER

Make/Model : MAZDA 6 2.5 SKYACTIV

Engine Capacity/Tonnage : 2,488.00 CC

Driver Restriction : NA

Sum Insured : Market Value  
Off Peak Car : No

First Year of Registration : 2017  
Insuring with COE/PAF : 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.

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 - \$750 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100

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

Yao Huiting, Gertrude - \$750 (Own Damage)

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

1. Trans Eurokars Pte Ltd Add: 5 Ubi Close, Singapore 408605 63958899

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](http://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: United Overseas Bank Limited

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, 1959 (Malaysia).


0503599190

ARF (AP) PTE LTD - MAZDA

7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX

SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

  
AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

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