7/11/19 15:16	Job description	Date & Time Completed	Done by
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2/11/19 17:30.	i-Motor Claim Form		
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	JW 1764 INC	()/Non-INC()	
Owner / Driver: (34 1102.	Tel:	χ
Policy No: () Perio	od: (Cover Type: ()
Confirmed by : (Dates	Time:)
Insured/Driver Liability: (%) [No	ote-Est. Status (WO): N: 0	-20%; P: 21-79%. F: 80-	100%]
Year of Registration: ('-) W	arranty: YES ()/NO ()	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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

policinal programme and the second of the second	ACCIDENT STATEMENT
Date Of Report	07/11/2019 15:16
Date Of Accident	02/11/2019 17:30
Exact Location Of Accident	SUNRISE WAY TWDS YIO CHU KANG RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT8556M
Insured/Policyholder	
Name Of Registered Owner	YEO BEE TIN
NRIC No	S1447013A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96653839
Alternative Phone No	OFFICE-96653839
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180
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	1700064483-01
Cover Note Number	
Driver	
Name of Driver	YEO BEE TIN
NRIC No	S1447013A
Date Of Birth	08/04/1960
Occupation	INDOOR
Date Of Driving Pass	26/03/1979
Driving Experience	40 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96653839
Fax Number	

OFFICE-96653839

NOEMAIL

Address

57 SUNRISE AVE #04-04

Postcode

806748

Was driver an employee of the Insured's Company NO

OWNER

If No, Relationship of the Driver with the Insured

Vehicle

Vehicle Registration Number of Driver's Own

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?

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

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)

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJW176L

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

- 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
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation priwithholding 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.
- 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.
- 3. 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 a singapore and any relevant government agency/authority (such as the police).
 - 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:

oves

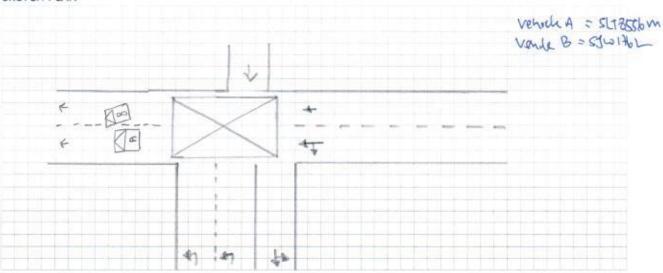
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On	the	Ptatlo	date	ad	tom, [vahrele	A w	es the	nelly ste	ight on
tu	Amed	venue.	suldenty y	high B	Sweniell	into m	y (ne	and	collidad	VATO
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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.:

GUIHNIC SvetchPlunForm_VI

ACCIDENT STATEMENT

	ACCIDENT DATE 02 11 2019	DD/MM/YYYY), TIME: [1 7 30)(HH:MM
#10 miles	LOCATION: SUNRISE WAY TON	LARIS YLO CHU KANH ROAD
	1 2574115 271/511/215	
	1. DETAILS OF VEHICLE SLT 8	55/ na
	DINSURANCE COMPANY: AI	101
	e)MAKE & MODEL: Mercudus B	E / THIRD PARTY / THÍRD PARTY FIRE &THEFT)
	FITYPE: (SALOON / COUPE / MPV /	VAN / LORRY / MOTORCYCLE / OTHERS)
		COMMERCIAL / MOTORCYCLE)
	hIPURPOSE OF USING AT ACCIDE	
	JARE YOU CLAIMING UNDER YOU	
	IF NO, PLEASE STATE (THIRD PARV	
	2. INSURED / POLICY HOLDER	CEAINT REPORTING CIVELY
	AINAME: YEO BEE TIM	(MALE / FEMALE)
	b)NRIC/FIN/PASSPORT: S144	
	CIADDRESS: 57 Sun Risk A	u +04-04 (5) 806748
	CIADDRESS: 54 JAN 195 F	00 404 -1 0) 000440
	FOOLITABLE TO SALE DONES ALOS	DOLLOVIJOURES
si	* CONTINUE TO 3.d IF DRIVER ALSO	O POLICY HOLDER
Clinduding d	anga, DRIVER	100000000000000000000000000000000000000
(Including of	river) alname:	(MALE / FEMALE)
(21)		CONTACT:
CLI	c)ADDRESS:	
		9/0
	d)DATE OF BIRTH: [8 4 1	
	a)OCCUPATION: (INDOOR / OUTD	
	f) YEARS OF DRIVING EXPRERIENCE	
		THE INSURED'S COMPANY? (YES / NO)
		2000 C.
	5. a) WEATHER CONDITION: (CLEAR /	
	b) ROAD SURFACE: (DRY / WET / O]	
	6. WAS ANYBODY INJURED (YES (NO	
	7. a) REPORTED TO POLICE (YES / NO)	
	IF YES, PLEASE STATE WHICH POLICE	CE STATION:
	8. THIRD PARTY VEHICLE	
, A	04.0101	
the of passency	ger a) VEHICLE NUMBER: SJW17	MODEL:
He of passeng Including dri	or al VEHICLE NUMBER: SJW17	
Including dri	b) DRIVER'S NAME: C) NRIC/FIN/PASSPORT:	
He of passons Including dui	or al VEHICLE NUMBER: SJW17	
Including dri	b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: 9. THIRD PARTY VEHICLE	CONTACT:
(Ø3) No of passer	9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: SJWY PARTY VEHICLE d) VEHICLE NUMBER:	CONTACT:
hoclading drive (#3) No of pressen	b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: 9. THIRD PARTY VEHICLE	CONTACT:

|email = rico60 autosurvices @gmail. com fax = 6286 7060



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : YEO BEE TIN

Period of Insurance

: 15 Nov 2018 To 14 Nov 2019

Vehicle No. Policy No.

: SLT8556M : 1700064483-01

Engine No. Chassis No.

: 27491031068055 : WDD2050402R310271

Endorsement No. Issued Date

: 02 Oct 2018

ABOUT THE COVER

Make/Model

MERCEDES BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE

Engine Capacity/Tonnage 1,595.00 CC

Sum Insured . Market Value

First Year of Registration 2017

Driver Restriction

: NA

Off Peak Car No

Insuring with COE/PARF Yes

Person or Classes of Persons Entitled to Drive*

The Policyholder Any other person who is driving on the Policyholder's order or with his her permission. Is Phlicy will indemnify the Policyholder or any authorised driver only if height 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 dower use for hire or reward, driving tustion, driving test, recing, 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 Mator Trade.

* Limitations rendered inoperative by Section 8 of the Motor Venices (Third-Party Risks and Compensation) Act (Cho. 189) and Section 95 of the Road Transport Act, 1997 (Mulaysia), are not to be included under these headings.

EXCESS

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

YEO BEE TIN - \$900 (Own Damage)

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

1. Cycle & Carriage Euros Service Centor (For accident reporting only). Add: 330 Ubi Road 3 Singapore 408650 62061618. 2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair. Add: 188 Pandan Loop Singapore 1283/16 62061618.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact ow 24-hour accident emergency notions 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

Hire Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asia Pacific Ltd

Wile 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, 1997 (Maleysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Maleysia).

0504812254

CYCLE & CARRIAGE - VL 239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE