

Date: 15/11/19 08:51	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/AG19020275/h4	E-mail (attach 3hrs, AIC 2hrs)		
Vehicle: SKL 6168 S	I-Motor Claim Form		
Date: 14/11/19 08:55	I-Motor W/O (Winda: OD 2hrs TP 4hrs)		
Reporting: <input checked="" type="radio"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Work		

Profound Wkep / INC Assign Wkep / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SLN 83605. 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%; 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 repairer.

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

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

Remarks: (INC Hotline: 6788 4616)

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

2) QC Check / Post Repair Inspection ( )

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

Injury: \_\_\_\_\_

Date/Time	Actions

Invoice Particulars	Checked by	Amount	Remarks
1) AR: Accident Reporting (\$30)		30.00	
2) DA: Damage Assessment (\$100)	INC (\$80)		
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) FT: Follow-Through Survey (Resurvey)	\$20		
For claiming against INC Only (use 10 Jan 2020)			
6) TR: Re-inspection	\$75		
7) NI: Idan DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
OR:			
*NS: Courtesy Car / Tpt Allowance		\$5	
*NR: Repair Co-ordination		\$10	
*NT: Post Repair Inspection		\$25	
*NB: DV / Collect Excess Coordination		\$5	
TP (N11): TP (Non INC) against INC		\$20	
9) N12: Idan Mobile		\$0	
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

MA1908593

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comment:

## 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	15/11/2019 08:51
Date Of Accident	14/11/2019 08:55
Exact Location Of Accident	PORTSDOWN AVE TWDS AYE TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL6168S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN BOON HENG SHAUN (CHEN WENXING, SHAUN)
NRIC No	S8229487B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90600137
Alternative Phone No	OFFICE-90600137

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 6
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	1800017120
Cover Note Number	

### Driver

Name of Driver	TAN BOON HENG SHAUN (CHEN WENXING, SHAUN)
NRIC No	S8229487B
Date Of Birth	01/10/1982
Occupation	INDOOR
Date Of Driving Pass	17/07/2001
Driving Experience	18 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90600137
Fax Number	
Contact Number	OFFICE-90600137
EEmail Address	NOEMAIL

Address	61 LOR K TELOK KURAU #03-01
Postcode	425671
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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	SLN8360S
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.
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:

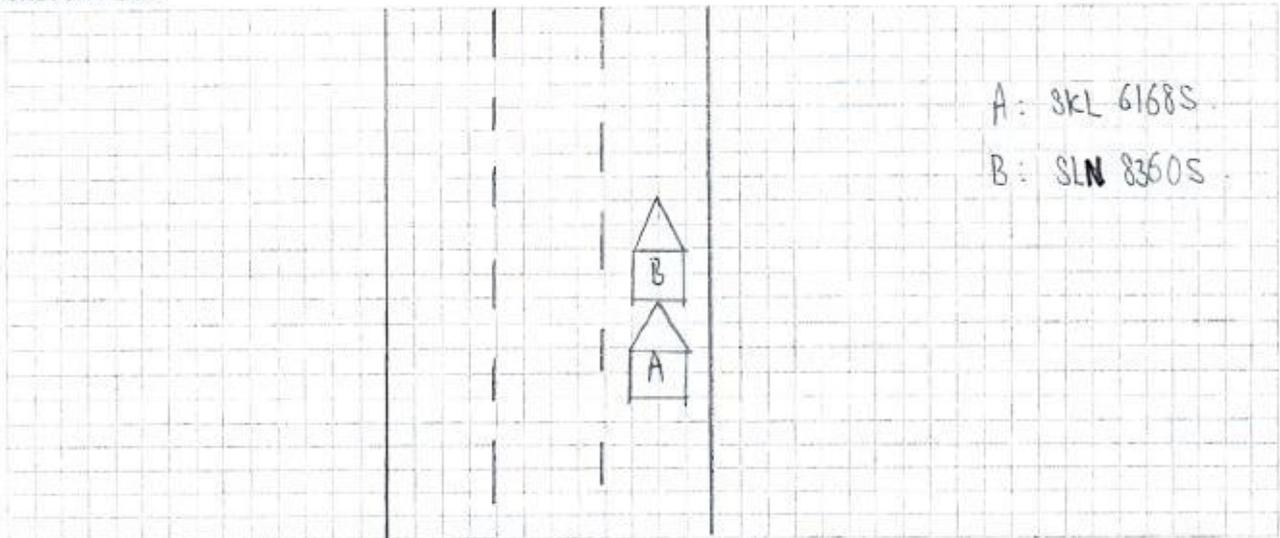
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 14.11.2019 at about 8.55 am I was travelling along  
Postdown Avenue Towards AYE Tuas. I was travelling straight and I came  
to a stoped. Suddenly Vehicle B reverse and hit my front portion

**DECLARATION**

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

  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time: X

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

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

Date of Accident : 14. 11. 2019 Accident Time: 08.55 (24-HR-Format)

(Accident Place) : \* Postdown Avenue Toward AYE Tuas .

Vehicle. No. (Car Plate No.) : SKL 6168S Make/Model: Mazda 6

Insurance Company : AIG Policy No: 1800017120

Owner or Company Name /IC No. : Tan Boon Heng, Shawn ( 98229487B )

Owner or Company Contact No. : - Owner's Hp 90600137 Company Tel

DRIVER'S Name / IC No. : as above

DRIVER'S Date Of Birth : 01.10.1982 DRIVER'S License Pass Date 17.07.2001

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner

DRIVER'S Address : 61 lorong k Telok Kurau # 03-01 (s) 425671

DRIVER'S Contact No./ Alt No. : 1) - 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 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

**Other Party Driver's Particular (if any)**

Vehicle. No: <u>SLN 8360S</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

1800017120

## MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Tan Boon Hong Shuan (Chen Wenjing Shuan)  
 Period of Insurance : 08 Feb 2018 To 07 Feb 2020  
 Engine No. : PE21019243  
 Chassis No. : JMGCL1071J0135137

Vehicle No. : 294151825  
 Policy No. : 1800017120  
 Endorsement No. :  
 Issued Date : 15 Feb 2018

### ABOUT THE COVER

Make/Model	MAZDA 6 2.0 SKYACTIV	Sum Insured	Market Value	First Year of Registration	2018
Engine Capacity/Tonnage	1,998.00 CC	Off Peak Car	Yes	Insuring with COE/PAGE	Yes
Driver Restriction	NA				

#### Person or Classes of Persons Entitled to Drive\*

All may drive.  
 \*This policy covers only driving on the manufacturer's order or with their permission.  
 The policy will not cover the Policyholder or any authorized driver who is not insured for specified age condition.  
 You have to pay an additional amount of \$100 as "Young Driver Compensation Driver Excess" ("YDC") if you are of your first year of cover insured or otherwise is under the age of 25 upon first day of cover during the term.

Age Condition: All Age Condition

#### Limitation as to use\*\*

This policy is issued for private use and pleasure purposes and for the Policyholder's business.  
 This policy does not cover use for hire or reward, driving for hire, racing, sports, driving for profit, or any other use not intended for private use. For more details, refer to the policy schedule and conditions.

Class of Use: 150000 - Motor Vehicle

\* Conditions, exclusions, responsibilities by Section 8 of the Motor Vehicle (New Parts, Hubs and Components) Act (Cap. 194) and Section 82 of the Road Transport Act, 1987 (Singapore) apply to the vehicle under these headings.

### EXCESS

Section 1  
 Fire - \$1,000 (Own Damage) - \$500 (Theft) - \$0 (Vandalism) - \$0

Section 2  
 Property Damage - \$0

Workman - \$100

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

Tan Boon Hong Shuan (Chen Wenjing Shuan) - \$500 (Own Damage)

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

\* Tan Boon Hong Shuan (Chen Wenjing Shuan) - Singapore 438234800888

For more Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at 905 0311 6222. Alternatively, you may refer to this website [www.aig.com.sg](http://www.aig.com.sg) or using the AIG 24/7 Mobile App. Training centers and workshop "AIG 24/7" have places on Google Map.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

We hereby certify that this policy is issued in accordance with the provisions of the Motor Vehicle (New Parts, Hubs and Components) Act (Cap. 194) and the Road Transport Act, 1987 (Singapore) and Motor Vehicle (Third Party Risk) Act, 1959 (Singapore).

1800017120

AIG (AP) PTE LTD - MAZDA  
 7 RAFFLES PLACE, #04-01/02 MARCK B BLDG COMPLEX  
 SINGAPORE 348114

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*J. Perik*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORIZED REPRESENTATIVE