Date In: 18/11/19  Ref No wa/arg 19020388/13  Veh No Smf6 43 4 G  Disconting  E-mail (w.den Shrs. Atc. 2hrs.)  Disconting Only  i-Motor Claim Form  i-Motor W/O (Within OD 2hrs. TP 4hrs.)  i-Photo Uploaded  Assessment/Survey Report	Done	liv	
Veh No SMF6 4344   E-mail (w.den 8hrs. Ale 2hrs.)		W.	
Veh No SMF6 4344         E-mail (w.den 8krs. Ale 2krs.)           DOA 16/1/19         1329           i-Motor Claim Form           OD (i-f)' Reporting Only         i-Motor W/O (Within OD 2hrs. TP 4hrs)           i-Photo Uploaded			
DOA 16/11/19 1320 i-Motor Claim Form : i-Motor W/O (Within OD 2hrs. TP 4hrs) i-Photo Uploaded			
OD (iP) Peporting Only i-Motor W/O (Within OD 2hrs, TP 4hrs) i-Photo Uploaded			
OD (iF) Peporting Only i-Photo Uploaded		Africa Table Vis	
ASSESSMENT OUT YET INCHIEF			
TP Insurer:  Ass't Report by Fax / Hand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: ( REVU DUTU Tel: Fax.			
TP Particulars: Veh No: ET19H 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 rafer of repairer.			
( ) Total Loss Case : to e-mail Insurer URGENTLY.	Market Comme		
Drive-In ( )/ Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. (		)	
The in ( ), through ( ), through ( ), the ( ), t			
Remarks;- (INC horline: 6788 6616) Date&Time Completed	Done	by	
Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )			
Injury:			
	MI.		
Date/Time Actions			
	410		
	Anit (\$)	Anit (\$)	
NA 1908657 Invoice Preparation Checklist	Ist Bill	Add Bill	
**************************************			
laimant's Destinators (\$30);	5	9	
laimant's Particulars:-  1) AR: Accident Reporting (\$30);  2) DA: Damage Assessment (\$100); INC (\$80)  3) TE: Towing Fee	4) FT : Follow-Through Survey \$120		
1) AR : Accident Reporting (\$30);   2) DA : Damage Assessment (\$100); INC (\$80)   1	-		
1) AR : Accident Reporting (\$30);   2) DA : Damage Assessment (\$100); INC (\$80)   1) Towing Fee   \$40°54   4) FT : Follow-Through Survey   \$12   5) FT : Follow-Through Survey   \$3.25   50 FT   50	0		
1) AR : Accident Reporting (\$30);     2) DA : Damage Assessment (\$100); INC (\$80)     3) TF : Towing Fee	5		
1) AR : Accident Reporting (\$30);   2) DA : Damage Assessment (\$100); INC (\$80)   7   7   7   7   7   7   7   7   7	5		
1) AR : Accident Reporting (\$30);     2) DA : Damage Assessment (\$100); INC (\$80)     3) TF : Towing Fee	0		
1) AR : Accident Reporting (\$30);     2) DA : Damage Assessment (\$100); INC (\$80)     3) TF : Towing Fee	5		
1) AR : Accident Reporting (\$30);     2) DA : Damage Assessment (\$100); INC (\$80)     3) TF : Towing Fee	5 0 1		
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1) AR : Accident Reporting (\$30);     2) DA : Damage Assessment (\$100); INC (\$80)     3) TF : Towing Fee	5 0 5 5 5 5 0		

#### 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 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 aforesaid.

A	CCI	DEN	5	All	ΞV	ENI

Date Of Report 18/11/2019 12:03

Date Of Accident 16/11/2019 13:20

Exact Location Of Accident PARKWAY PARADE MSCP

Country/State of Loss SINGAPORE

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMF6434G

Insured/Policyholder

 Name Of Registered Owner
 LIM TJE HONG

 NRIC No
 \$1452141J

 Email Address
 NOEMAIL

 Mobile Phone No
 (LOCAL) +65-93899959

 Alternative Phone No
 OTHERS-93899959

Vehicle Particulars

Manufacturer SUBARU

Model FORESTER

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

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 1800137851

Cover Note Number

Driver

 Name of Driver
 LIM TJE HONG

 NRIC No
 \$1452141J

 Date Of Birth
 10/09/1960

 Occupation
 OUTDOOR

Date Of Driving Pass 20/03/1980

Driving Experience 39 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93899959

Fax Number

Contact Number OTHERS-93899959

EMail Address NOEMAIL

26 FERNWOOD TERRACE Address

#18-01

458555 Postcode

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

Insurance Company of Driver's Own Vehicle

Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

CLEAR Weather Conditions Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

Passenger 1

NO

NO

NO

NAME:

: UNKNOWN GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED 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

ET19H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

PRIVATE CAR

### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
  - 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.:

	1-1-1	
	AB	
	Packway Dagala M. H. Ol.	vehicle A = 5MF 6434
	parkway parade Multi Story Car park.	
	car park.	vehicle B = E7 19 H
	NCES OF THE ACCIDENT	
on 16/1	11/2019 at 1320 MRS, I was go	vening up to exit
the car	part at parkway parade. Sudde	nly a car B
ET 194 K		4 G) from behind.
	ar potion was damaged.	
11/1		
ECLARATION Ve declare the foregoing	particulars are true in every respect.	
	particulars are true in every respect.	Lucy 1011.
Ve decide the foregoing	///3	Sym 18/11/19
	///3	ting Centre Personnel's Signature

KEHICLE NO: SMF	6434 G MAKE & MODEL: Subaru Forester.
DATE OF ACCIDENT	16 1 11 1 2019
TIME OF ACCIDENT	13.20 URS AM 12M2)
LOCATION OF ACCIDENT	Mari. Parkway Parade Car Park
Exact Purpose use during ac	
NAME OF OWNER	
TELP NO	93899959
NRIC	1452141-5
CLAIM TYPE	OD / (THIRD PARTY) / Reporting Only
INSURANCE CO.	AIG
TYPE OF CAVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	1800137851
NAME OF DRIVER	As above / If No.
NRIC	S 1452141 J Any passengers. I female pa
DATE OF BIRTH	10 1 9 1 1960
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	20 1 3 1 1980
GENDER	Male / Female
CONTAC NO.	9389 9959, Office. Home.
ADDRESS	
DRIVER HAVE ANY OWN Veh	icle NO / If yes. Reg No.
RELATIONSHIP	Employee / If No.
WEATHER CONDITION	(Clear / Raining / Other.
ROAD SURFACE	(Dry) / Wet / Other.
ANY INJURIES	No / If yes . Who?
CONTAC NO.	TO / II yes I Willo.
OLICE REPORT	No / If yes . Where?
EHICLE B NO.	1
IAME	ET 19 4. Any Passenger.
CONTAC NO.	
EHICLE C NO.	Any Passenger .
EHICLE D NO.	Any Passenger .
EHICLE D NO.	Any Passenger .
EHICLE F NO.	Any Passenger .
NY WITNESS	Any resourger i
TITNESS CONTACT NO.	
ave you been approach by unl	known person soliciting (c) /
fering accident claims assistan	
reing accident claims assista	
ARTICULAR WORKSHOP	Sme Motor Pte Ltd Revolution Automotive Pte Ltd
LP NO	1 Kaki bukit ave 6 #02-15 Fax: 6452 4584
ONTACT PERSON	Autobay @ kaki bukit Reporting @ revolanto . com . So
X NO.	Singapore 417883
	Telp : 67476106 (6 lines)
	Fax. 67442368



# CERTIFICATE OF INSURANCE

# SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Lim Tje Hong

Vehicle No.

: SMF6434G

Period of Insurance

: 20 Nov 2018 To 19 Nov 2019

Policy No.

: 1800137851

Engine No. Chassis No. : FB20YE94333

: JF1SK7KL5KG004159

Endorsement No. Issued Date

: 04 Dec 2018

#### ABOUT THE COVER

Make/Model

SUBARU Forester 2.0i-L

Engine Capacity/Tonnage : 1,995.00 CC

Sum Insured : Market Value

First Year of Registration : 2018

Driver Restriction

: NA

Off Peak Car : No

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 fultion, 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

\* 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 - \$800. Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Lim Tje Hong - \$800 (Own Damage)

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

1,Motor Image Enterprises Pte Ltd. Add: 19 Lorong 8 Toa Payoh Singapore 319255 64170100

For other: Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hottine 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: MayBank

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).

0500619207

TAN CHONG CREDIT SUBARU-ANT 911 BUKIT TIMAH ROAD

SINGAPORE 589622

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE