NATIONAL Assessment Co	entre Services. wet various	MINA 40705 18	0]-
Date In: 90/1/2013 17:4	Jeb description	Date &Timo Completed	Done by
Rethon Balance Popular	SAS c-filling		
Veh No OCK WHOH	E-mail (a) die thee, Ale 2h	us)	
100 X108/11/80 08.	I-Motor Claim Form		
A COUNTY OF THE PARTY OF THE PA	I-Motor W/O (Withla: O	D Plus TP 4bts)	
OD (TP)' Reporting Only	I-Photo Uploaded	1	
	Assessment/Survey Rep	ort	
TP Insurer:	Ass't Report by Fox / H	13107	
Protorred Witep / INC Assign Wksp / QW	THE PERSON NAMED IN COLUMN 2 I	Tol:	Fax:
TP Particulitys: Veh No:	St three	IC()/Non-INC().	
Owner / Driver: (20 0000	Tcl:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (- Dater,	Timer)
Insured/Driver Liability: (%) [Note-Est Status (WO): N	: 0-20%; P: 21-79%. P: 80	-100%]
Year of Registration: () Warranty: YES ()/NO	()	
Brocss: (\$) Loading	;\$1,000()/\$2,000()		Treeter to the second
Control Religioles as K. S. Bris. 1842	Heriotiste atticklish	了。在154年的154年的154年的154年的156	William III
() Walk-In Customer : Customer	The state of the s	& Strictly NO refer of repaire	r
The second secon	Insurer URGENTLY.	\	
Drive-in ()/Towed-in (); In	ivoice: YES() / NO(); Towing Co: (Promise and the promise of the party of the
uemina alla desculontes com de	1505-1907/1908/1907/1905	经产品的 的现在分词	Apprehiment by
1) Apply for Transport Allowance ()/Courtesy Car ()		
2) QC Check / Post Repair Inspection	(·)		
Upload Resurvey Photo [Repair Cos	t> \$3000] ()		
Injurý:		· · · · · · · · · · · · · · · · · · ·	
Dark Tong La Adrian La Alla San Carle	SANGSYMAN		Market Control
S. C. Charles S. C. Charles and C. C	WATER VALUE CONTRACTOR OF THE WATER CONTRACTOR OF THE PARTY OF THE PAR	MANAGE CARRIED TO A STREET OF THE STREET	
4 (2000000000000000000000000000000000000	(AUSTRAL)		And Sandy Strainer
M01909014	. ninvolto		STEED STREET, NOTICE AND INCOME.
inimateraeneoraeneolae		cident Reporting (530); INC	
river/Owner:	3) TV 1 To		\$120
ontact No:	a live a Mart	low-Through Burvey (Resurvey)	330
	6) TR: Re	harpsotton	373
nrnaged Portion:	7) N1 : Ida	oDA+SMRT Survey	3160
C Charlest by Character Character	On!		33
C Checked by (Engr-In-Churge):	• N6: Ile	urlary Cof / Tpi Allowanus pair Co-ordination	510 525
uditors Comments 2 107	ENERGY CONTROL	at Repair Inspection	33
(I_1)	TP (NI	1): TP (Non INC) elelust INC	30
	Involve da	Jes Chorg	
1 2/3	Involce do	ted Fee Charg	is Marine

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number 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

	ACCIDENT STATEMENT	
Date Of Report	29/11/2019 17:23	
Date Of Accident	28/11/2019 08:30	
Exact Location Of Accident	TPE TOWARDS ECP	
Country/State of Loss	SINGAPORE	
With the transfer of the second	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGK4410H	
Insured/Policyholder		
Name Of Registered Owner	TAN TOR MENG JEFFREY	
NRIC No	\$6926033J	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-91088195	
Alternative Phone No	OTHERS-91088195	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	VIOS-1.5 E (A)	
Exact Purpose for which vehicle was being used at time of accident		
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
f No. Please state action to be taken	THIRD PARTY	
/ehicle Category	PRIVATE CAR	
nsurance Company		
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE, LTD.	
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT	
Fleet Policy	NO	
Policy Number	2100499216-02	
Cover Note Number		
Driver		
lame of Driver	TAN TOR MENG JEFFREY	
IRIC No	S6926033J	
Pate Of Birth	21/07/1969	
Occupation	INDOOR	
Pate Of Driving Pass	23/05/1989	
Oriving Experience	30 YEARS AND 6 MONTHS	

MALE

NOEMAIL

(LOCAL) +65-91088195

OTHERS-91088195

Address

BLK 323C SENGKANG EAST WAY

#11-599

Postcode

543323

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

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

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

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)

4

Passenger 1

NAME:

: PASSENGER

GENDER:

: FEMALE

Passenger 2

NAME:

: PASSENGER

GENDER:

: FEMALE

Passenger 3

NAME:

: PASSENGER

GENDER:

FEMALE

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

PLEASE REFER TO SKETCH PLAN

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 Vehicle Make/Model/Colour

SH6625R

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJU6421A

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

TAN TOR MENG JEFFREY

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SGK4410H

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.
- 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 or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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:
 - 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)

Daze & Time

Reporting Centre I

Name:

NRIC/FIN No.

TPE TOWARDS ECP SEIKHHICH CA) SH66258 (B) SJU6421A (C)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I rehicle "sorkhhoh" was travelling on the
Stated venue. I was travelling straight in my lane, suddenly the vehicle stubten
slowed down, as such I slowed down too I came to a complete stop, the
next moment I telt a huge impact on my vehicle rear, the impact
caused my vehicle to propelled forward and colleted onto SIU6421A.
I got out of my vehicle and realised I was involved in a 3 cor
chain rollision. It was SH6625R collided onto my vehicle rear
and I then collide onto the front car

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: >8/11/19 645pm

Reporting Centre Pers Name

NHIC/FIN No.:

Fmail: sm@idac.com.sg Tel.no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 28 11	19 (dd/mm/yy)	Time of Accide	nc 08 .	30 124	HR-FORMAT)	
Vehicle No : SGK4411	1000 111110 237	ke & Model:				
		OWARDS 1			10.00	
Exact location of Accident: _	Ton Ton	Menn Jet	- 1	162107	37	
Policyholder's Name / IC No.	(t	71-0118-01 H	-	7-7-35		
Driver's Name / IC No.:	Tan Tor	Meng Je	HIRY / S	.04260	SSJ (As Abo	ive)
Driver's Contact No. : 01	088195	Company Con			12	
Driver's Address: APT	BIK 323C	Sanykany	East w	14 # 11	-599, 5 (5	43523)
Insurance Company:	AI G	Email address (if				
Relationship between Owne	r & Driver:	owner	o	r Others spec	rify:	
Vhat do you wish to claim?	(Please TICK or	ie only)				
Own Insurance / Oth	MANAGARIO G ILLO MANGO ANO		against) / 🔲 I	Reporting (Fo	or Record Purpos	se)
Exact purpose for which the Vas being used at time of ac Private use / Work	cident? purpose	NAMES OF THE PARTY OF THE	nature of job)		Outdoor	
The state of the s	nown timal	X	100	ender :	UNKNO	The Court of the Party
Veather condition & Road	conditions? (On the	day of accident)				
Clear & Dry / Rain	ing & Wet / Af	ter-Rain & Wet /	Drizzling &	Wet / Othe	rs:	
vas there any video capture	d by your Car Cam	era? Yes /	No No			94.2.2
ny Injuries: Yes /	No (If YES) Inju	red Person' Name:	Tan	TOV ME	ug Jethrey	(2)
njuries Sustain:			ared Person in W			
olice Report filed; X	es/ No (If YI	ES) Which Police S	Station:			
	The	Other Party	s) Details:		SACCIONI POSITIVA	
. Driver's Name / IC No: _				Vehicle	No: SH 66	25R (B
Driver's Contact No: Driver's Name / IC No:				Vehicle	No: 57464	+21H (C
Driver's Contact No:		Insurance Co	empany (If any):			
Independent Witness (If Any	Date.					
The Paris of the Paris of the Paris	():			ontact No:		

^{*}If no proper documents are produced, IDAC should not file the report, information will be discarded after one week.



CERTIFICATE OF INSURANCE

PRIVATE AUTO THIRD PARTY FIRE AND THEFT PRIVATE VEHICLE

Name of Policyholder

: Tan Tor Meng Jeffrey

Period of Insurance

: 14 Feb 2019 To 13 Feb 2020

Engine No. Chassis No.

: 1NZX461901 : MR053HY4204199156 Vehicle No.

: SGK4410H

Policy No.

: 2100499216-02

Endorsement No.

: 01 Feb 2019 Issued Date

ABOUT THE COVER

Make/Model

TOYOTA VIOS

Engine Capacity/Tonnage 1,497 00 CC

Sum Insured : Market Value

First Year of Registration 2006

Driver Restriction

NA

Off Feak Car : No

Insuring with COE/PARF

: Yes

Person or Classes of Persons Entitled to Drive*

a) The Policyfolder

B) After other person who is driving on the Policyfonder's order or with his/her permission.

This Policy will indemnify the Policyfonder or any authorised driver only if he/and meets the specified aga condition

Age Condition

40 years old and above

Limitation as to use*

Use only for social, domestic and pressure purposes and for the Posicyhorder's business. This Posicy does not cover use for hire or reward, driving sulton, driving test, racing, pace-making, reliability trial or speed lessing. 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 anoperative by Section 8 of the Mutar Vehicles (Third-Party Risks and Compensation) Act (Cap. 180) and Section 85 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1 Fire - \$0 Thet - \$0

Section 2

Property Damage - \$0

Windscreen: No.

Named Driver and Excess when approxima

Tan Tor Meng Juffrey

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

Any account report to the Venice can be comed out at the requirer of Your chance current specifically excluded by Us). For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24 Four account americancy hotims at +65 5238 6200. Alternatively, you may refer to AIG section www.aug.com ag or AIG. SC Mobile App. Simply search and download "AIG SG" from (Tures or Google Play).

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

IV/se hereby certify that the policy to which this Certificate of insurance related is accordance with the provisions of the Motor Venices(Third Party Risks and Compensation) Act (Cap. 189), Plant IV the Road Transport Act, 1967 (Malaysia) and Motor Venicles (Third Party Risks) Rules, 1959 (Malaysia)

0692381000

TAN TOR KEAT DENNIS 371 ALEXANDRA ROAD #10-08 AIA ALEXANDRA SINGAPORE 159963 SP-GD GROUP Underwritten by AIG Asia Pacific Insurance Pts. Ltd. 2 prig

AIG Asia Pacific Insurance Pte. Ltd AUTHORISED REPRESENTATIVE



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre

TWO SECOND	ADDENDUM
(A) PARTICULARS OF PERSON MAKIN	NGTUEAL
Original Report No : MAYL	GIFTON THE AMENDMENTS:
Original Report No : WAYL	11 - 11 - 3
Name(as shown in NRIC): 100 7	Wents Arrow Vehicle Registration No: SGK 44101
(*Vehicle Driver / Vehicle	(*) Plassa del 949 NAIC/+ N/Passport No : 86926033
(*Vehicle Driver / Vehicle Owner)	(*) Please delete as appropriate
Address :	CONTRACTOR STORES TO THE CONTRACTOR OF THE CONTR
Contact (Tel)	Singapore(
	Mobile No.:_ 9/0/895
Email Address :	
Date of Accident : 28 14 90	03
Place of Accident : TPF	Time of Accident: 08.30
	LOWARDS ECP
Insurance Company: _ All	and the second s
	5.42
ADDITIONALINFORMATION / AME	
I have made a report	nentioned accident and would like to include additional information of
make the following amendments:	nentioned accident and would it
anendments:	would like to include additional information of
Insular unious dig	Anio
Marine 610	AND NEOT MSIG
	COLOR
	A PART TO THE PART
	W - New York
	11.
	Pro- I who was
olicyholder / Driver's Signature	- / m 29/11/20/1
ate:	Reporting Centre Personnel's Signature,
	NRICFINNO :: NOW
	Date: