Description (A) (A) (A) (A)		WHA WOODNIS	The state of the s	tori
Date In: 61, 1~3-16:18	Job description	Date & Time Completed	Done	p).
Ref No: Malanoovoren	SAS e-filing	İ		
Veh No: Sicrosync	E-mail (within Shrs, AIC 2hrs)			((*)
D.O.A: 5/1/20-16:35	i-Motor Claim Form			
()	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
OD TP Reporting Only	i-Photo Uploaded			
The same of the sa	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax	x:)
TP Particulars: Veh Noum	490367. INC)/Non-INC()	A	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-10	0%]	25
Year of Registration: ()	Warranty: YES ()/NO ()		Total Control
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()			
General Remarks;-			apri A	w ² n
() Walk-In Customer : Customer's in				
() Total Loss Case : to e-mail Inst			(14))	
		Towing Co: ()
		Date&Time Completed	Done	hit
Remarks: (INC hotline: 6788 6616)	A CASH CONTRACTOR AND ADDRESS	Date & 11116 Compact str	A STATE OF THE STA	a.y
Apply for Transport Allowance ()	/ Courtesy Car ()			
2) OC Charle / Dogs 2 mais Improveding	()			
2) QC Check / Post Repair Inspection	()			
	() \$3000] ()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury:	() \$3000] ()			
3) Upload Resurvey Photo [Repair Cost > Injury :	() \$3000] ()		ne case	
3) Upload Resurvey Photo [Repair Cost>	() \$3000] ()		belokse.	
3) Upload Resurvey Photo [Repair Cost > Injury:	() \$3000] ()		behovivsk.	
3) Upload Resurvey Photo [Repair Cost > Injury:	() \$3000] ()		bolica se	
3) Upload Resurvey Photo [Repair Cost > Injury:	() \$3000] ()		isenicus se	
3) Upload Resurvey Photo [Repair Cost > Injury:	() \$3000] ()			
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions			Anit (S)	Amt (3)
Onte/Time Actions Na 20021		paration Checklist		Amu(\$)
Onte/Time Actions	Invoice Pro	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$80)	Anit (S)	4
Na voo	Invoice Pro 1) AR: Accider 2) DA: Darreg 3) TF: Towing 4) FT: Follow-	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/5 Chrough Survey \$1	Anit (\$) (\$\delta \text{Bill}.	
Na voo vi. suimant's Particulars:	Invoice Pro 1) AR: Accider 2) DA: Dameg 3) TF: Tollow- 5) FT: Follow-	paration Checklist It Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/5 Forough Survey \$1 Forough Survey (Resurvey) \$	Anit (S)	A CONTRACTOR OF
Na voo vi. suimant's Particulars: iver/Owner:	Invoice Pro 1) AR: Accider 2) DA: Dameg 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp	paration Checklist It Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/5 Through Survey \$1 Through Survey (Resurvey) \$ acoinst JNC Only (wef 10 Jan 2005) ection \$	Anit (\$). [98 Bill.] 45 20 30	
Date/Time Actions Na Voo Vi suimant's Particulars: iver/Owner: ntact No:	Invoice Pro 1) AR: Accider 2) DA: Dameg 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/5 Through Survey \$1 Through Survey (Resurvey) \$ acoinst JNC Only (wef 10 Jan 2005) betton \$ + SMRT Survey \$1	Anit (\$). [94 Bill 45 20 30 30	4
Na Voovi aimant's Particulars: iver/Owner: ontact No: omaged Portion:	Invoice Pro 1) AR: Accider 2) DA: Darreg 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 3) NTUC Addit OD:	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/5 Through Survey \$1 Through Survey (Resurvey) \$ arojnst INC Only (wef 10 Jan 2005) betton \$ + SMRT Survey \$1 ional Services.	Anit (\$) (\$\cdot \cdot \	
Na Voovi aimant's Particulars: iver/Owner: ontact No: omaged Portion:	Invoice Pro 1) AR: Accider 2) DA: Darrag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 3) NTUC Addit QIV* *N5: Courtes	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/5 Through Survey \$1 Through Survey (Resurvey) \$ arainst INC Only (wef 10 Jan 2005) betton \$ + SMRT Survey \$1 ional Services:- y Cer / Tpt Allowance	Anit (\$). [98 Bill.] 45 20 30	
Onte/Time Actions My Vov iver/Owner: ontact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Pro 1) AR: Accider 2) DA: Darreg 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addit OD* N5: Courtes N6: Repeir N1: Fost Re- N6: Repeir	paration Checklist It Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/5 Through Survey \$1 Through Survey (Resurvey) \$ acoinst JNC Only (wef 10 Jan 2005) betton \$ + SMRT Survey \$1 ional Services: y Car/Tpt Allowance Co-ordination \$5 pair Inspection \$	Anit (\$) (\$\cdot \cdot \	
July : Date/Time Actions Na Voo Vi Rumant's Particulars: Ontact No: Imaged Portion: Checked by (Engr-In-Charge): Inditors! Comments:-	Invoice Pro 1) AR: Accider 2) DA: Darrage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 3) NTUC Addit OD' *N5: Courter *N6: Repeir *N7: Fost Re *N8: DV / C	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/5 Through Survey \$1 Through Survey (Resurvey) \$ against JNC Only (wef 10 Jan 2005) betton \$ + SMRT Survey \$1 ional Services: y Cor / Tpt Allowance Co-ordination \$ pair Inspection \$ solicet Excess Coordination	Anit (\$). [\$\delta \text{Bill}. 45 20 30 75 60	
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	Invoice Pro 1) AR: Accider 2) DA: Darrage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 3) NTUC Addit OD' *N5: Courter *N6: Repeir *N7: Fost Re *N8: DV / C	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/5 Through Survey \$1 Through Survey (Resurvey) \$ aroinst INC Only (wef 10 Jan 2005) betton \$ + SMRT Survey \$1 ional Services:- y Car / Tpt Allowance Co-ordination pair Inspection \$ Sleet Excess Coordination P (N-in INC) against INC \$	Anit (S). (SEBill 1988) 45 20 30 75 60 \$5 10 25 \$3 20 30	

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.
- 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.
- 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.

	•	\sim 1	n		٧.	•	T A		ΝЛ	_	м	
- A	u	u	ы	-	V.	Э.		м	V	-	N	

Date Of Report 06/01/2020 16:28

Date Of Accident 05/01/2020 16:35

Exact Location Of Accident BUKIT TIMAH RD TWDS NEWTON CIRCUS

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKF8872K

行的性性不够有效的原则是自己的对象的 "一个"

Insured/Policyholder

PROTECTION OF PERSONS PROPERTY.

Name Of Registered Owner CHUA KENG YONG (CAI JINRONG)

NRIC No SXXXX289H Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-90483308

Alternative Phone No OFFICE-90483308

Vehicle Particulars

Manufacturer SUBARU

Model BRZ RWD 6AT

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 2100307517-07

Cover Note Number

Driver

Name of Driver CHUA KENG YONG (CAI JINRONG)

 NRIC No
 SXXXX289H

 Date Of Birth
 10/12/1976

 Occupation
 INDOOR

 Date Of Driving Pass
 16/01/2003

Driving Experience 16 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90483308

Fax Number

Contact Number OFFICE-90483308

EMail Address NOEMAIL

Address BLK 517 SERANGOON NORTH AVENUE 4

#08-230

Postcode 550517

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 COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

ambulance?

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? YES

Was any injured conveyed to hospital by

NO

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMA9036D

Vehicle Make/Model/Colour TOYOTA VIOS

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 CHUA KENG YONG (CAI JINRONG)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SKF8872K

YES

NO

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 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.
- 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:
- 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)

Lunderstand, 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.

Policyhokier's Si mature

Date & Time:

Driver's Signature

(If ciriver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

A :	SKETCHPLAN Buleit Timah Road towards Newton circus
8872 K	
n R :	
4 9036 D	
(8)	
	DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
	ON The Stated time and date
1	Ort.
	I was travelling my vehicle bearing carplate SEF8872k along
1	Bulit timuh Road towards Newton Circus on lane I.
	Puddenly I fest a great Impact from my ever. I alighted and
	J = 1 = 1
[]	Leulised of Vehicle hearing curplate SMA 90360 Kins collided on my
1_	
P	tur.
_	
DECL	ARATION
	ARATION lectore the foregoing particulars are true in every respect.
/We d	

	5/1/2020 Accident Time: /6 35 (24-HR-Format)
Accident Place	: Bukit Timuh Road towards Newton Circus
Vehicle Reg. No. (Cor Plate No.)) : SkF 8872 K
Vehicle Make/Model	: Suburn BR-Z
Insurance Company	AIG Policy No. 2100307517-07
Owner or Company Name /IC No	(Kur Vani
Owner or Company Contact No.	: 9048 3308 Owner's Hp Company Te
DRIVER'S Name / IC No.	: Chua Kang Yong
DRIVER'S Date Of Birth	:DRIVER'S License Pass Date
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 517 Sevanguan North Ave 4 # 08-230 (550
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: ADmine mycar. sg
Weather & Road Surface	CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party) Claim Own Insurance
	: Reporting Only Claim Other Party Claim Own Insurance Driver): 0 / Driver 20 months of the Communication of the
Number of Passengers (Including	Driver): 01 Driver injured.
Number of Passengers (Including Was there any video Captured by Exact purpose for which vehicle w	Driver): 0/ Driver injured,
Number of Passengers (Including Was there any video Captured by Exact purpose for which vehicle w Other Vehicle Reg. No: SMA 9036 D	Driver): 0 Driver land of accident: Private use \ Work purpose Party Driver's Particular (if any) Vehicle Reg. No:
Number of Passengers (Including Was there any video Captured by Exact purpose for which vehicle w Other Vehicle Reg. No: SMA 9036 D	Driver): 0 Driver land of accident: Private use \ Work purpose Party Driver's Particular (if any) Vehicle Reg. No:
Number of Passengers (Including Was there any video Captured by Exact purpose for which vehicle w Other Vehicle Reg. No: SMA 9036 D Vehicle MakelModel: Togota	Driver): 01 Car camera: YES (NO) vas being used at the time of accident: Private use \ Work purpose Party Driver's Particular (if any) Vehicle Reg. No: Vehicle MakelModel:
Number of Passengers (Including Was there any video Captured by Exact purpose for which vehicle w	Driver): 0 Driver Mynd de car camera: YES (NO was being used at the time of accident: Private use \ Work purpose Party Driver's Particular (if any) Vehicle Reg. No: Vehicle Make\Model: Name Driver:



ATEOF INSURANCE

SUBARR ALCO PROFILE FOR PROVIDE VITE I

Name of Policyholder Period of Insurance

: Chua Keng Yong (Cai Jinrong) : 13 Jul 2019 To 12 Jul 2020

Engine No.

: FA20G812889

Chassis No.

: JF1ZC6K72DG002058

Vehicle No.

: SKF8872K

Policy No.

: 2100307517-07

Endorsement No.

: 000000000283914

Issued Date

: 12 Jun 2019

ABOUT THE COVER

Make/Model

SUBARU BRZ PREMIUM 2 0 RWD

Engine Capacity/Tonnage 1,998 00 CC

Sum Insured Market Value

First Year of Registration

Driver Restriction

. NA

Off Peak Car No

Insuring with COE/PARF

Person or Classes of Persons Entitled to Drive*

a. The Steady holder to Asia other person who is driving in the PolicyPoliter's cuber or with the fer participant. This Policy will externely the Policybushesis any authorises allower using it herafter rights for ages deep age curefuge.

You have to pay an additional sum of \$1,000 as, "Independenced Dissert Acess," (TDH*) A You will use Your Authorised Dissert arrest or or named, has seen true or agreement

Age Condition

35 years old and above

Limitation as to use*

One only for stroke demestic and pressure perposes and for the Poscybolder's business. This Policy does not cover use for nice curreward, driving tuition, driving less raining, pace making, reliablely that or sure for any purpose of connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* Limitations rendered inoperative by Section is of the Motor Vehicles (Third Party Risks and Cumpensisten) Act (Cap. 199) and Section 95 of the Riskd Transport Act. 1987 (Motaysia), are not to be included under these headings.

EXCESS

Fire \$0 Own Damage \$1400 Theft \$0 Flood Cover \$0

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where application)

Chua Keng Yong (Car Jinrong) - \$1400 (Own Damage)

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

1 Motor Image Enterprises Pte Ltd. Add. 19 Lorong 8 Toa Payoh Singspore 319255 64170100.

For other: Approved Reporting CentrewAIG Authorised Requirers, please contact our 24-hour accident emergency holling ut +65-6338-6250. Attendatively, you may refer to AIG website www.aug.com.sg. or AIG SG Michael App. Simply search and download "AIG SG" from Tunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

I'We hareby certify that the policy to which this Certificate of Insurance relates is issued in accontance with the provisions of the Motor Vehicles (fixed 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)

0500619010

TAN CHONG CREDIT - SUBARU PA 911 BUKIT TIMAH ROAD SINGAPORE 589622 ANSP-MOTOR Underwritten by AIG Asia Pacific Insurance Pte. Ltd. AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE