

Date In: 7/1/20 11:03	Job description	Date & Time Completed	Done by
Ref No: NA/ AIG 20000478164	SAS e-filing		
Veh No: SGJ 81835	E-mail (within 2hrs, AIC 2hrs)		
DDA: 3/1/20 16:00	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: () Tel: () Fax: ()

TP Particulars: Veh No: **SLF 8348 X** 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 60mins: 6/30/616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA 2000334 Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditor's Comments: Date:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);		30.00	
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TP: Towing Fee \$40/\$45			
	4) PT: Follow-Through Survey \$120			
	5) PT: Follow-Through Survey (Resurvey) \$30			
	6) TR: Re-Inspection \$75			
	7) NI: Idno DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	Q11: *N5: Courtesy Car / Tpt Allowance \$3 *N6: Repair Co-ordination \$18 *N7: Post Repair Inspection \$23 *N8: DV / Collect Excess Coordination \$3 TP (N11): TP (B-in INC) against INC \$20 9) N12: Idno Mobile 30			
Invoice dated	Fee Charged			
Invoice dated	Fee Charged			

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	07/01/2020 11:03
Date Of Accident	03/01/2020 16:00
Exact Location Of Accident	EUNOS CRESCENT CARPARK LOT 880
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGJ8183S
Insured/Policyholder	
Name Of Registered Owner	WEE ENG KIAT KELVIN
NRIC No	SXXXX993A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96818988
Alternative Phone No	OFFICE-96818988
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	EVO-10
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	2100325397-06
Cover Note Number	
Driver	
Name of Driver	WEE ENG KIAT KELVIN
NRIC No	SXXXX993A
Date Of Birth	23/09/1978
Occupation	INDOOR
Date Of Driving Pass	23/12/1997
Driving Experience	22 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96818988
Fax Number	
Contact Number	OFFICE-96818988
Email Address	NOEMAIL

Address	BLK 17 EUNOS CRESCENT #12-2881
Postcode	400017
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200105/2102

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	SLF8348X
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

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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:

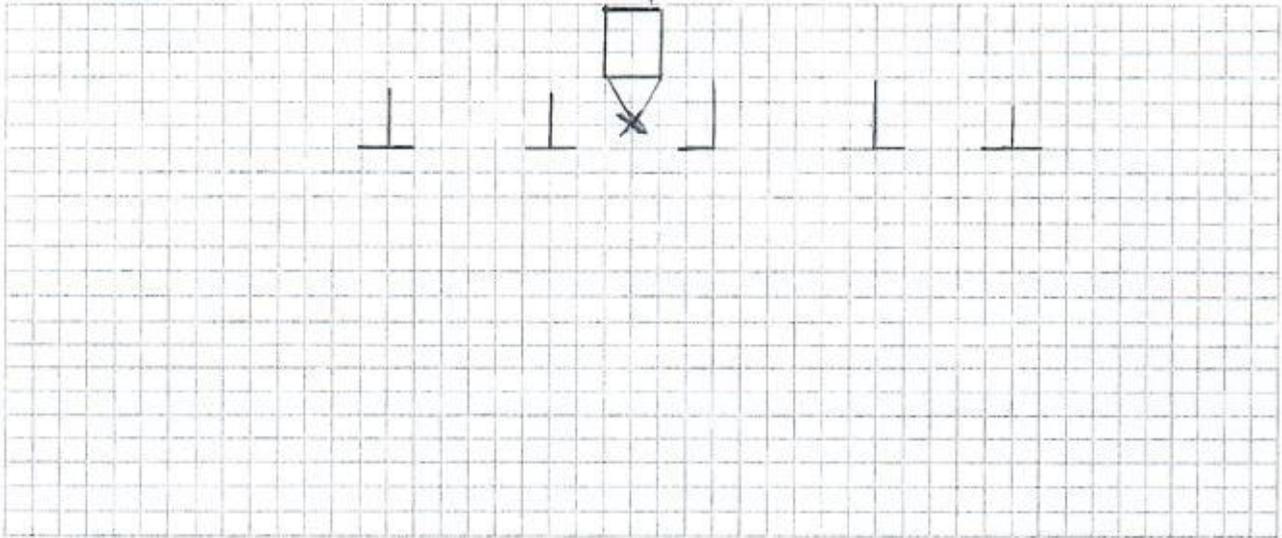
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

* Refer the attached Police Report No : T/20200105/2102 .

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.:



**SINGAPORE
POLICE FORCE**



T/20200105/2102

Police Station Of Origin:
Kampong Ubi NPP
9 Eunus Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

1 of 3

Report No. T/20200105/2102

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/01/2020 19:28		Vide Report No.: G/20200104/0202	Station Diary No.: 25
Informant's Particulars			
Name of Informant: WEE ENG KIAT, KELVIN		Address: APT BLK 17 EUNOS CRESCENT #12-2881 SINGAPORE 400017	
ID Type / ID No.: NRIC NO / S7827993A		Contact No.: Home/Office:	Mobile: 96818988
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 41	Date of Birth: 23/09/1978	Type of Informant: Vehicle Owner
Race: Chinese		Language:	Institution / School Name:
Occupation: Self employed		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/01/2020 16:00	Type of Location:
Location: Along Road 1 EUNOS CRESCENT Within Car park EC32, Lot number 880				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGJ8183S	Car				Slightly Damaged	0
SLF8348X	Car					0



**SINGAPORE
POLICE FORCE**



T/20200105/2102

2 of 3

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20200105/2102

CONTINUATION OF REPORT

Brief Details.

On 04/01/2020 at about 1600hour, I returned to my vehicle, SGJ8183S, which I had last park 01/01/2020 0100hours and had not uses it since then, I saw a note left on my vehicle and contacted 98716235, Mr Ariff whom inform that his worker had witness the accident which happened on the 03/01/2020, between 1600-1700 hours, and they had provided me the vehicle plate number, SLF8348X, which had brushed against my stationary parked vehicle, causing numerous damages on the front portion of my said vehicle.

I would like to state that other than the note from the witness, there isn't any other note coming from the other driver. I am lodging this report to claim against the said vehicle.



**SINGAPORE
POLICE FORCE**



T/20200105/2102

3 of 3

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20200105/2102

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Staff Sgt KANG BAO LONG, JAMIE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/01/2020 19:28
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case: 
Authentication Stamp NP168	 SIGNATURE

Date of Accident : 03.01.2020 Accident Time: 16:00 (24-HR-Format)

Accident Place : Road 1 Eunor (rescent Carpark)

Vehicle No. (Car Plate No.) : SGJ 8183S Make/Model: Mitsubishi Evo 10

Insurance Company : AIQ Policy No: 2100325397-06

Owner or Company Name /IC No. : Wee Eng Kiat kelvin (S7827993A)

Owner or Company Contact No. : - Owner's Hp 9681 8988 Company Tel

DRIVER'S Name / IC No. : as above

DRIVER'S Date Of Birth : 23.09.1978 DRIVER'S License Pass Date 23.12.1997

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

DRIVER'S Address : Blk 17 Eunor (rescent #12-2881 (S) 40007

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): NO Driver / NO Passenger

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>SLF 8348 X</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

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : WEE ENG KIAT KELVIN
Period of Insurance : 27 Jun 2019 To 26 Jun 2020
Engine No. : 4B11BP0064
Chassis No. : CZ4A0005981

Vehicle No. : SGJ8183S
Policy No. : 2100325397-06
Endorsement No. :
Issued Date : 31 May 2019

ABOUT THE COVER

Make/Model : MITSUBISHI LANCER EVOLUTION 10 2.0
Engine Capacity/Tonnage : 1,998.00 CC
Driver Restriction : Named Driver Basis
Person or Classes of Persons Entitled to Drive* :
 a) The Policyholder
 b) Any person who is named as a "named driver" under this Policy.

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2008
Insuring with COE/PARF : Yes

Age Condition : Not Applicable

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 tuition, 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 Optional

* 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 - \$3000 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

WEE ENG KIAT KELVIN - \$3000 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline 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: United Overseas Bank Limited

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).

0503982000

KHC HOLDINGS PTE. LTD.
 389A BALESTIER ROAD
 SINGAPORE 329796

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

Seah Kij Ng