

Date In: 13/1/20 16:56	Job description	Date & Time Completed	Done by
Ref No: MA1 AIG 20000795164	SAS e-filing		
Veh No: SKL 2869D	E-mail (within 2hrs, AIC 2hrs)		
TP# A: 11/1/20 13:05	I-Motor Claim Form		
AD: <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		

Produced Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SKF 7915C . 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:	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

Claimant's Particulars:	Invoice Registration Checklist	Am't (\$)	Am't (\$)
		Basic	Add'l Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);	3000	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claimant's use only (INC Only) (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q11:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Inc in INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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	13/01/2020 16:56
Date Of Accident	11/01/2020 13:05
Exact Location Of Accident	PEOPLE'S PARK COMPLEX CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL2869D
Insured/Policyholder	
Name Of Registered Owner	TAN WEE
NRIC No	SXXXX628A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91269786
Alternative Phone No	OFFICE-91269786

Vehicle Particulars

Manufacturer	BMW
Model	316I
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	1900176977
Cover Note Number	

Driver

Name of Driver	TAN WEE
NRIC No	SXXXX628A
Date Of Birth	08/11/1974
Occupation	INDOOR
Date Of Driving Pass	18/04/2000
Driving Experience	19 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91269786
Fax Number	
Contact Number	OFFICE-91269786
E-Mail Address	NOEMAIL

Address	BLK 284 YISHUN AVE 6 #09-124
Postcode	760284
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)	5
Passenger 1	NAME: : TAN CHOON PIAN GENDER: : MALE
Passenger 2	NAME: : POON SOCK LAN GENDER: : FEMALE
Passenger 3	NAME: : TAN XUAN XUAN GENDER: : FEMALE
Passenger 4	NAME: : ZHANG ZI YUN 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

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	SKF7915C
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)

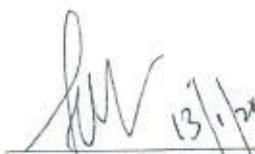
SKETCH PLAN

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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: 13/1/2020



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



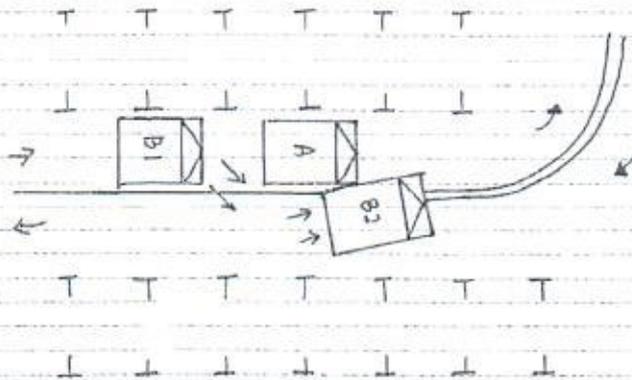
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

People's Park Complex Car Park

Vehicle A = SKL2869D

Vehicle B = SKF7915C



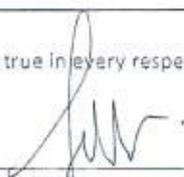
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A (SKL2869D) was stationary at the stated location waiting for car park slot. Suddenly, vehicle B (SKF7915C) over took me and collided onto the right hand front portion of my vehicle causing damaged.

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.:

Date of Accident : 11/01/2020 Accident Time: 1305hrs (24-HR-FORMAT)

Accident Place : People's Park Complex Car Park

Vehicle Reg. No (Car plate No.) : JKL 2869D Vehicle Make/Model: BMW 316i

Insurance Company : ALG Policy No. 1900176977

Name of Registered Owner : Company / Individual Tan wee (chen wei)

ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S7435628A
 Co Contact No: _____ Owner's Contact No: 9126 9786

DRIVER'S Name : Tan wee (chen wei) DRIVER'S NRIC No: S7435628A

DRIVER'S Date of Birth : 08-11-1974 DRIVER'S License Pass Date 18 Apr 2000

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

DRIVER'S Address : APT BLK 284 YISHUN AVENUE 6 # 09-124 Singapore 760284

DRIVER'S Contact No./ Alt No. : 1) 9126 9786 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

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): 05

Was the accident reported to the police? YES \ NO

Was there any video Captured by car camera. YES \ NO Any Injuries: YES / NO

- ① Passenger Name: Tan Choon Pian Gender: M/F
- ② Passenger Name: Poon Sock LAN Gender: M/F
- ③ Passenger Name: Tan Xuan Xuan Gender: M/F
- ④ Passenger Name: Zhang Zi Yan Gender: M/F

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>JKF 7915 C</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : TAN WEE
 Period of Insurance : 22 Oct 2019 To 21 Oct 2020
 Engine No. : A251J55N13B15A
 Chassis No. : WBA3A1205GJ721488

Vehicle No. : SKL2869D
 Policy No. : 1900176977
 Endorsement No. :
 Issued Date : 04 Oct 2019

ABOUT THE COVER

Make/Model:	BMW 316i LUXURY	Sum Insured	Market Value	First Year of Registration	2013
Engine Capacity/Tonnage	1,598 CC	Off Peak Car	No	Insuring with COE/PARF	Yes
Driver Restriction	NA				
Person or Classes of Persons Entitled to Drive*					

* The Policyholder
 or any other person who is driving on the Policyholder's order or with proper permission.
 This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.
 The limit of any individual sum of \$5,000 for Young Adults (Age 18-24) and \$10,000 for Young Adults (Age 25-29) shall not apply if the driver is 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 Purpose(s) specified. This Policy does not cover use for hire or reward, driving school, driving test, racing, public transport, or delivery work or transporting the carriage of goods other than business transactions with any third or business or job for any purpose in connection with Motor Trade.

* Limitation imposed respectively by Section 3 of the Motor Vehicle Third Party Rules and Section 108B(1) of the Road Transport Act 1987 (Revised) and Road Transport (Amendment) Act 2019 and not to be included under the heading.

EXCESS

Section 1
 Fire, 50 (Car Damage) - 500 (Peak) - 50 (Peak Cover) - 500

Section 2
 Property Damage - 50

Whichever is 500

Named Driver and Excess (where applicable)

Tan WEE - 500 (Car Damage) - 500 (Peak Cover)

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

Approved Reporting Centres and Authorized Repairers (For Motor Vehicle Repairs)
 Any accident claims for the vehicle can be handled at the request of your chosen centre specifically included by us.
 For approved Reporting Centres and Authorized Repairers, please refer to our Motor Incident Enquiries Centre at 65 628-636. Alternatively, you may refer to AIG website www.aig.com.sg or AIG 800 number 800-0000000 which will connect you to 800 helpline or Google Map.

IMPORTANT NOTES

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

We hereby advise that the policy is issued in accordance with the provisions of the Motor Vehicle Third Party Rules and Compensation Act (Cap. 168), Part 1 of the Road Transport Act, 1987 (Revised), Road Transport (Amendment) Act 2019 and Motor Vehicle Third Party Rules, Rules, 1969 (Revised).

4900710000
 30 MOTOR AGENCY
 80 CHANGI ROAD #04-01 CENTROPOL @ CHANGI
 SINGAPORE 491715
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE
 Road Transport Act 1987