

Date In: 201120 15:19	Job description	Date & Time Completed	Done by
Ref No: MA/AIG 20001183/64	SAS e-tilling		
Web No: SBM 3333 C	E-mail (within 3hrs, AIG 2hrs)		
TPFA: 191120 20:30	I-Motor Claim Form		
QIP: <input checked="" type="radio"/> 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 / QW: () Tot: () Fax: ()

TP Particulars: Vch No: **scy 59 E** 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

NA2000697

Invoice Preparation Checklist	Am't (\$)	Ytd Am't (\$)
1) AR: Accident Reporting (\$30);	30.00	
2) DA: Damage Assessment (\$100); INC (\$10)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (w/c 19 Jan 2005)		
6) TR: Re-Inspection \$75		
7) NI: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
QIP:		
*NS: Courtesy Car / Tpt Allowance \$5		
*N6: Repair Coordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
TP (N11): TP (Non INC) against INC \$20		
9) N12: Idao Mobile \$0		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Bugr-In-Charge):

Auditors Comments:

Sub:

INVA:

12/15/11

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	20/01/2020 15:19
Date Of Accident	19/01/2020 20:30
Exact Location Of Accident	SENGKANG EAST DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBM3333C
Insured/Policyholder	
Name Of Registered Owner	ANGELA TAN POH CHOO(CHEN BAOZHU)
NRIC No	SXXXX453C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93691231
Alternative Phone No	OFFICE-93691231

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
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	1700084534-02
Cover Note Number	

Driver

Name of Driver	LIM BENG HWEE (LIN MINGHUI)
NRIC No	SXXXX325C
Date Of Birth	23/09/1975
Occupation	OUTDOOR
Date Of Driving Pass	15/03/2000
Driving Experience	19 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97710808
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	17 PUNGGOL FIELD WALK #13-08
Postcode	828747
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : LEROY LIM CHEN YI GENDER: : MALE
Passenger 2	NAME: : ANGELA TAN POH CHOO(CHEN BAOZHU) GENDER: : FEMALE
Passenger 3	NAME: : ELROY LIM WEI FENG GENDER: : MALE
Passenger 4	NAME: : ANGRACIA LIM JIA XUAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200119/2122

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	MEMORY CARD WITH TP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCV59E
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	ANGELA TAN POH CHOO(CHEN BAOZHU)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SBM3333C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	LIM BENG HWEE (LIN MINGHUI)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SBM3333C
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.
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. 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.:

Date of Accident : 19/01/2020 Accident Time: 2030hrs (24-HR-FORMAT)

Accident Place : Sengkang East Drive

Vehicle Reg. No (Car plate No.) : SBM 3333C Vehicle Make/Model: TOYOTA ESTIMA

Insurance Company : AIQ Policy No. 1700084534-02

Name of Registered Owner : Company / Individual Angela Tan Poh Choo (Chen Bao Zhu)

ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S7443453C

DRIVER'S Name : Lim Beng Hwee
(Lin Minghui) DRIVER'S NRIC No: S7528325C

DRIVER'S Date of Birth : 23-09-1975 DRIVER'S License Pass Date 15 Mar 2000

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

DRIVER'S Address : 17 Punggol Field Walk #13-08 Singapore 828747

DRIVER'S Contact No / Alt No. : 1) 9771 0808 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
 Passenger Name: Leroy Lim Chen Yi Gender: (M) / F

Was the accident reported to the police? (YES) \ NO
 Passenger Name: Angela Tan Poh Choo Gender: M / (F)

Was there any video Captured by car camera: (YES) \ NO
 Passenger Name: Elroy Lim Wei Feng Gender: (M) / F

Any Injuries: (YES) / NO Injured Name: Angela Tan Poh Choo
with TP Injured Name: Lim Beng Hwee

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>SCV 59E</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: _____



**SINGAPORE
POLICE FORCE**



T/20200119/2122

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 4

Report No. T/20200119/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/01/2020 22:38		Vide Report No.: F/20200119/0221	Station Diary No.: 88
Informant's Particulars			
Name of Informant: LIM BENG HWEЕ		Address: 17 PUNGGOL FIELD WALK #13-08 SINGAPORE 828747	
ID Type / ID No.: NRIC NO / S7528325C		Contact No.:	Mobile: 97710808
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 23/09/1975	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Manager		Driving Licence Information: Class: 2B,3,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/01/2020 20:35	Type of Location: Straight Road
Location: Along Road 1 SENGKANG EAST DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBM3333C	Car				Seriously Damaged	4
SCV59E	Car					2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200119/2122

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

2 of 4

Report No. T/20200119/2122

CONTINUATION OF REPORT

Passenger			
Name	ANGELA TAN POH CHOO		ID No. S7443453C
Related Vehicle	SBM3333C (Car)		Contact No. 93691231
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	19/01/2020	Date Discharge	19/01/2020
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM BENG HWEE		ID No. S7528325C
Related Vehicle	SBM3333C (Car)		Contact No. 97710808
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SIVA		ID No. S1690937H
Related Vehicle	SCV59E (Car)		Contact No. 90015927
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 19/01/2020 at about 2034hrs, I was driving along Sengkang East Drive towards Punggol Road at the lane one. Suddenly, the other vehicle in lane two swerved into my lane and I was unable to emergency brake on time. Thus, I collided into the vehicle front right side.

I then found out that there was another vehicle which was on the third lane, which swerved onto the second lane which resulted in the other vehicle swerving into my lane and caused that collision.

My wife who was in my vehicle felt pain and thus I called for Police. Ambulance also arrived and my wife was conveyed by ambulance to Sengkang General Hospital. Traffic Police attended and took my in-car camera memory card. That is all.



**SINGAPORE
POLICE FORCE**



T/20200119/2122

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

3 of 4

Report No. T/20200119/2122

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200119/2122

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

4 of 4

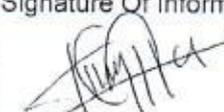
Report No. T/20200119/2122

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: F / Sr Staff Sgt ADIBAH HANIM BINTE MOHAMED RASIT	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 19/01/2020 22:38
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NORAMEERA BINTE MOHAMED HUSSEIN Contact No.: 65476236	Classification Of Case:
Authentication Stamp NP 168  Signature:  SN 035 Singapore Police Force	

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Angela Tan Poh Choo (Chen BaoZhu)
Period of Insurance : 07 Dec 2019 To 06 Dec 2020
Engine No. : 2AZF060177
Chassis No. : ACR500044667

Vehicle No. : SBM3333C
Policy No. : 1700084534-02
Endorsement No. :
Issued Date : 27 Nov 2019

ABOUT THE COVER

Make/Model : TOYOTA ESTIMA 2.4 A
Engine Capacity/Tonnage : 2,362.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2007
Insuring with COE/PARF : Yes

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 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), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Angela Tan Poh Choo (Chen BaoZhu) - \$600 (Own Damage), \$600 (Flood Cover)

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 can be carried out at the repairer of Your choice (unless specifically excluded by Us).
 For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 8338 6200. Alternatively, you may refer to AIG website www.aig.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

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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0000064000

DIRECT CLIENTS 01.4.95

AIG BUILDING 79 SHENTON WAY #07-16

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSPYJJ