Date In: 24/3/20-16:39	Jcb description	Date &Time Completed	Done by
	SAS e-filing		
Res No: NA   A16200447874			
Veh No: SWS8865	E-mail (within Shrs, AIC 2hrs)		
D.O.A: W/2/20 - 16:15	i-Motor Claim Form	<u> </u>	
OD / TP-/ Reporting Only	i-Motor W/O (Within: OD 2	hrs, TP 4brs)	
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (	SCHOOL SHOW TO WAR AND THE STATE OF THE STAT	Tel: Fax	;
TP Particulars: Veh No: 5m	HN 197 . INC	( )/Non-INC( )	
Owner / Driver: (		Tel:	)
Policy No: ( ) P	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;-	and the second		600 Y
( ) Walk-In Customer : Customer's inf	formation strictly Confidential & S	Strictly NO refer of repairer	*
<del></del>		Miledy 140 Tales of repositor	
( ) Total Loss Case : to e-mail Insur		Tourism Co. (	· · · · · · · · · · · · · · · · · · ·
Drive-In ( )/ Towed-In ( ); Invoice	ce: YES ( ) / NO ( );	Towing Co: (	
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done by
1) Apply for Transport Allowance ( )/			
Apply for Transport Allowance ( )/     QC Check / Post Repair Inspection	Courtesy Car ( )		
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$	Courtesy Car ( )		
Apply for Transport Allowance ( )/     QC Check / Post Repair Inspection	Courtesy Car ( )		
1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	Courtesy Car ( )		
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### 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.
- 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.
- 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	24/03/2020 16:39
Date Of Accident	22/03/2020 16:10
Exact Location Of Accident	CTE TWDS MOULMEIN RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGJ5886S
Insured/Policyholder	
Name Of Registered Owner	LEE CHIA SHU
NRIC No	SXXXX249I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91370605
Alternative Phone No	OFFICE-91370605
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 4DR 1.5 AT M-HYBRID ELEGANCE
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
f No, Please state action to be taken	REPORTING ONLY
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	1900120404
Cover Note Number	
Driver	
Name of Driver	HUANG HSIAO CHIN
NRIC No	SXXXX470I

 NRIC No
 SXXXX470I

 Date Of Birth
 31/03/1990

 Occupation
 OUTDOOR

 Date Of Driving Pass
 24/11/2009

Driving Experience 10 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91596870

Fax Number

Contact Number OFFICE-91596870

EMail Address NOEMAIL

2 SINARAN DRIVE Address

#19-05

Postcode 307467

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

NO

1

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SMH8119T

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

### 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
  - (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)

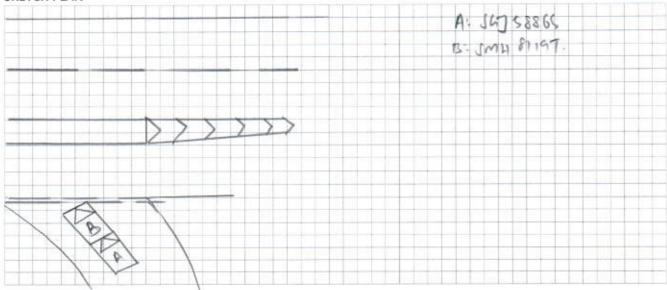
Date & Time: \*

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

### SKETCH PLAN



Refer to Hatement.	
	10

### 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.:

ON STATED DATE AND TIME, AS I APPROACHED THE SLIP RD OF CTE EXIT TWDS MOULMEIN RD. FRONT VEHICLE STOPPED, I STOPPED MY VEHICLE TO CHECK ONCOMING VEHICLES ON MY RIGHT BEFORE I CAN PROCEED FORWARD. WHEN I LOOK BACK TO MY VEHICLE FRONT VIEW, I DID NOT NOTICED THAT VEHICLE B WAS STILL STATIONARY STOPPED IN FRONT OF MY VEHICLE, I COULDN'T BRAKE MY VEHICLE IN TIME AND MY VEHICLE FRONT PORTION INTACT WITH VEHICLE B REAR PORTION.

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 1 ) (DD/MM/YYYY)	(MM:HH)( : 1 : 1):3MIT ,
LOCATION: CTE tuds manime, o red	·
a) VEHICLE NUMBER: 5478865	e Ca
C)POLICY NUMBER: 1900 176404	
d)POLICY TYPE: (COMPREHENSIVE / THIRD PAR	TY / THÏRD PARTY FIRE &THEFT)
e)MAKE & MODEL:	
f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY	/ MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIA	AL/ MOTORCYCLE)
h)PURPOSE OF USING AT ACCIDENT TIME:	Provide.
i) ARE YOU CLAIMING UNDER YOUR OWN INSUR	
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REF  2. INSURED / POLICY HOLDER	PORTING ONLY)
A)NAME: Lee Chia Shu	(MALE / FEMALE)
b)NRIC/FIN/PASSPORT: SY2 137491.	CONTACT: 91370605
c)ADDRESS:	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOL	DER
(Included a disparation of passenger DRIVER Angua Husian Chin	
Children driver) HINDIC (FINITE ASSOCIATE (GO) 14227	(MALE / FEMALE)
c)ADDRESS:	_CONTACT:_7/3 / 6840.
*d)DATE OF BIRTH: (11/3 /1990 )(DD/M	M/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)	
f)YEARS OF DRIVING EXPRERIENCE:	
4. WAS DRIVER AN EMPLOYEE OF THE INSURED	O'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH  5. a) WEATHER CONDITION: (CKEAR / RAINING / OT	INSURED:
b)ROAD SURFACE: (DRY / WET / OTHERS	THERS.
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	120
IF YES, PLEASE STATE WHICH POLICE STATION:	
8. THIRD PARTY VEHICLE	
No of passenger a) VEHICLE NUMBER: SMH 8 1197.	MODEL:
Including driver) b) DRIVER'S NAME:  (3.) C) NRIC/FIN/PASSPORT:  THIRD PARTY VEHICLE	
( 3. ) NRIC/FIN/PASSPORT:	_CONTACT:
	MODEL:
-1 DOMESTALLE	
Including driver f) NRIC/FIN/PASSPORT:	CONTACT:
( )	

email =
fax =



## CERTIFICATE OF INSURANCE

### MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Lee Chia Shu

Period of Insurance : 15 Jul 2019 To 14 Jul 2021

Engine No. : P520609090

Chassis No. : JM6BP2SAAK1100569 Vehicle No. : SGJ5886S : 1900120404 Policy No.

Endorsement No.

**Issued Date** : 26 Jul 2019

### ABOUT THE COVER

Make/Model : MAZDA 3 1.5 SKYACTIV

Engine Capacity/Tonnage: 1,496.00 CC Sum Insured : Market Value First Year of Registration : 2019 Driver Restriction · NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*

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 tution; driving test, racing, pace-making, reliability trial or speed-lesting, 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 - \$0

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Lee Chia Shu - \$600 (Own Damage)

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

1. Trans Eurokars Pte Ltd. Add: 27A Tanjong Penjuru, Singapore 609042 63310608

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 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: HONG LEONG FINANCE LTD

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

0503599190

ARF (AP) PTE LTD - MAZDA

7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX

SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Morile

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE