

Date In: 21/06/2020 12:29	Job description	Date & Time Completed	Done by
Ref No: N/A 2000649514	SAS e-filing		
Veh No: SKK 5086B	E-mail (to job site, AIC then)		
DOI: 19/06/2020 08:50	I-Motor Claim Form		
OT: TP Reporting Only	I-Motor W/O (with/without OD then, TP then)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsn		

Preferred Wreck / INC Assign Wreck / QW: ()

TP Particulars: Veh No: GBE 2387 INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: ()

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 ()

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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$5000] ()

Injury: ()

<p>N/A 2003309</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1) AIRT Accident Reporting (\$30)</td><td></td></tr> <tr><td>2) DA: Damage Assessment (\$100)</td><td>INC (\$10)</td></tr> <tr><td>3) TP: Towing Fee</td><td>\$120</td></tr> <tr><td>4) TP: Follow-Through Survey</td><td>\$50</td></tr> <tr><td>5) TP: Follow-Through Survey (Resurvey)</td><td>\$50</td></tr> <tr><td>Per diem against INC Daily (over 10 hrs 200)</td><td>\$75</td></tr> <tr><td>6) TR: Re-inspection</td><td>\$120</td></tr> <tr><td>7) NI: ICAV DA + SMRT Survey</td><td></td></tr> <tr><td>8) IFUC Additional Services:</td><td></td></tr> <tr><td> OIL</td><td>\$3</td></tr> <tr><td> NS: Courtesy Car / Tpt Allowance</td><td>\$10</td></tr> <tr><td> NE: Repair Coordination</td><td>\$25</td></tr> <tr><td> NF: Post Repair Inspection</td><td>\$3</td></tr> <tr><td> NI: DV / Collect Invoice Coordination</td><td>\$20</td></tr> <tr><td> TP (NI) TP (NI) INC against 120</td><td>\$3</td></tr> <tr><td> TP (NI) TP (NI) INC</td><td>\$3</td></tr> </table> <p>Invoice dated: _____ Fee Charged: _____</p> <p>Invoice dated: _____ Fee Charged: _____</p>	1) AIRT Accident Reporting (\$30)		2) DA: Damage Assessment (\$100)	INC (\$10)	3) TP: Towing Fee	\$120	4) TP: Follow-Through Survey	\$50	5) TP: Follow-Through Survey (Resurvey)	\$50	Per diem against INC Daily (over 10 hrs 200)	\$75	6) TR: Re-inspection	\$120	7) NI: ICAV DA + SMRT Survey		8) IFUC Additional Services:		OIL	\$3	NS: Courtesy Car / Tpt Allowance	\$10	NE: Repair Coordination	\$25	NF: Post Repair Inspection	\$3	NI: DV / Collect Invoice Coordination	\$20	TP (NI) TP (NI) INC against 120	\$3	TP (NI) TP (NI) INC	\$3
1) AIRT Accident Reporting (\$30)																																	
2) DA: Damage Assessment (\$100)	INC (\$10)																																
3) TP: Towing Fee	\$120																																
4) TP: Follow-Through Survey	\$50																																
5) TP: Follow-Through Survey (Resurvey)	\$50																																
Per diem against INC Daily (over 10 hrs 200)	\$75																																
6) TR: Re-inspection	\$120																																
7) NI: ICAV DA + SMRT Survey																																	
8) IFUC Additional Services:																																	
OIL	\$3																																
NS: Courtesy Car / Tpt Allowance	\$10																																
NE: Repair Coordination	\$25																																
NF: Post Repair Inspection	\$3																																
NI: DV / Collect Invoice Coordination	\$20																																
TP (NI) TP (NI) INC against 120	\$3																																
TP (NI) TP (NI) INC	\$3																																

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	22/06/2020 12:29
Date Of Accident	19/06/2020 08:50
Exact Location Of Accident	WOODLANDS AVENUE 12 BEFORE WOODLANDS AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK5036B
Insured/Policyholder	
Name Of Registered Owner	LIM SOK HOON
NRIC No	SXXXX091Z
Email Address	PHILIPATAN64@YAHOO.COM
Mobile Phone No	(LOCAL) +65-86993389
Alternative Phone No	OTHERS-86993389
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA-2.4 AERAS (A)
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	1800078878-01
Cover Note Number	
Driver	
Name of Driver	TAN HOE SEOW (CHEN HEQIU)
NRIC No	SXXXX728J
Date Of Birth	10/04/1972
Occupation	OUTDOOR
Date Of Driving Pass	09/07/1992
Driving Experience	27 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86993389
Fax Number	
Contact Number	OTHERS-86993389
Email Address	PHILIPATAN64@YAHOO.COM

Address:	48 LAKESIDE DRIVE #09-37
Postcode	648305
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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

PLEASE REFER TO SKETCH PLAN

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	GBE2388T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBF8494A
-----------------------------	----------

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

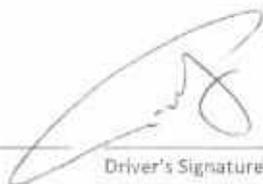
IMPORTANT NOTICE

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:



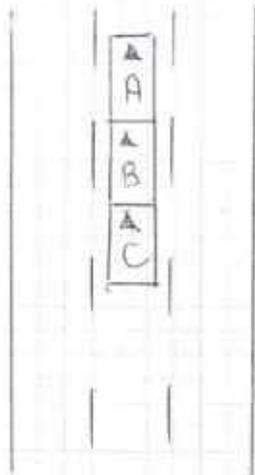
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



22/06/2020
Name: [Handwritten Name]
NRIC/FIN No.: [Handwritten Number]

SKETCH PLAN



- A) SKK5036B
- B) GBE2388T
- C) GIBF8494A

Woodlands Ave 12

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' SKK5036B
 was travelling on the stated venue. I was travelling
 straight in my lane, slowed down my vehicle and
 came to a stop as traffic was red. A few moments
 later, I felt an impact on my vehicle rear portion.
 shortly I got out and realised I was involved in a
 3 car chain collision.

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:

20/08/2010
Rosh MAF003

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 19/06/2020 (dd/mm/yy) Time of Accident: 08:50 (24-HR-FORMAT)
Vehicle No.: SKK 5036 B Vehicle Make & Model: TOYOTA ESTIMA AERAS 2.4
Exact location of Accident: WOODLANDS AVE 12 BEFORE WOODLANDS AVE 1
Policyholder's Name / IC No.: LIM SOK HOON S74080912
Driver's Name / IC No.: Tan Hoe-seow S72137283 (As Above)
Driver's Contact No.: 8699 3389 Company Contact No.: _____
Driver's Address: 48 LAKESIDE DRIVE #09-37 S648305
Insurance Company: AIG Email address (if any): Phu liptan64@yahoo.com

Relationship between Owner & Driver: SPOUSE or Others specify: _____

What do you wish to claim? (Please TICK one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident? Occupation (nature of job) Indoor / Outdoor

Private use / Work purpose No. of Passengers (Including Driver): 01

Passenger Name : _____ Gender : _____
Passenger Name : _____ Gender : _____

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No

Any Injuries: Yes / No. (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No. (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: GBE 2388 T (B)

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: GBF 8494 A (C)

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Lim Sok Hoon
 Period of Insurance : 25 Jul 2019 To 24 Jul 2020
 Engine No. : 2AZJ007988
 Chassis No. : ACR507119321

Vehicle No. : SKK5036B
 Policy No. : 1800078878-01
 Endorsement No. :
 Issued Date : 23 Jul 2019

ABOUT THE COVER

Make/Model : TOYOTA ESTIMA AERAS 2.4 (Sedan)
 Engine Capacity/Tonnage : 2,362.00 CC Sum Insured : Market Value First Year of Registration : 2013
 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 authorized 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 Authorized 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 damage 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 6 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 2018, are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$400 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Sok Hoon Lim - \$400 (Own Damage), Tan Hoe Seow - \$400 (Own Damage)

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

Approved Reporting Centres/ AIG Authorized Repairers (For claims related repairs)
 Any accident repairs to the Vehicle must be carried out by one of our Authorized 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 Authorized 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: MayBank

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 2018 and Motor Vehicles (Third Party Risks) Rules, 1958 (Malaysia).

0502260000

SAFE HARBOUR ASSURANCE AGENCY
 BLK 208 HOUGANG ST 21 #04-207
 SINGAPORE 530208

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

887004