

Date In: > 4/9/20 17:26	Job description	Date & Time Completed	Done by
Ref No: NAI/AG 2000 9459 164	SAS e-filing		
Veh No: SKY 5287 S	E-mail (within 3hrs, AIC 2hrs)		
DDA: 4/9/20 13:50	I-Motor Claim Form		
DD: TP 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/Wksn		

Preferred Wksp / INC Assign Wksp / GW: (Tel: /	Fax: /
TP Particulars:	Veh No: SLT 3523 R	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 repolter.

() 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	Action	By

NA2004687		Invoice/Registration Cheque	AMOUNT	PAID
Claimants Particulars:	1) AIR: Accident Reporting (\$30);		30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Bugr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30			
	For claimants assist: INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idas DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	ON:			
	*N3: Courtesy Car / Tpt Allowance \$3			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$3			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idas 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	04/09/2020 17:26
Date Of Accident	04/09/2020 13:50
Exact Location Of Accident	PIE TWDS TUAS B4 CLEMENTI RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP5287S
Insured/Policyholder	
Name Of Registered Owner	ANTON CHAN LIAN SENG
NRIC No	SXXXX945J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97777047
Alternative Phone No	OFFICE-97777047

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	1900121526
Cover Note Number	

Driver

Name of Driver	ANTON CHAN LIAN SENG
NRIC No	SXXXX945J
Date Of Birth	22/10/1956
Occupation	INDOOR
Date Of Driving Pass	14/07/1975
Driving Experience	45 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97777047
Fax Number	
Contact Number	OFFICE-97777047
Email Address	NOEMAIL

Address	BLK 19 HUME AVE #08-05
Postcode	598727
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	CHAIN COLLISION
Weather Conditions	AFTER RAINED
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	5
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)	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

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	SLT3523R
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFF135S
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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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLP4394K
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 OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SDU1750D
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

IMPORTANT NOTICE

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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.**
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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.

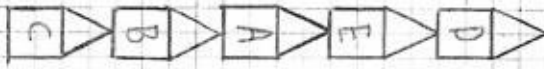
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

A) SKP 5287S
B) SLT 3523R
C) SFF 135S
D) SLP 4394K
E) SOU 1750D

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 04.09.2020 at about 1.50pm, I was travelling along PIE Towards
Tuas (Before Clementi Road Exit), The front vehicle slow down and stopped
I follow. Suddenly I felt an impact from my rear and my car moved forward
and hit the front vehicle. I was involved in a 5 vehicles 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.:



CERTIFICATE OF INSURANCE

AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : ANTON CHAN LIAN SENG
 Period of Insurance : 15 Jul 2019 To 17 Sep 2020
 Engine No. : 12RY083530
 Chassis No. : MR053REH104514371

Vehicle No. : SKP5287S
 Policy No. : 1900121526
 Endorsement No. :
 Issued Date : 16 Jul 2019

ABOUT THE COVER

Make/Model : TOYOTA COROLLA ALTIS 1.6
 Engine Capacity/Tonnage : 1,598.00 CC
 Driver Restriction : NA
 Sum Insured :
 Market Value :
 Off Peak Car : No
 First Year of Registration : 2014
 Insuring with COE/PAF : 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 \$3,500 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 25 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.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 169), Section 96 of the Road Transport Act, 1967 (Malaysia) and Road Transport (Amendment) Act 2014, are not to be included under these headings.

EXCESS

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

Section 2:
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

ANTON CHAN LIAN SENG

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

Any accident repairs to the vehicle must be carried out by one of our Authorised Repairers.
 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 80 Mobile App. Simply search and download "AIG 80" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employers Loan: NA

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. 169), Part IV of the Road Transport Act, 1967 (Malaysia), Road Transport (Amendment) Act 2014 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

1501265000

INSURE LINK PTE LTD
 2 KALLANG AVE #08-19 CT HUB
 SINGAPORE 339407

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Insure Link Pte Ltd
 2 Kallang Avenue #08-19
 CT Hub S(339407)
 Off: 6444 4044
 Fax: 6444 0040

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

Yin Ying Lin

20 Raffles Quay #07-15 AIG Building S(228010) T: +65 6419 3000 | www.aig.sg

AIG Asia Pacific Insurance Pte. Ltd.

Date of Accident : 04.09.2020 Accident Time: 1.50 PM (24-HR-Format)
Accident Place : PIE Towards Tuas (Before Clementi Road Exit)
Vehicle. No. (Car Plate No.) : SEP 5287S Make/Model: Toyota Altis
Insurance Company : AIG Policy No: 1900121526
Owner or Company Name /IC No. : Anton Chan Lian Seng (S1157945J)
Owner or Company Contact No. : 97777047 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : as above
DRIVER'S Date Of Birth : 22.10.1956 DRIVER'S License Pass Date 14.07.1975
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : Blk 19 Hume Avenue #08-05 Singapore 598727
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): 1 Driver
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

Vehicle: B	Other Party Driver's Particular (if any)	Vehicle C
Vehicle. No: SLT 3523R		Vehicle. No: SFF 135S
Vehicle Make/Model: _____		Vehicle Make/Model: _____
Name Driver: _____		Name Driver: _____
IC No. Driver/Contact: _____		IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

Vehicle D : SLP 4394K
Vehicle E : SDU 1750D

