

Date In: 20/01/2021 11:45	Job description	Date & Time Completed	Done by
Ref No: NA/ALG21001/3414	SAS e-filing		
Veh No: SGR 8989A	E-mail (2 jobs 3hrs, AIG 2hrs)		
D.O.A: 23/01/2021 13:55	I-Motor Claim Form		
<input checked="" type="radio"/> TP Reporting Only TP Insurer:	I-Motor W/O (with: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Witness			

Preferred Wksp / INC Assign Wksp / CW: () Tel: () Fax: ()

TP Jurisdiction: () Veh No: **SGR 8989A** 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 ()

Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of reporter.

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 > \$3000] ()

Injury: _____

NA210066X			
Driver/Owner:	1) All Accident Reporting (\$30)	INC (\$10)	
Contact No:	2) DA: Damage Assessment (\$100)	\$40/\$45	
Damage Portion:	3) TP: Towing Fee	\$120	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30	
	5) PT: Follow-Through Survey (Resurvey)	\$30	
	6) TR: Re-Inspection	\$160	
	7) NI: Issue DA + SMRT Survey		
	8) NTUC Additional Services:		
	* NS: Courtesy Car / Tpl Allowance	\$3	
	* NG: Repair Coordination	\$23	
	* NT: Post Repair Inspection	\$3	
	* ND: DV / Collect Excess Coordination	\$20	
	* TP (NII) TP (Own INC) against DNG	\$0	
	* NI: Issue Invoice		
	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 Submission	25/01/2021 11:49 (SGT)
Date of Accident	23/01/2021 13:55 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS CTE (BEFORE LOWER DELTA EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKB7344X

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAI LIN WEI
NRIC No	SXXXX931I
Email Address	samlw1950@gmail.com
Mobile Phone No	(Phone) +65-96263184
Alternative Phone No	+65-96263184

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100295359-08
Cover Note Number	-

DRIVER

Name of Driver	LAI LIN WEI
NRIC No	SXXXX931I

Date Of Driving Pass	27/03/1972
Driving experience	48 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96263184
Alt. Phone Number	+65-96263184
Email Address	samlw1950@gmail.com
Address	BLK 810 JURONG WEST STREET 81 #04-88
Address complement	-
Postcode	640810
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	KO MIEW CHIN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND ATTACHMENT

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	SGG8989A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Address _____ -
Address complement _____ -
Postcode _____ -
Insurance Company Name _____ -
Nature Of Damage _____ -
Details of property damaged in accident _____ -
No. Of Passenger (Including Driver) _____ -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LAI LIN WEI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY PAIN
Injured person in which vehicle?	SKB7344X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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:

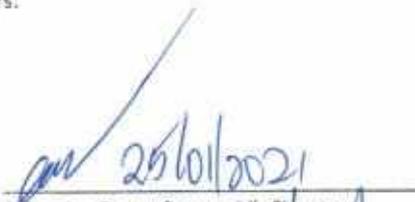
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

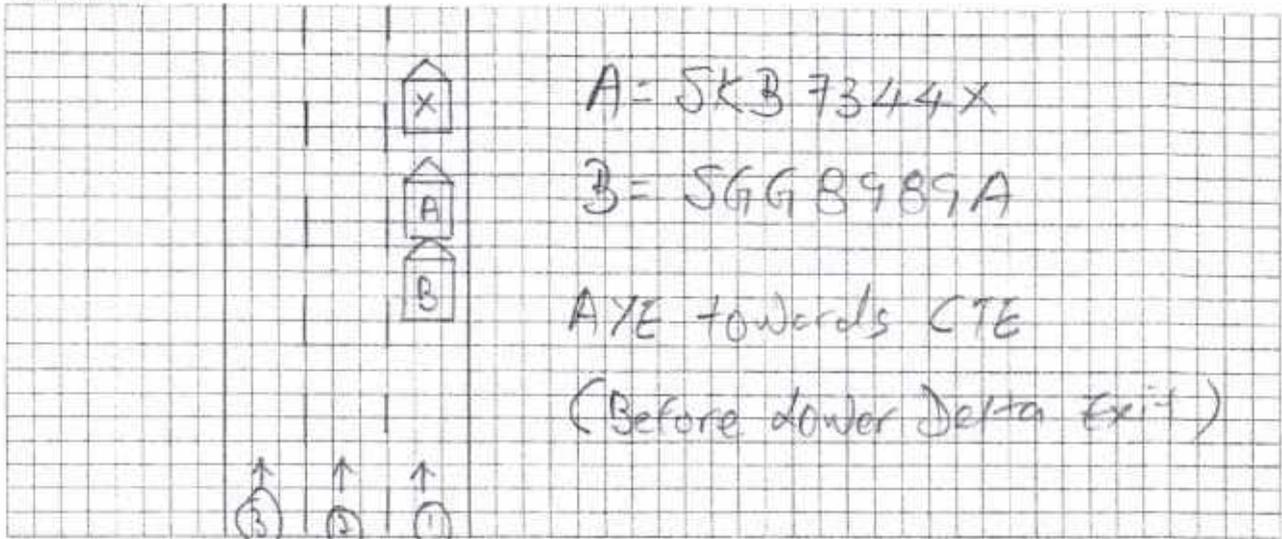


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

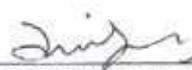


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

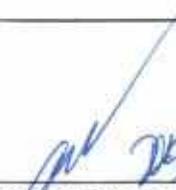
Refer to attached

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:


25/01/2021
Reporting Centre Personnel's Signature
Name: Resdi Muthus
NRIC/FIN No.:

On 23.01.2021 at about 13:55 hours along AYE towards CTE (before Lower Delta Exit). I was travelling straight on lane 1 and when the front vehicle slowed down, hence I also followed suit.

Suddenly, I heard a loud bang and felt an impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

I wish to state that I have 1 passenger in my vehicle (A).

Vehicle (A): SKB 7344X

Vehicle (B): SGG 8989A

23/01/2021

Dinesh

SINGAPORE ACCIDENT STATEMENT

Accident Date: 23/01/2021	Time: 13:55	(hh:mm) 24 hr format
Location AYE towards CTE (Before Lower Delta Exit)		
Vehicle Number SKB7344X		
Insured Name Lai Lin Wei		
NRIC/FIN S2021931I	Contact Number 9626 3184	
Make Toyota	Model Corolla Altis	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting		
Insurance Company AIG		
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number 2100295359-08		
Name of Driver () Same as Insured		
NRIC / FIN Contact Number		
Date of Birth 27/01/1950		
Driving Pass Date 27/03/1972		
Occupation () Indoor () Outdoor Retiree (<input checked="" type="checkbox"/>)		
Gender (<input checked="" type="checkbox"/>) Male () Female		
Email Address Samllw1950@gmail.com () NO EMAIL		
Address of Driver BLK 810 Jurong West Street 81 #04-88 S (640810)		
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No		
If No, Relationship of the Driver with the Insured		
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes () No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others		
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No		
Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No		
If yes, injured detail Lai Lin Wei - Body Pain		
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No		
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report		
DETAILS OF 3 rd party Name / Nric Contact		
Veh B SGG 8989A		
Veh C		
Veh D		
Veh E		
Veh F		

Passenger : Ko Miew chin : S1611723D (Female)



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Lai Lin Wei
Period of Insurance : 24 Jun 2020 To 23 Jun 2021
Engine No. : 1ZRX101945
Chassis No. : MR053REE104119093

Vehicle No. : SKB7344X
Policy No. : 2100295359-08
Endorsement No. :
Issued Date : 02 Jun 2020

ABOUT THE COVER

Make/Model : TOYOTA COROLLA ALTIS 1.6
Engine Capacity/Tonnage : 1,598.00 CC
Driver Restriction : NA
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.

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2011
Insuring with COE/PARF : Yes

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 - \$1100 Theft - \$0 Flood Cover - \$1100
Section 2
 Property Damage - \$0
 Windscreen : \$100

Named Driver and Excess (where applicable):
 Lai Lin Wei - \$1100 (Own Damage), \$1100 (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 must be carried out by one of our Authorised 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 Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 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: 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. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500540000
 ALLINK INSURANCE AGENCY
 BLK 153 BUKIT BATOK ST 11 #02-290
 SINGAPORE 650153

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 This computer generated document does not require a signature.

AIGSGMCRLEAPP