

Date In: **27/08/2021 14:47**
 Ref No: **N/A 2103697**
 Vch No: **SMY 1278 G**
 D.O.A: **26/08/2021 08:45**

Job Description: SAS e-illing, E-mail (5 jobs 3hrs, A/C 2hrs), I-Motor Claim Form, I-Motor W/O (W/Inlet 00 2hrs, TP 4hrs), I-Photo Uploaded, Assessment/Survey Report, Ass't Report by Inx / Hand to Owner/VVInsr

Date & Time Completed: _____ Done by: _____

TP Insurer: _____
 Preferred Wreck / INC Ass'n Wreck / OW: _____
 TP Kind/Category: _____ Vch No: **SMY 165Y** INC () / Non-INC ()
 Owner / Driver () _____ Tel: _____
 Policy No: () _____ Period: () _____ Cover Type: ()
 Confirmed by: () _____
 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 Ref of repair.
 () 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 > \$9000) ()

Injury: _____

N/A 2103697

Driver/Owner:	1) All Accident Reporting (50%)	INC (10)
Contact No:	2) DA: Damage Assessment (\$100)	\$10/45
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Bug-In-Charge):	4) PT: Follow Through Survey	\$30
	5) PT: Follow Through Survey (Resurvey)	\$30
	6) TP: Follow Through Survey (over 10 min 7 hrs)	\$75
	7) TP: Full Inspection	\$160
	8) NI: In-DA + SMRT Survey	
	9) NIUC Additional Services	
	ON:	\$3
	• NI: Courtesy Car / Tol Allowance	\$10
	• NI: Repair Coordination	\$25
	• NI: Post Repair Inspection	\$5
	• NI: DV / Collect Excess Coordination	\$20
	• TP (NI) / TP (NI) INC: *class: 0%	\$0
	10) NI: In-DA Mobile	
	Invoice dated	
	Invoice dated	

Fee Charged
 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	27/08/2021 14:47 (SGT)
Date of Accident	26/08/2021 08:45 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	TUNNEL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU3278G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	EILEEN POOI YOCK FAH
NRIC No	SXXXX627J
Email Address	gladysbay@hotmail.com
Mobile Phone No	(Phone) +65-87663726
Alternative Phone No	+65-93388598

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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
Transmission	Auto
CC	1193

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070115720-01
Cover Note Number	-

DRIVER

Name of Driver	GLADYS BAY YUN TING
NRIC No	SXXXX115G

Date Of Birth	13/10/1996
Occupation	Indoor
Date Of Driving Pass	11/05/2015
Driving experience	6 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93388598
Alt. Phone Number	-
Email Address	gladysbay@hotmail.com
Address	BLK 534 JURONG WEST STREET 52 #02-445
Address complement	-
Postcode	640534
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 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	SLM165Y
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 3

INJURED PERSONS DETAILS

INJURED 1

Name of injured person GLADYS BAY YUN TING
Gender Female
Phone No (Phone) +65-93388598
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? SMU3278G
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

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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 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.
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;

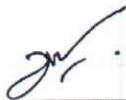
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

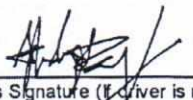
(collectively the "Purposes")

(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.



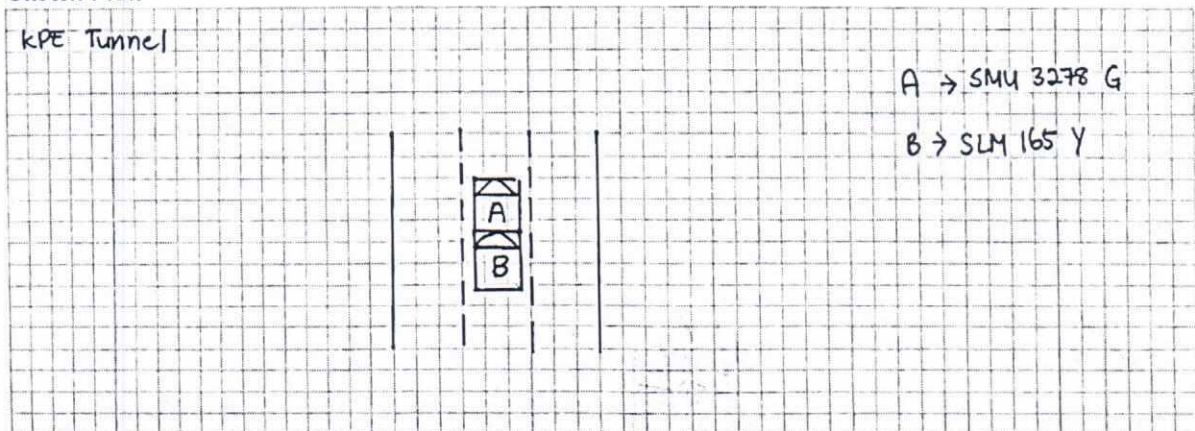
Policyholder's Signature / Date & Time



Driver's Signature (if driver is not the policyholder) / Date & Time

 27/08/2021
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

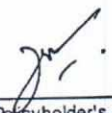
On the stated time & date, I was travelling in my vehicle, A, (SMU 3278 G).


As the front vehicle stopped, I followed suit. Suddenly, I felt a huge impact from the rear. I alighted from my vehicle and realised vehicle, B, (SLM 165 Y) collided onto the rear of my vehicle.

We exchanged particulars and I decided to proceed with insurance claims.

Declaration

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


Witnessed by Reporting Centre Personnel

ACCIDENT REPORTING



Accident Date: (26 / 08 / 2021)(DD/MM/YYYY)

Time: (08 : 45)(HH:MM)

Location: KPE Tunnel

1. Accident Details

- a) Type Of Accident: Head to rear
- b) Weather Condition: (Clear / Raining / Others: _____)
- c) Road Surface: (Dry / Wet / Others: _____)
- d) Are You Claiming Under Your Own Insurance? (Yes / No)
If No, Please State: (Third Party Claim / Reporting Only)
- e) Was Any Foreign Vehicle Involved In An Accident? (Yes / No)
If Yes, Please State Vehicle No: _____
- f) Were You Been Approached By Unknown Person(s) Soliciting/Offering Accident Claims Assistance? (Yes / No)
- g) Was The Accident Reported To The Police? (Yes / No)
If Yes, Police Station Name: _____
- h) Was Notice Of Prosecution Given?
If Yes, Against Whom?: _____

2. Details Of Own Vehicle

- a) Vehicle Registration No: SMU 3278 G
- b) Vehicle Category: Private use
- c) Vehicle Manufacturer: Mitsubishi Vehicle Model: Attrage
- d) Transmission: Manual / Auto CC: 1193
- e) No. Of Passengers (Including Driver) 1
 Passenger Name: _____ (Female / Male)
 Passenger Name: _____ (Female / Male)
 Passenger Name: _____ (Female / Male)
 Passenger Name: _____ (Female / Male)

3. Own Vehicle Policy

- a) Handling Insurer: ALG
- b) Coverage Type: (ACT / Comprehensive / Third Party / Third Party, Fire & Theft)
- c) Fleet Policy? (Yes / No)
- d) Owner Name: Eileen Pooi Yock Fah (Female / Male)
- e) ID Type: S6929627 J (UEN / NRIC / Passport Or Fin / Work Permit)
- f) Email: gladysbay@hotmail.com Mobile: 8766 3726
- f) Alt No. Type: (Home / Office / Not In List) : 93388 598

4. Driver's Information

- a) Is The Driver The Policyholder? (Yes / No)
- b) Driver Name: Gladys Bay Yun Ting (Female / Male)
- c) ID Type: S9636115 G (UEN / NRIC / Passport Or Fin / Work Permit)
- d) Date Of Birth: 13-10-1996
- e) Driving Pass Date: 11-05-2015
- f) Email: gladysbay@hotmail.com Mobile: 933 88598
- g) Address: Blk 534 Jurong West street 52 #02-445
- h) Postal Code: S(640534)
- i) Occupation: (Indoor / Outdoor)
- j) Driver Owner Relationship: Mother/daughter Does Driver Own Other Vehicles: (Yes / No)
If Yes, Please Provide Vehicle Registration No: _____ Handling Insurer: _____

ACCIDENT REPORTING

5. TP Vehicle Or Property

- a) Was There Any Other Vehicle Or Property Damaged? (Yes / No)

If Yes, Please Provide:

Vehicle Registration No: SLM 165 Y

Vehicle Category: _____ Vehicle Model: Audi

No.Of Passengers (Including Driver) 3

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

Vehicle Registration No: _____

Vehicle Category: _____ Vehicle Model: _____

No.Of Passengers (Including Driver) _____

6. Injured Person's Details

- a) Was Anyone Injured In The Accident? (Yes / No)

- b) Any Injured Conveyed To Hospital By Ambulance? (Yes / No)

If Yes, Please Provide:

Name: Gladys Bay Yun Ting (Female / Male)

Vehicle Registration No: SMU 3278 G

Name: _____ (Female / Male)

Vehicle Registration No: _____

Name: _____ (Female / Male)

Vehicle Registration No: _____

7. Witness Details

- a) Was There Any Witnesses? (Yes / No)

If Yes, Please Provide:

Name: _____ (Female / Male)

Witness Contact: _____

8. Files

- a) Are Accident Photos Available For Attachment? (Yes / No)

- b) Was There Any Video Captured? (Yes / No)

- a) Was There Any Audio Captured? (Yes / No)



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Eileen Pooi Yock Fah
Period of Insurance : 07 Aug 2021 To 06 Aug 2022
Engine No. : 3A92UJP6804
Chassis No. : MMBSTA13AMH000685

Vehicle No. : SMU3278G
Policy No. : 2070115720-01
Endorsement No. :
Issued Date : 12 Jul 2021

ABOUT THE COVER

Make/Model : MITSUBISHI ATTRAGE 1.2 CVT
Engine Capacity/Tonnage : 1,193.00 CC **Sum Insured** : Market Value **First Year of Registration** : 2020
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 **Mileage Condition** : Unlimited Mileage
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. 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)

Eileen Pooi Yock Fah - \$600 (Own Damage), \$600 (Flood Cover), BAY YUN TING GLADYS - \$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 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: Genie Financial Services Pte 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).

0693360000
LOKE MEI CHEN ANGELINA

BLK 685A JURONG WEST ST 64 #12-155
SINGAPORE 641685 SP-ANDRINACHAN

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

MEI CHEN ANGELINA

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SM0828R0002 Vehicle Registration No: SMY 2278 G
Name (as shown in NRIC): GLADYS RAY YAN TAN NRIC/FIN/Passport No: SXXXX115 G
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 93388598
Email Address: _____
Date of Accident: 26/08/2021 Time of Accident: 08:45
Place of Accident: KPE TRAINING
Insurance Company: AIQ

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

POLICY NUMBER 2070115720-01

Policyholder / Driver's Signature
Date:

[Signature] 03/09/2021
Reporting Centre Personnel's Signature
Name: