

Date In: 10/06/2022 16:28	Job description	Date & Time Completed	Done by
Ref No: N/A/AIG 2200552911	SAS e-filing		
Veh No: SL 61734	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/06/2022 18:00	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **GRF 7704B** 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%; F: 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 repairer.

() 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	ACTIONS

Claimant's Particulars	Invoice Preparation Checklist		Inc Bill	Hand Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee \$40/\$45			
C. Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
t. 1:	7) NI: Idac DA + SMRT Survey \$160			
t. 2/3:	8) NTUC Additional Services:-			
	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (w/in INC) against INC \$20			
	9) N12: Idac 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 Submission	10/06/2022 16:28 (SGT)
Date of Accident	09/06/2022 18:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI (AFTER PAYA LEBAR EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT6173Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA POH LIN MERINA
NRIC No	SXXXX217C
Email Address	merina8@yahoo.com
Mobile Phone No	(Phone) +65-92472998
Alternative Phone No	+65-92472998

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	Biante
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	1998

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700072634-03
Cover Note Number	-

DRIVER

Name of Driver	CHUA POH LIN MERINA
NRIC No	SXXXX217C

Date Of Birth	02/02/1968
Occupation	Indoor
Date Of Driving Pass	11/10/1988
Driving experience	33 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92472998
Alt. Phone Number	+65-92472998
Email Address	merina8@yahoo.com
Address	BLK 129 PASIR RIS STREET 11 #04-315
Address complement	-
Postcode	510129
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	RACHEL CAITLYN TAN HUI CHING
Gender	Female

PASSENGER 2

Name	TAN WEE TECK JOHNSON
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220610/7069

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF7704B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ZAKIR AHAMMED ABDUL MALEQUE
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	MS First Capital Insurance Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHUA POH LIN MERINA
Gender	Female
Phone No	(Phone) +65-92472998
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	SLT6173Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	RACHEL CAITLYN TAN HUI CHING
Gender	Female
Phone No	(Phone) +65-87529707
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	SLT6173Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	TAN WEE TECK JOHNSON
Gender	Male
Phone No	(Phone) +65-82889707
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	SLT6173Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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)

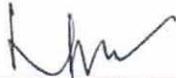
I understand, acknowledge, agree and consent that :

(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 :

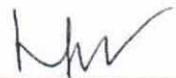
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

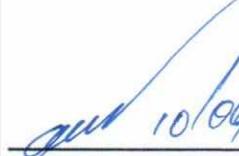
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time



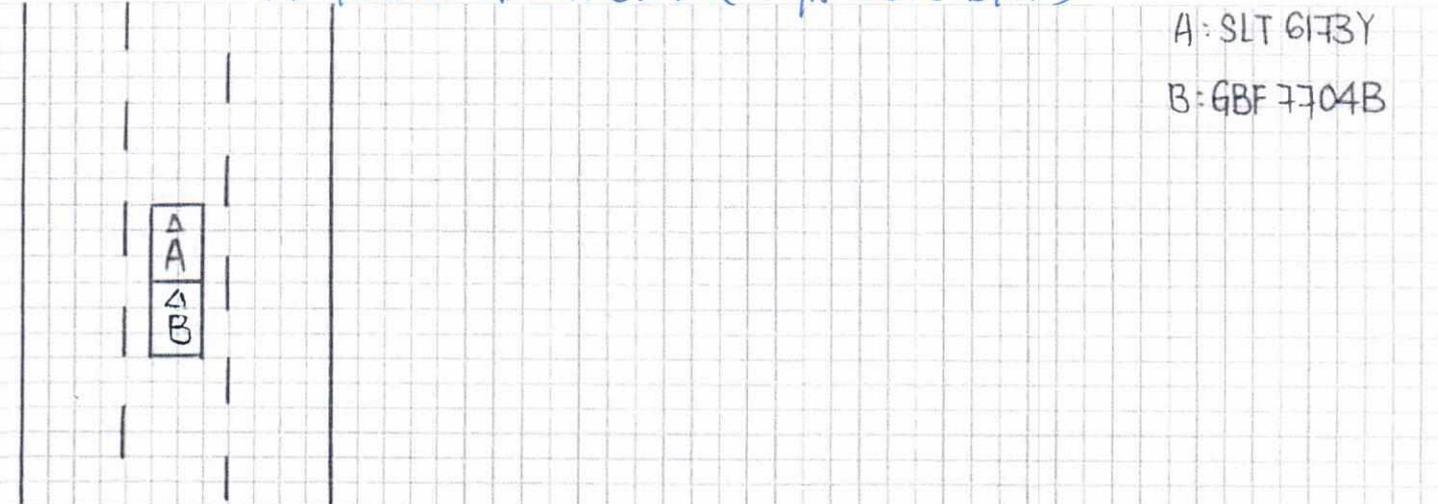
Driver's Signature (If driver is not the policyholder) / Date & Time

 10/09/2022

Witnessed by Reporting Centre Personnel

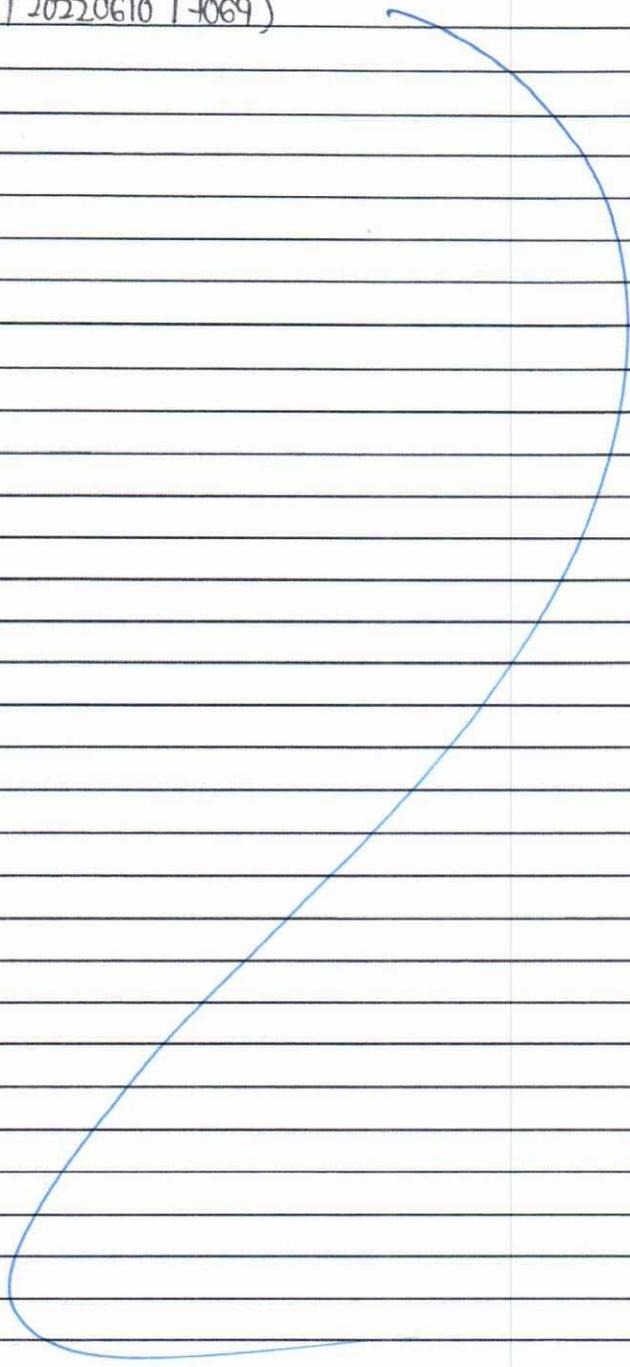
Sketch Plan

PIE TOWARDS CHANGI (AFTER POYA LEBAR EXIT)



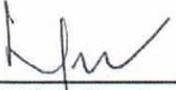
Describe Circumstances of the Accident

Refer to the police report (T/20220610/7069)

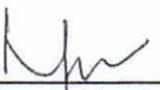


Declaration

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


10/06/2022

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220610/7069

1 of 4

Report No. T/20220610/7069

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/06/2022 13:35	Vide Report No.:	Station Diary No.:
--------------------------------------------	------------------	--------------------

Informant's Particulars			
Name of Informant: CHUA POH LIN MERINA		Address: 129 PASIR RIS STREET 11 #04-315 SINGAPORE 510129	
ID Type / ID No.: NRIC NO / S6805217C		Contact No.: Home/Office: Mobile: 92472998	
Nationality: SINGAPORE CITIZEN		Email: MERINA8@YAHOO.COM	
Sex: Female	Age: 54	Date of Birth: 02/02/1968	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/06/2022 18:00	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBF7704B	Van					0
SLT6173Y	Car	MAZDA	BIANTE 2.0 AT DELUXE EU6	White		2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20220610/7069

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 4

Report No. T/20220610/7069

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT6173Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700072634-03	03/11/2021	02/11/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHUA POH LIN MERINA		ID No.	S6805217C
Related Vehicle	SLT6173Y (Car)		Contact No.	92472998
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	09/06/2022		Date	10/06/2022
No. of Days granted Medical Leave	05	Degree of	Serious	
Passenger				
Name	TAN WEE TECK JOHNSON		ID No.	S8110581B
Related Vehicle	SLT6173Y (Car)		Contact No.	83889707
Hospital/Clinic	A LIFE CLINIC PTE LTD		Class of Driving Licence & Expiry	Class: ,3 Date of Expiry: NIL
Date	10/06/2022		Date	10/06/2022
No. of Days granted Medical Leave	05	Degree of	Serious	
Passenger				
Name	RACHEL CAITLYN TAN HUI CHING		ID No.	S9300392F
Related Vehicle	SLT6173Y (Car)		Contact No.	87529707
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: ,3 Date of Expiry: NIL
Date	09/06/2022		Date	10/06/2022
No. of Days granted Medical Leave	05	Degree of	Serious	



**SINGAPORE
POLICE FORCE**



T/20220610/7069

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20220610/7069

CONTINUATION OF REPORT

Brief Details.

ON 09.06.2022 AT ABOUT 18:00PM. I WAS TRAVELLING ALONG PIE TOWARDS CHANGI (AFTER PAYA LEBAR ROAD EXIT). THE FRONT VEHICLE SLOWED DOWN AND STOPPED, I FOLLOWED. SUDDENLY, THE VEHICLE (GBF 7704B) HIT MY REAR PORTION OF MY VEHILCE (SLT 6173Y).

INSIDE MY CAR GOT TWO PASSENGER. RACHEL CAITLYN TAN HUI CHING AND TAN WEE TECK JOHNSON.

I VISITED MOUNT ALVERNIA HOSPITAL AFTER THE ACCIDENT, I FELT PAIN IN MY SHOULDER , NECK AND BACK AND WAS GIVEN 5 DAYS MC.

RACHEL CAITLYN TAN HUI CHING VISITED MOUNT ALVERNIA HOSPITAL , SHE FELT PAIN IN HER SHOULDER , NECK AND BACK AND WAS GIVEN 5 DAYS MC.

TAN WEE TECK JOHNSON VISITED A LIFE CLINIC PTE LTD , HE FELT PAIN IN SHOULDER , NECK AND BACK AND WAS GIVEN 5 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20220610/7069

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20220610/7069

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
10/06/2022 13:35

Classification Of Case:

Date of Accident : 09.06.2022 Accident Time : 18:00pm (24-HR-Format)

Accident Place : PIE towards Changi (After Paya Lebar Exit).

Vehicle No (Car Plate No) : SLT 6173Y Make/Model: Mazda Bionte 2.0

Insurance Company : AIG Policy No: 1700072634-03

Fleet Policy : YES / NO

Type of Coverage : Comprehensive / Third Party / Third Party Fire & Theft

Name of Owner / IC No : Chua Poh Lin Merina (S6805217C)

Owner Contact No : 9247 2998 Owner's Hp _____ Company Tel _____

Driver Name / IC No : As above

Driver's Date of Birth : 02.02.1968 Driver's License Pass Date: 11.10.1988

Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: Owner

Driver's Address : Blk 129 Pasir Ris Street 11 #04-315 Singapore 510129

Driver's Contact No : 1) 9247 2998 2) _____

Driver's Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)

Email Address : merina8@yahoo.com

Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET

Reporting Type : Reporting Only / Claim Third Party / Claim Own Insurance

Number of Passenger(include Driver) : 1 Driver | 2 Passenger

Was ther any video footage ? : YES / NO

Exact purpose used at time of accident : Private Use / Private Hire / Work Purpose

Any injury (If Yes, Pls State) : Yes (1 Driver | 2 Passenger)

Other Party Driver's Particular (if any)

Vehicle B No : GBF 7704B (First) Name & Contact No: Takir Ahammed Abdul Maleque

Vehicle C No : _____ Name & Contact No: _____

Vehicle D No : _____ Name & Contact No: _____

Vehicle E No : _____ Name & Contact No: _____

***NEW - Passenger's Name & Gender:**

Female : Rachel Caitlyn Tan Hui Ching

Male : Tan Wee Teck Johnson



MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder	: Chua Poh Lin Merina	Vehicle No.	: SLT6173Y
Period of Insurance	: 03 Nov 2021 To 02 Nov 2022	Policy No.	: 1700072634-03
Engine No.	: PE31075790	Endorsement No.	:
Chassis No.	: JM6CC1071H0111265	Issued Date	: 20 Oct 2021

ABOUT THE COVER

Make/Model	: MAZDA BIANTE	Sum Insured	: Market Value	First Year of Registration	: 2017
Engine Capacity/Tonnage	: 1,998.00 CC	Off Peak Car	: No	Insuring with COE/PARF	: Yes
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					
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					
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 - \$600

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Chua Poh Lin Menna

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.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

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).

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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.

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

SSPTLA