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D.O.A: 28 (0) 2022 : 09'00	I-Motor Claim Form	•		
	I-Motor TY/O (Wilhin:	OD 2hes, TP 4hrs)	, , ,	
OD (TP) Reporting Only .	i-Photo Uploaded.			
	Assessment/Survey Re	port · .		
TP Insurer:	Ass't Report by Fax / ]			
Preferred Wksp/INC Assign Wksp/QW: (		Tel:	Fax:	
	6562A	INC( , )/Non-TŅ	c(), .	7
TP Panticulars: Veh No: Veh No:		. Tel:		).
Policy No: ( · · ) Peri	.od: ( .	) Cover Type		)
Confirmed by: (	Date	21 · 11	986: ·F: 80-100%]	
Insured/Driver Liability: ( %) [1	Note-Ëst. Status (YO):	N: 0-20%; F: 21-7	770.	
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1) Apply for Transfort Allowance ( )	(, )	,		Sin.
2) QC Check/ Post Reprir Inspection .  3) Upload Resurvey Photo [Repair Cost >	\$3000]; ( )		. 11	
3) Upload Resulvey Thoto (2007)				788887 4380 30687
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NADODA37.			(530):	
	`	1) AR: Accident Reporting 2) DA: Damege Assessment	Tr (2100); ISIC (20	0/345
[hppiants Particulars :	•	3).TF : Towing Fee	urvey	\$30
)river/Owner:		4) FT: Follow-Through S  5) PT: Follow-Through S  For claiming against R	COULY (Met 10 Jou 300	5)
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amaged Portion:		7) N1: Idao DA + SMR.T S) NTUC Additional Ser	vioes:	
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C. Checked by (Engr-In-Charge);		* No: Repair Co-ordin	ation	\$10
A COLOR DE LOS COLORS DE CARLOS DE C		•N7: Post Repair Insp •N3: DV / Collect Ex	section .	\$5
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1, 2/3:		Involce deted	Fee Charg	nd Page 1
<u>, 413.</u>				

SN0822810004 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 01/08/2022 11:51 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (01/08/2022 11:51 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.
 This Form must be completed by the Policyholder and/or the Actual Driver

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Singapore Country/State of Loss

01/08/2022 11:51 (SGT) 28/07/2022 09:00 (SGT) MCE, Singapore TOWARDS MARINA COASTAL ROAD

# DETAILS OF OWN VEHICLE

Vehicle Registration Number

SFM9075K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No TAN PECK CHENG SXXXX816Z tpc9075k@gmail.com (Phone) +65-98333406

VEHICLE PARTICULARS

Model Variant

Jaquar Manufacturer Xe Exact purpose for which vehicle was being used at time of Private use

accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

No - Claiming third party Private car

Auto 1999

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number AIG Asia Pacific Insurance Pte. Ltd. 1900081410-02

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TAN PECK CHENG SXXXX816Z 16/02/1950 Indoor

Date Of Driving Pass 01/10/1981 Driving experience 40 YEARS AND 9 MONTHS Gender Female Mobile Number (Phone) +65-98333406 Alt. Phone Number Email Address tpc9075k@gmail.com Address 59 LUCKY HEIGHTS Address complement Postcode 467613 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 Side Swipe Type of Accident 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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Traffic Police Police Station Name (Phone) +65-65470000 Police Station Phone No (Fax) +65-65474900 Alt. Police Station Phone No 10 Ubi Avenue 3 Singapore 408865 Police Station Address Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20220728/7040 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number XD6562A

Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	
Contact Number	a <del>≣</del>
Address	-
Address complement	v <del></del>
Postcode	4
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

#### SKETCH PLAN

### . IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver.
- 3. Information provided must be as <u>truthful</u> and accurate as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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

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

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

Sketch Plan MCF TOWARDS MARINA COASTAL ROAD

Describe Circumstance of the Accident	
Refer to police repo	4 1/20220128/7040

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



T/20220728/7040

1 of 3

Report No. T/20220728/7040

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

# REPORT OF A TRAFFIC ACCIDENT

Date/Time 28/07/2022	e Report Made: 22 20:53		Vide Report No.:	Station Diary No.:
Informant's	s Particula	ars		
Name of In			Address: 59 LUCKY HEIGHTS SINGAP	ORE 467613
ID Type / II NRIC NO /		SZ	Contact No.: Home/Office:	Mobile: 98333406
Nationality: SINGAPOR		N	Email: tpc9075k@gmail.com	
Sex: Female	Age: 72	Date of Birth: 16/02/1950	Type of Informant: Driver	
Race: Chinese		ı	Language: English	Institution / School Name:
Occupation mediation s			Driving Licence Information: Class: 3	Date of Expiry:

22	Non-Injury	Drink	Date/Time of	Type of Location
Type of	Hit and Run	Drive:	Accident:	Straight Road
Accident:		No	28/07/2022 09:00	
Location:				
KPE going to	wards Marina Coastal Road	d		
				Bood Spood Limit:
Weather:		Road Surface:		Road Speed Limit:
2.24		Dry		
Weather: Clear Traffic Flow:				Traffic Volume:
Clear Traffic Flow:		Dry		Traffic Volume: Moderate
Clear Traffic Flow: One Way		Dry Traffic Control:		Traffic Volume: Moderate Anyone conveyed by
Clear Traffic Flow: One Way Type of Collis		Dry Traffic Control: Not Controlled		Traffic Volume: Moderate

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SFM9075K (Not Accurate)	Car	JAGUAR	XE	Beige	Slightly Damaged	0
XD6562A	CONSTRUCT			Grey	No Damage	0





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3

Report No. T/20220728/7040

#### CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved				
Any Pedestrian Ir	rvolved: No				
No. of Pedestrian	s Injured: NIL		Use of Peo	lestrian Cros	sing: NA
Driver					
Name	TAN PECK CHENG			ID No.	S0118816Z
Related Vehicle	SFM9075K (Car)			Contact No.	98333406
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days gran	Pays granted Medical Leave NIL		Degree of	NIL	

## Brief Details.

As i was in the KPE tunnel driving to work in town, i was in the most left lane and well towards the left of the lane, a big truck suddenly veered from the right towards my side and hit my driver's side mirror with a loud band and then the truck moved on forward in front of my car. I horned for his attention . He wanted to stop in the tunnel but i signalled him, to move on until we were out tunnel then we stopped by the side of the marina coastal road.. the driver asked me to report which i agreed. so i asked to exchange particulars. He refused to give me. He insisted i call the police to settle there and then and he kept denying his truck hit my mirror. He alleged that i hit his truck. I informed him the protocol for motor accident. As he refused to give me is particulars i saw no point in remaining there. So i told him i will go to work. I took photos of his truck and of him. He was standing next to the side of my car. Before i even moved i heard him saying in mandarin something to the effect that i ran over his foot or i was going to run over his foot, which is another complete lie. there was no personal injury to me or to him. Only my driver's side mirror was damaged.





T/20220728/7040

3 of 3 Report No. T/20220728/7040

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

## CONTINUATION OF REPORT

Sketch	Plan	
Onoton	1 IGH	

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/07/2022 20:53
Officer In Charge Of Case: TP / TPIB / NEO ZHI YUAN Contact No : 65476079	Classification Of Case:

This report is lodged at Marine Parade NPC Kiosk 1 NP168



Personal Particulars of Owner & Driver (Vehicle A) Date of Accident: 28/07/2022(dd/mm/yy) Time of Accident: 09:00(24-HR-FORMAT) Vehicle No.: SFM90 BK Vehicle Make & Model: JAGUAR XE \*Transmission : o Manual Towards Maying Coastal Ra Exact location of Accident: CHENG \_\_\_NRIC/FIN/REG NO .: \_\_ tpc 9075 K@ gmail.com \*Policyholder's email address : PRUK CHRNG NRIC/FIN/REG NO.: 5/0118816Z Driver's Contact No.: 98333406 \_\_\_\_\_Company Contact No (If any): Date of birth: 16/02/1950 Driving Pass Date: Driver's Address: 59 LUCKY HEIGHTS SIDORE (467613) insurance Company: A ( G Policy No.: 190081410-02 Type of Coverage: Comprehesive / Third Party / Third Party, Fire & Theft Relationship between Owner & Driver: (Please CIRCLE one only) Owner /Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: What do you wish to claim? (Please TICK one only) o Own Insurance / o Other Vehicle (The one you want to claim against ) / o Reporting (For Record Purpose ) o Chain Collision o Head To Rear o Side Swipe o Other Occupation (nature job) Qindoor/o Outdoor \*No. of Passengers / Including Driver): \*Passanger Name: \_\_\_\_\_\_ Gender: Male / Female \*Passanger Name: \_\_\_\_\_ Gender: Male / Female Weather condition & Road conditions? (On the day of accident) o Clear & Dty / o Raining & Wet / o After-Rain & Wet / o Drizzling & Wet / Others: Was there any video captured by your car Car camera? O Yes / o No Any Injuries: o Yes / 6 No (If YES) Injured Person' Name: Injuries Sustain : Injured Person in Which Vehicle: Police Report field: o Yes / o No (If YES) Which Police Station: The Other Party (S) Details: 1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: XD 65 62A Driver's Contact No: \_\_\_\_\_ Insurance Company: 2. Driver's Name / IC No (If Any): \_\_\_\_\_\_ Vehicle No:

\_\_\_\_\_ Insurance Company :

\_\_\_\_ Contact No: \_\_\_\_

Contact No:

Driver's Contact No:

\*Independent Witness (If Any):

Preferred Workshop Name:



# CERTIFICATE OF INSURANCE

#### AUTOPLAN PRIVATE VEHICLE

Name of Policyholder

: Tan Peck Cheng

Period of Insurance

: 26 Apr 2021 To 25 Apr 2022

Engine No.

: 016111061728204PT

Chassis No.

: SAJAB4AG4HA970409

Vehicle No.

: SFM9075K

Policy No.

: 1900081410-02

Endorsement No.

**Issued Date** 

: 10 Apr 2021

#### ABOUT THE COVER

Make/Model

: JAGUAR XE 2.0 PRESTIGE

Engine Capacity/Tonnage: 1,999.00 CC

Sum Insured : Market Value

First Year of Registration : 2017

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

a) The Policyholder

y 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

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

Fire - \$0 Own Damage - \$1400 Theft - \$0 Flood Cover - \$1400

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Tan Peck Cheng - \$1400 (Own Damage), \$1400 (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 can be carried out at the repairer of Your choice (unless specifically excluded by Us)

For 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

I/t/Ve 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).

0504680000

TSP CONSULTANTS PTE LTD

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIG BUILDING, 78 SHENTON WAY #01-K1 GEM ROOM

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.