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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

- 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 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.

7. by the loagement of this report to the insurers, you hereby consent to the archiving	ng of this report at the centre and to copies of the report being made available aforesaid.
ACCIDEN	IT STATEMENT
Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	29/08/2022 18:17 (SGT) Both 26/08/2022 08:45 (SGT) AYE, Singapore TOWARDS MCE Singapore
DETAILS O	F OWN VEHICLE
Vehicle Registration Number	SLR108L
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No TONG CHEK NAM SXXXX922H zrr0817@gmail.com (Phone) +65-96874448
VEHICLE PARTICULARS	
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC	Kia Sorento - Private use No - Claiming third party Private car Auto 2199
INSURANCE COMPANY	
Name of Insurance Company Policy Number / Cover Note Number	AIG Asia Pacific Insurance Pte. Ltd. 1700080628-03
DRIVER	
Name of Driver NRIC No Date Of Birth	TONG CHEK NAM SXXXX922H 06/02/1967

Indoor

Occupation

16/07/1992 Date Of Driving Pass 30 YEARS AND 1 MONTH Driving experience Male Gender (Phone) +65-96874448 Mobile Number Alt. Phone Number zrr0817@gmail.com **Email Address** BLK 942 TAMPINES AVENUE 5 #12-251 Address Address complement 520942 Postcode Yes Is the driver the policyholder? If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Chain Collision Type of Accident Raining Weather Conditions Wet Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 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) 2 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 UNKNOWN Name Female Gender 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 DETAILS OF OTHER VEHICLE PROPERTY 1 SLV9944J Vehicle Registration Number Vehicle Manufacturer

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)	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMK8260B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	TE .
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)	-

### SKETCH PLAN

### IMPORTANT NOTICE

- 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 Actual 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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)

Lunderstand, 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

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

Skatch Plan

sketch Plan		
		ASLK108L
		BSLV99447
		CSM K 8 2 6 0 B
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Describe Circumstance of the Accident		
I WAS TRAVELLING ON LANE I ALONG AYE,		
THE FLOOR WAS SLIPPERY AND I TRAVELLED SLOW	W.	
SUPPENLY, THE VEHICLE IN FRONT OF ME STOPP	ED,	
I FOLLOWED TO SLOW POLIN AND STAT.		
SUDDENLY, I FELT AN IMPACT FROM THE PEAR.		
I MICHTED AND FOUND MYSELF INVOINED IN		
A 3 CAR CHAIN COLLISION.		
		,
		•
Declaration		

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

& Time

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

2.com.sg Tel no: 6555 6888 cuments are produced, IDAC shall not file the report. Information will be discarded after one week.

.dent: 26_/08_/2022 (dd/mm/yy)	ime of Accident: 08 : 45 (24-HR-FORMAT)
No.: SLR108L Vehicle Make & Model / Engin	e (cc): KIA Private Hire: (Y/N
et location of Accident: AYE Touch MCE.	
Policyholder's Name / IC No.: Long Chek M	am ROC/UEN (Company) \$18489217
Driver's Contact No.: 967448 Company	Contact No / Owner Contact No:
Driver's Contact No.: 969408 Company Driver's Address: BK 942 Compines Ave 9	5 #12-25
Owner Email address : ZYY 0 817 @ gma com	Insurance Company : AIG
Driver Email address :	C6/02/967
Relationship between Owner & Driver: (Please CIRCLE one Owner / Spouse / Children / Friend / Parents / Sibling / Relative	
What do you wish to claim? (Please TICK one only)	
Own Insurance / Other Vehicle (The one you want to clo	im against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?  Occupati	on (nature of job) Indoor/ Outdoor
Private use / Work purpose *No. of Pa	assengers (Including Driver): 6>
*Passenger Name: 61 *Passenger Name:	Gender: Male / Cemale / ( ) Gender: Male / Female x( )
Weather condition & Road conditions? (On the day of accident	2
Clear & Dry / Raining & Wet / After-Rain & Wet	/ Drizzling & Wet / Others:
Was there any video captured by your Car Camera? Yes	/ No Remarks :
Any Injuries: Yes / No (If YES) Injured Person' Na	ne:
Injuries Sustain:	Injured Person in Which Vehicle:
Police Report filed: Yes / No (If YES) Which Police	re Station:
The Other Par	ty(s) Details:
I. Driver's Name / IC No:	Vehicle No: SLV9944J
Driver's Contact No: Insurance	Company:
2. Driver's Name / IC No (If Any):	Vehicle No: SMK8260B
Driver's Contact No:Insurance	Company:
Independent Witness (If Any):	Contact No:
Freferred Workshop Name:	Contact No:



### **CERTIFICATE OF INSURANCE**

### KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: TONG CHEK NAM

Vehicle No.

: SLR108L

Period of Insurance

: 27 Nov 2021 To 26 Nov 2022

Policy No.

: 1700080628-03

Engine No. Chassis No. : D4HBHH329192

Endorsement No. **Issued Date** 

: 08 Oct 2021

ABOUT THE COVER

: KIA SORENTO 2,2 A DIESEL

: KNAPH81BMH5379879

Engine Capacity/Tonnage: 2,199.00 CC

Sum Insured : Market Value

First Year of Registration : 2017

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

Make/Model

b) Any other person who is driving on the Policyholder's order or with his/her permission.

This Policy will indamnify 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 fultion, 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

\* 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 - S0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

TONG CHEK NAM - \$600 (Own Damage), \$600 (Flood Cover)

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

1.Cycle & Carriage Body & Paint Centre Add. 209 Pandan Gardens Singapore 609339 65684501

- 2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 40860 67461000
  3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278800
- 4.Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 5/75733 69328000

For other Approved Reporting Centres AIG Authorised Repairers, please contact our 24-hour accident emergency holline at +65 638 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: United Overseas Bank Limited

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)

0504622205

C&CKICP2 - DERRIC

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte, Ltd,

AIGSGMOBILEAPP