

NATIONAL Assessment Centre Services: [Print / January]

| | | | |
|-----------------------------------|--|-----------------------|---------|
| Date Inc: 30/06/20 | Job description | Date & Time Completed | Done by |
| Ref No: NA/191620006844/13 | SAS e-filing | | |
| Veh No: SDM144 | E-mail (within 3hrs, AIC 2hrs) | | |
| TEFA: 29/06/20 1605 | I-Motor Claim Form | | |
| OD: (IP) Reporting Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Wksn | | |

| | | |
|--|--|-----------------------|
| Preferred Wesp / INC Assign Wksp / QW: (M GARAGE) | Tel: | Fax: |
| TP Particulars: | Veh No: SDW8001E | 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 () | |

General Remarks:

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repaler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

| | | |
|---|-----------------------|---------|
| Remarks: (INC No: 67004616) | 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 | Action |
|-----------|--------|
| | |
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| | | | |
|---------------------------------|---|-------------|-------------|
| NA2003472 | Invoice Rep/Repairation Checklist | Amount (\$) | Amount (\$) |
| Client's Particulars: | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$50) | | |
| Contact No: | 3) TP: Towing Fee \$40/145 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| QC Checked by (Engr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors Comments: | For claiming against INC Only (wef 10 Jan 2025) | | |
| Tel: 11 | 6) TR: Re-Inspection \$75 | | |
| | 7) NI: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services: | | |
| | Q1: | | |
| | *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 (55 in INC) against INC \$20 | | |
| | 9) N12: Idao Mobile \$0 | | |
| | Invoice dated | Fee Charged | |
| | Invoice dated | Fee Charged | |

AMFZ/AMFZ

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 Report | 30/06/2020 17:34 |
| Date Of Accident | 29/06/2020 16:05 |
| Exact Location Of Accident | MSCP@THE SAIL@MARINA BAY |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SDM14U |
| Insured/Policyholder | |
| Name Of Registered Owner | LEE HEE MONG |
| NRIC No | SXXXX958F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96230538 |
| Alternative Phone No | OTHERS-96230538 |
| Vehicle Particulars | |
| Manufacturer | AUDI |
| Model | S8 4.0 TFSI QU |
| 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 |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |
| Insurance Company | |
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 2100319568-07 |
| Cover Note Number | |
| Driver | |
| Name of Driver | LEE HEE MONG |
| NRIC No | SXXXX958F |
| Date Of Birth | 25/05/1947 |
| Occupation | INDOOR |
| Date Of Driving Pass | 01/01/1980 |
| Driving Experience | 40 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96230538 |
| Fax Number | |
| Contact Number | OTHERS-96230538 |
| EMail Address | NOEMAIL |

| | |
|---|----------------|
| Address | 14 CAMDEN PARK |
| Postcode | 299805 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------|
| Type Of Accident | SIDE SWIPE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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 | SJW8001E |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

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 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)

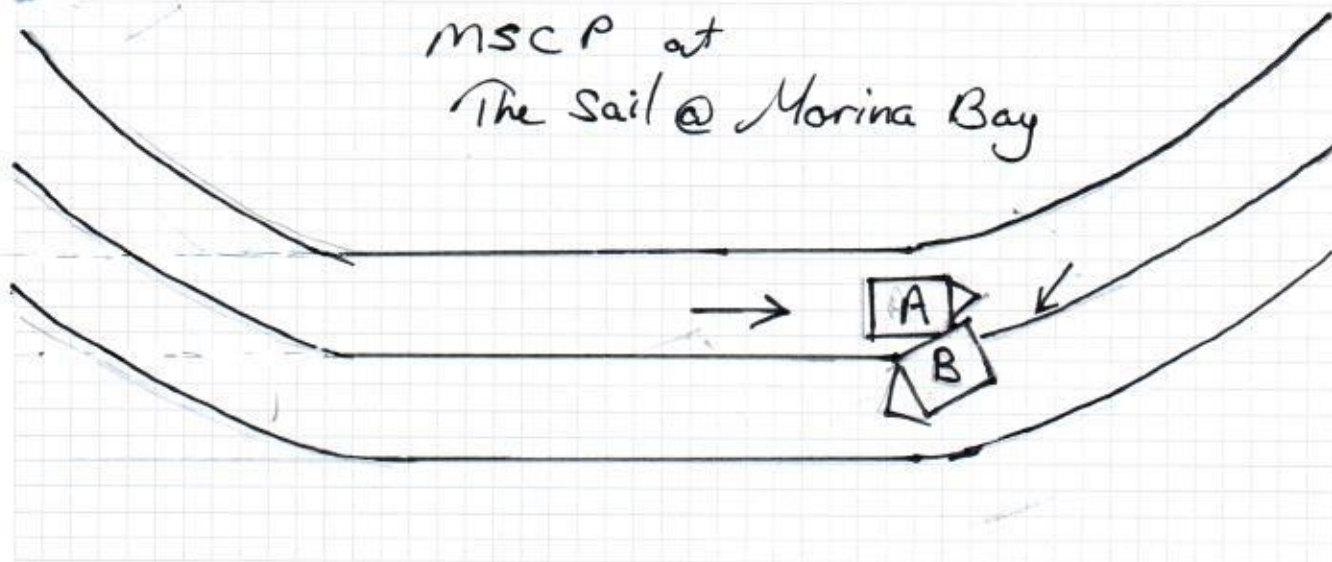
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

MSCP at
The Sail @ Marina Bay



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/06/2020 at 1604 hrs at The Sail @ Marina Bay MSCP Level 2. I was exiting out from the MSCP at Level 3 towards Level 2 and suddenly a Vehicle (B) from Level 2 coming upward without proper lookout and moving towards my lane hence collided onto my Right Rear Portion of my Vehicle (A) causing damages to my vehicle.

(A) SAM 14 11

(B) SJW 8001 E

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

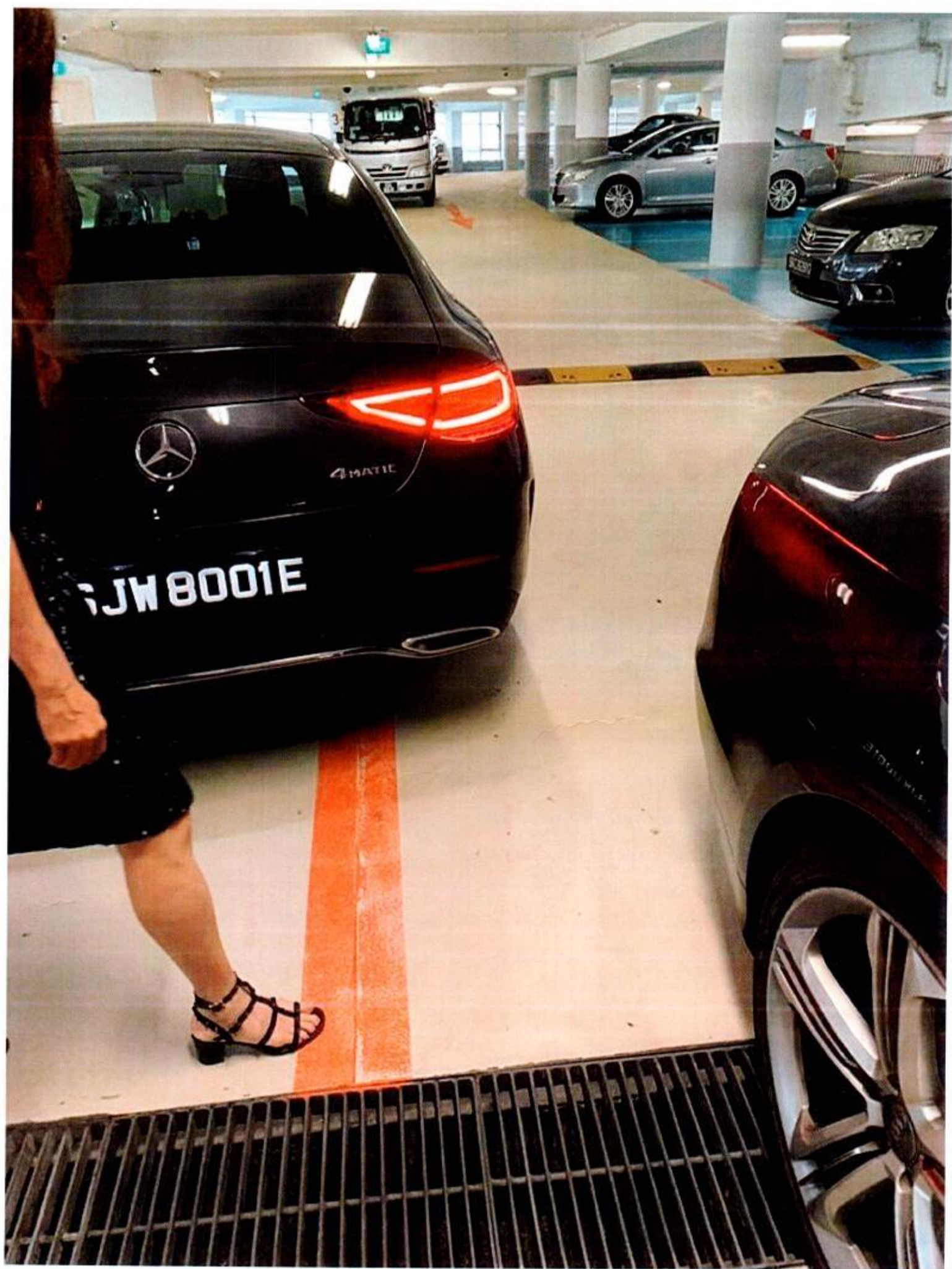
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE ACCIDENT STATEMENT

| | | | | |
|---|------------------------------|---------------------|----------------|----------------------|
| Accident Date: | 29/06/2020 | Time: | 1604 HRS | (hh:mm) 24 hr format |
| Location | MSCP @ The Sail @ Marina Bay | | | |
| Vehicle Number | SDM 4U | | | |
| Insured Name | Lee Hee Mong | | | |
| NRIC / FIN | S0378958F | Contact Number | 9623 0530 | |
| Make | Audi | Model | S8 4.0 TFSI QU | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | | | |
| () Yes If No, Pls select: (/) Third Party () Reporting | | | | |
| Insurance Company | AIG | | | |
| Type of Policy (/) Comprehensive () Third Party Fire & Theft () TP Only | | | | |
| Policy Number | 2100319588-07 | | | |
| Name of Driver | Lee Hee Mong | () Same as Insured | | |
| NRIC / FIN | S0378958F | Contact Number | 9623 0530 | |
| Date of Birth | 25/05/1947 | | | |
| Driving Pass Date | - | | | |
| Occupation (/) Indoor () Outdoor | | | | |
| Gender (/) Male () Female | | | | |
| Email Address | () NO EMAIL | | | |
| Address of Driver | 14 Camden Park S(299805) | | | |
| Was driver an employee of the Insured's Company? () Yes (/) No | | | | |
| If No, Relationship of the Driver with the Insured | | | | |
| (/) 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 (/) Clear () Raining () Others | | | | |
| Road Surface (/) Dry () Wet () Others | | | | |
| Was any foreign vehicle involved in this accident? () Yes (/) No | | | | |
| Was anybody injured in the accident? () Yes (/) No | | | | |
| If yes, injured detail | | | | |
| Was there any video captured by Car Camera? () Yes (/) No | | | | |
| Was the Accident reported to the Police? () Yes (/) No If yes attach police report | | | | |
| DETAILS OF 3 rd party Name / Nric Contact | | | | |
| Veh B | SJW8001E | | | |
| Veh C | | | | |
| Veh D | | | | |
| Veh E | | | | |
| Veh F | | | | |



CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Lee Hee Mong
Period of Insurance : 25 Oct 2019 To 24 Oct 2020
Engine No. : CGT002979
Chassis No. : WAUZZZ4H5DN009512

Vehicle No. : SDM14U
Policy No. : 2100319568-07
Endorsement No. :
Issued Date : 22 Oct 2019

ABOUT THE COVER

Make/Model : AUDI S8 4.0 TFSI QU
Engine Capacity/Tonnage : 3,993.00 CC
Driver Restriction : Named Driver Basis
Person or Classes of Persons Entitled to Drive* :

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2012
Insuring with COE/PARF : Yes

a) The Policyholder
b) Any person who is named as a "named driver" under this Policy.

You have to pay an additional sum of \$55,000 as "Elderly, Young and/or Inexperienced Driver Excess" ("EYIDR") if You are or Your Authorised Driver (named or unnamed) is above the age of 65 or under the age of 28 and/or has less than 2 years' driving experience.

Age Condition : Not Applicable

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 - \$3500 Theft - \$0 Flood Cover - \$3500

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Lee Hee Mong - \$3500 (Own Damage), \$3500 (Flood Cover), LEE KHAI-YANG - \$3500 (Own Damage), \$3500 (Flood Cover), CHEN MING-LI - \$3500 (Own Damage), \$3500 (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.com.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).

0171000000

LEE HEE MONG RAYNER

371 ALEXANDRA ROAD #08-18 AIA ALEXANDRA

SINGAPORE 159963 SP-MOTION

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

AIGSGMOBILEAPP