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TP Printiculions Veh Nor S	V 3786	NC()/Non-INC().	
Owner / Driver: (21 2000		Tel:)
Policy No: () Per	rlod: ()	Cover Type: (.).
Confirmed by 1 (Dates.	Tliner)
Insured/Driver Liability: (%) [1	Note-Est Status (WO): N: 0-20	%; P: 21-79%. P: 80	-100%] .
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SINGAPORE ACCIDENT STATEMENT

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 Authorised Driver.
- 3: Information provided must be as truthful and accurate as possible. Any willul misrepresentation or witholding of material facts may allow insurance compenies to repudiate policy flability.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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.

The state of the second state of the second	ACCIDENT STATEMENT				
Date Of Report	13/08/2020 17:37				
Date Of Accident	03/07/2020 00:00				
Exact Location Of Accident	ALONG JALAN SENANG				
Country/State of Loss	SINGAPORE				
STATE OF STA	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SGM8998S				
Insured/Policyholder					
Name Of Registered Owner	LEE LAY CHOO				
NRIC No	SXXXX642J				
Email Address	TERENCELEEGF@GMAIL.COM				
Mobile Phone No	(LOCAL) +65-91147328				
Alternative Phone No	OTHERS-91147328				
Vehicle Particulars					
Manufacturer	MAZDA				
Model	CX-5				
Exact Purpose for which vehicle was being utime of accident	ised at PRIVATE USE				
Are you claiming under your own insurance for repair to your vehicle?	policy 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	1800139391				
Cover Note Number					
Driver					
Name of Driver	TERENCE LEE GUAN FENG (LI YUANFENG)				
NRIC No	SXXXX055C				
Date Of Birth	03/09/1992				
Occupation	INDOOR				
Date Of Driving Pass	19/08/2015				
Driving Experience	4 YEARS AND 10 MONTHS				
Gender	MALE				
Mobile Number	(LOCAL) +65-91147328				
Fax Number					
Contact Number	OTHERS-91147328				
EMail Address	TERENCELEEGF@GMAIL.COM				

Address

27 EASTWOOD DRIVE

Postcode

486556

122

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident? NO

140

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)

84

Details of Police Action

Was the accident reported to the police?

YES

If Yes,Please state which Police Station Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200703/7009

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

SJV3786L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

Page 2 of 19

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 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.
- 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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (iii) 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")
- 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
- 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 gr. court orders.

Policyholder's Signature

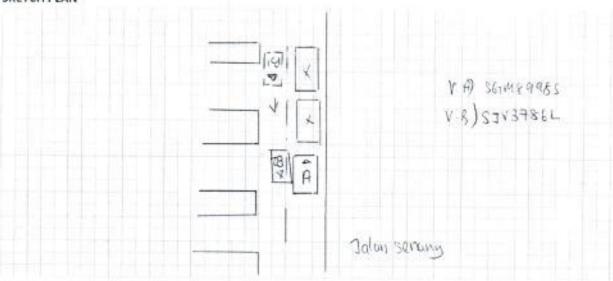
Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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rovett	Settlenn	74	howing	-th	DMVSK	alverdy	filed a	n accident	ripor
Биц	advice	+v	protect	With	MSEXAMA	claim			

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
Warne:
NRIC/FIN No.:

| NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN No.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: | NRIC/FIN NO.: |

Email: <u>sm@idac.com.sg</u> Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Vehicle No. : SGM 8998 S Vehicle Make & Model: MAZDA	CX 5
Exact location of Accident: JALAN SENANG	
Policyholder's Name / IC No. : LEE LAY CHOO	S1463642J
Driver's Name / IC No. : TERENCE LEE GUAN FENC	3 S9232055C (As Above)
Driver's Contact No.: 9114 7328 Company Contact	No:
Driver's Address: 27 EASTWOOD DRIVE S486556	
Insurance Company: AIG Email address (if any	TERENCELEEGF@GMAIL.COM
Relationship between Owner & Driver: Children	or Others specify:
What do you wish to claim? (Please TICK one only)	
Own Insurance / Other Vehicle (The one you want to claim ago	inst) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident? Occupation (nat	ture of job) 🗸 Indoor/ Outdoor
Private use / Work purpose No. of Passenge	ers (Including Driver); 01
Passenger Name :	Gender : Gender :
Weather condition & Road conditions? (On the day of accident)	
Clear & Dry / Raining & Wet / After-Rain & Wet /	Drizzling & Wet / Others:
Was there any video captured by your Car Camera?] No
Any Injuries: Yes / V No (If YES) Injured Person' Name:	
Injuries Sustain: Injured	Person in Which Vehicle:
Police Report filed: Yes / No (If YES) Which Police Stati	on: 10 ubi ave 3
The Other Party(s)	Details:
1. Driver's Name / IC No:	Vehicle No: SJV 3786 L
Driver's Contact No:Insurance Comp	NITUO
2. Driver's Name / IC No:	Vehicle No:
Driver's Contact No:Insurance Comp	any (If any):
*Independent Witness (If Any):	Contact No:
Preferred Workshop Name:	Contact No:

^{*}If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20200703/7009

PEDORT	OF A	TDAFFIC	ACCIDENT
REFURI	UFA	INAFEIG	ACCIDENT

Date/Time Report Made: 03/07/2020 15:38		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars	Vision of the state of		
	Informant: CE LEE GU		Address: 27 EASTWOOD DRIVE SING	GAPORE 486556	
ID Type NRIC NO	ID Type / ID No.: NRIC NO / S9232055C		Contact No.: Home/Office: Mobile: 91147328		
National SINGAP	ty: ORE CITIZ	EN	Email: terenceleegf@gmail.com		
Sex: Male	SCHOOL SCHOOL SECTION		Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Sales and marketing manager		g manager	Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/07/2020 00:00	Type of Location Straight Road	
Location: JALAN SENA Weather:	ING	Road Surface:		Road Speed Limit;	
Clear		Dry		Road Speed Limit,	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collis Between Mov	ion: ring Vehicles - Side Sv	vipe - Same Direction		Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGM8998S	Car					0
SJV3786L	Car	KIA	CERATO FORTE COUPE	Red		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





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

2 of 3 Report No. T/20200703/7009

CONTINUATION OF REPORT

Driver		Selection of the last				
Name	TERENCE LEE GUAN FENG			ID No).	S9232055C
Related Vehicle	SGM8998S (Car)			Conta	act No.	91147328
Hospital/Clinic	NIL			Class Drivin Licen Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			charge	NIL	
No. of Days grant	ted Medical Leave	NIL	Degree o		NIL	

Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A WAS PARKED STATIONARY ALONG MY LANE. AS I WAS SEATED IN MY CAR I SUDDENLY NOTICED A RED CAR BEARING CAR PLATE SJV3786L PASSING ON MY LEFT. HAVING AMPLE SPACE TO PASS, I SUDDENLY FELT A HUGE IMPACT ON THE LEFT PORTION OF MY VEHICLE. I ALIGHTED FROM MY VEHICLE TO REALIZED THAT VEHICLE B HAS FLED THE SCENE. I TRIED TO CIRCLE THE BLOCK BUT TO NO AVAIL CANNOT CATCH SIGHT OF VEHICLE B.





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

3 of 3 Report No. T/20200703/7009

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

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: 03/07/2020 15:38
Officer In Charge Of Case; TP / TPIB / TAN JEOK LENG Contact No.: 65476144	Classification Of Case:
Authentication Stamp	



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Lee Lay Choo

Period of Insurance

: 21 Nov 2018 To 20 Nov 2020

Engine No.

: PE31302129

Chassis No.

: JM6KF2W7AK0242257

Vehicle No.

: SGM89988

Policy No. Endorsement No.

: 1800139391

Issued Date

: 14 Dec 2018

ABOUT THE COVER

Make/Model

: MAZDA CX5 2.0 SKYACTIV

Engine Capacity/Tonnage : 1,998.00 CC

Sum Insured : Market Value

First Year of Registration : 2018

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 howher 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 unnerted) is under the age of 23 and/or has less than years' driving experience.

Age Condition

: All Age Condition

Limitation as to use" :

Use only for social, demestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for him or reward, driving furtion, driving test, racing, pace making, reliability trial or speeci 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

* Understone rendered Insperative by Sestion 8 of the Motor Volumes (Third-Perly Risks and Comparestion) Act (Cap. 188) and Section 85 of the Road Transport Act, 1987 (Melaysia), are not to be included under Section 85 of the Road Transport Act, 1987 (Melaysia), are not to be included under Section 85 of the Road Transport Act, 1987 (Melaysia), are not to be

EXCESS

Section 1 Pra - \$6 Own Damage - \$600 Theft - \$0 Pixes Cover - \$0

Section 2 Property Damage - \$0 Windscreen: \$100

Named Driver and Excess (where applicable)

Lee Lay Choo

PROVED REPORTING CENTRES/AUTHORISED REPAIRES (FOR CLAIMS RELATED REPAIRS)

1. Trans Eurokers Pie Ltd. Add: 27A Tanjong Penjara, Singapore 606042 61310608

For other Approved Reporting Centrecitud Authorised Repairem, please contect our 24-hour accident emergency hotine at +65 6336 6200. Alternatively, you may refer to AIG wet also www.aig.com.ag or AIG 8G Mobile App. Simply search and deventoed "AIG 8G" from Munos or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

We're hereby cardly that the policy to which this Cardifod's of Insurance relates a lacued in accordance with the prunision of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Read T recepted Act, 1817 (Historyte) and Motor Vehicles (Third Party Risks) Reed, 1806 (Maleysia).

ARE (AP) RTE LTD - MAZDA

7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX

SINGAPORE 089111

BANK BERT

Underwritten by AIG Asia Pacific insurance Pte. Ltd.

AIG Asia Pacific Insurance Pts. Ltd. AUTHORISED REPRESENTATIVE

ABOL