

# NATIONAL Assessment Centre Services.

part 1 Jan'09] MMA 120098988

Date In: 9/11/20 15:58	Job description	Date & Time Completed	Done by
Ref No MAL AIG 20012259 1h4	SAS e-filing		
Veh No SKL 9165 E	E-mail (within 2hrs, AIG 2hrs)		
ICIA 8/11/20 16:40	I-Motor Claim Form		
(D) (P) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SMQ 6605 Y	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 repoler.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Comments: (INC 10/11/20 16:40)	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: ( )
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Date/Time	Action

MA2005922	Invoice/Repairation Checklist	Amount (\$)	PAID (\$)
1) AR: Accident Reporting (\$30)	INC (\$30)	30.00	
2) DA: Damage Assessment (\$100)			
3) TP: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) PT: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (w/c 10 Jan 2009)			
6) TR: Re-inspection	\$75		
7) NI: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:-			
ON:			
• NS: Courtesy Car / Tpt Allowance	\$3		
• NG: Repair Co-ordination	\$10		
• NF: Post Repair Inspection	\$25		
• NR: DV / Collect Excess Coordination	\$3		
TP (NI1): TP (Non INC) against INC	\$20		
9) NI2: Idao Mobile	\$0		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Claimants Particulars:
Driver/Owner:
Contact No:
Damaged Portion:
QC Checked by (Engr-In-Charge):
Auditors Comments:
Tel: (
Fax: (

## 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	09/11/2020 15:58
Date Of Accident	08/11/2020 16:40
Exact Location Of Accident	BUKIT TIMAH RD TWDS FARRER RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL9165E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE CHOON KEAT
NRIC No	SXXXX916C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96169592
Alternative Phone No	OFFICE-96169592

### Vehicle Particulars

Manufacturer	BMW
Model	328i
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	2100498866-03
Cover Note Number	

### Driver

Name of Driver	LEE CHOON KEAT
NRIC No	SXXXX916C
Date Of Birth	02/03/1974
Occupation	INDOOR
Date Of Driving Pass	25/06/2010
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96169592
Fax Number	
Contact Number	OFFICE-96169592
Email Address	NOEMAIL

Address	BLK 76A REDHILL RD #02-12
Postcode	151076
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	COLLISION - CHANGE/CROSS LANE
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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	4
Passenger 1	NAME: : SHERYL GENDER: : FEMALE
Passenger 2	NAME: : ETHEL GENDER: : FEMALE
Passenger 3	NAME: : ELIZABETH GENDER: : FEMALE

#### 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

REFER TO 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	SMQ6605Y
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)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGF465C

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

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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.



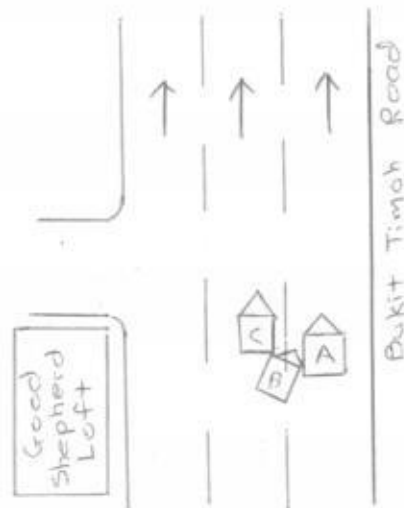
Policyholder's Signature  
Date & Time:

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



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



(A) - SKL9165E  
(B) - ~~MSM~~Q6605Y  
(C) - SGF465C

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 08/11/2020 @ about 4.42 PM, at along Bukit Timah Road towards Farrer Road. I was driving my Vehicle (A) ~~at~~ on the extreme right lane of the above mentioned road, and as I was passing by Good Shepherd Loft, a Vehicle (B) on my left suddenly veered into my lane without caution and proper lookout, and collided into my Vehicle (A). When I stopped, and alighted my Vehicle, I realised there were damages on the left portion of my Vehicle (A). Vehicle (B) had also collided into Vehicle (C), after colliding into my Vehicle (A). I have 3 other passengers in my Vehicle.

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]*

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## AUTOPLAN PRIVATE VEHICLE

**Name of Policyholder** : Lee Choon Keat  
**Period of Insurance** : 26 Feb 2020 To 25 Feb 2021  
**Engine No.** : B0740559N20B20A  
**Chassis No.** : WBA3X32060DZ23287

**Vehicle No.** : SKL9165E  
**Policy No.** : 2100498866-03  
**Endorsement No.** :  
**Issued Date** : 03 Feb 2020

## ABOUT THE COVER

**Make/Model** : BMW 328i 2.0 [Sedan]  
**Engine Capacity/Tonnage** : 1,997.00 CC  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2013  
**Insuring with COE/PAF** : Yes

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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

**Age Condition** : 40 years old and above

**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 - \$800 Theft - \$0 Flood Cover - \$800

## Section 2

Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)

Lee Choon Keat - \$800 (Own Damage), \$800 (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](http://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:** DBS BANK 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).

0503154000

KOH SOOK YUENG

371 ALEXANDRA ROAD #06-02 AIA ALEXANDRA

SINGAPORE 159963 SP-TANKENGLU-PG

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

ESPMLU

VEHICLE NO: SKL9165E

MAKE &amp; MODEL : BMW 328I

DATE OF ACCIDENT	08 / 11 / 2020		
TIME OF ACCIDENT	4.42	AM / <u>PM</u>	
LOCATION OF ACCIDENT	Bukit Timah Road towards Farrer Road		
Exact Purpose use during accident	Private Use		
<b>NAME OF OWNER</b>	Lee Choon Keat		
TELP NO	9616 9592		
NRIC	S7405916C		
CLAIM TYPE	OD / <u>THIRD PARTY</u> /	Reporting Only	
PRIVATE HIRE	YES / <u>NO</u> ?		
INSURANCE CO.	AIG		
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft		
POLICY NO.	2100498866-03		
EMAIL	—		
<b>NAME OF DRIVER</b>	<u>As above</u> / If No:		
NRIC	S7405916C	Any passengers: 3 ① Sheryl	
DATE OF BIRTH	02 / 03 / 1974	② Ethel	
OCCUPATION	Outdoor / <u>Indoor</u>	③ Elizabeth	
DATE OF DRIVING PASS	25 / 06 / 2010		
GENDER	<u>Male</u> /	Female	
CONTACT NO.	9616 9592	Office:	Home:
EMAIL	—		
ADDRESS	Blk 76A Redhill Road #02-12 S(151076)		
DRIVER HAVE ANY OWN Vehicle	<u>NO</u> / If yes, Reg No.		
RELATIONSHIP	Employee / If No: <u>Owner</u>		
WEATHER CONDITION	<u>Clear</u> / Raining / Other,		
ROAD SURFACE	<u>Dry</u> / Wet / Other,		
ANY INJURIES	No / If yes, Who?		
CONTACT NO.			
POLICE REPORT	No / If yes, Where?		
VEHICLE B NO.	SMQ6605Y	Any Passenger:	
NAME			
CONTACT NO.			
VEHICLE C NO.	SGF465C	Any Passenger:	
VEHICLE D NO.		Any Passenger:	
VEHICLE E NO.		Any Passenger:	
VEHICLE F NO.		Any Passenger:	
ANY WITNESS			
WITNESS CONTACT NO.			
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>		
WAS THERE ANY AUDIO CAPTURE?	YES / <u>NO</u>		
WAS THERE ANY PHOTO CAPTURE?	<u>YES</u> / NO		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>		