

NATIONAL Assessment Center Services

SNV 21B1000

Date Recd: 01/14/2021 11:25	Job description: SAS calling	Date & Time Completed:	Done by:
Ref No: NAB210421001112/7	Trinity (yale) 1112, 1112 (1112)		
Ver No: SKY 6000 G	1-Motor Claim Vpin		
UOA: 30/10/2021 10:50	1-Motor W/O (Vpin) 100 (1112) TP (1112)		
(1) TP Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment Survey Report		
	Assessment Report by Fax / Email to Owner / Vpin		

Preferred Wksp / NO Avail / Wksp / OWI	Toll	Fax
TP Insurer / Ver No: SKY 862314	INC () / Non-INC ()	
Owner / Driver ()	Toll	
Policy No ()	Period ()	Cover Type ()
Continued by ()	Date ()	Time ()
Insured / Driver Liability ()	% (None-Set Stays (WO) N: 0-20% P: 21-79% P: 80-100%)	
Year of Registration ()	Women / YES () / NO ()	
License ()	Loading: \$1,000 () / \$2,000 ()	

() Willing to provide Customer Information solely confidential & solely NO Ref of report	
() Total Loss Case 1 to email Insurer URGENTLY	
Driver-In () / Towed-In ()	Invoice: YES () / NO () / Towed-In ()
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QO Check / Post Repair Inspection ()	
3) Upload Repair Photo (Repair Cost > \$3,000) ()	

Injury:	

NA2104294	
Driver/Owner:	1) All Additional Work ()
Company No:	2) B21 Survey Allowance (\$100) ()
Continued Portion:	3) T1 Follow Up ()
	4) T1 Follow Up Survey ()
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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 Submission	01/11/2021 11:25 (SGT)
Date of Accident	30/10/2021 10:50 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	TOWARDS ECP (BEFORE AIRPORT ROAD)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN6000G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE CHEE SIANG
NRIC No	SXXXX921I
Email Address	lcs011178@gmail.com
Mobile Phone No	(Phone) +65-93629369
Alternative Phone No	+65-93629369

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	CX-8
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2488

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210035240
Cover Note Number	-

DRIVER

Name of Driver	LEE CHEE SIANG
NRIC No	SXXXX921I

Date Of Birth	01/11/1978
Occupation	Indoor
Date Of Driving Pass	01/02/2001
Driving experience	20 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93629369
Alt. Phone Number	+65-93629369
Email Address	lcs011178@gmail.com
Address	4 SIMS DRIVE #18-18
Address complement	-
Postcode	387387
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

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHLOE TING
Gender	Female

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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMY8632M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	(Phone) +65-90029185
Address	-
Address complement	-
Postcode	-
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJD3758M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AXA Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLV616R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-83338846
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Direct Asia Insurance (Singapore) Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE CHEE SIANG
Gender	Male
Phone No	(Phone) +65-93629369
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKN6000G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CHLOE TING
Gender	Female

Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKN6000G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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 Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

KPE TOWARDS ECP (BEFORE AIRPORT ROAD)


A	SKN 6000G
B	SMY 8632M
C	SJD 3758M
D	SLY 616 R


Describe Circumstances of the Accident


On 30.10.2021 at about 10:50 am. I was travelling along KPE towards ECP (Before Airport Road). The front vehicle slowed down and stopped, I follow. Suddenly, I felt an impact from my rear and my vehicle moved forward to hit the front vehicle. I was involved in a 4 vehicles chain collision.

Declaration

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

(16)

Date of Accident : 30.10.2021 Accident Time: 10:50am (24-HR-Format)
Accident Place : KPE towards ECP (Before Airport Road)
Vehicle No. (Car Plate No.) : SKN 60009 Make/Model: Mazda CX-8 2.5
Insurance Company : AIG Policy No: 7210035240
Owner or Company Name /IC No. : Lee Chee Siang (S7881921I)
Owner or Company Contact No. : 9362 9369 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : As above
DRIVER'S Date Of Birth : 01.11.1978 DRIVER'S License Pass Date 01.02.2001
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
DRIVER'S Address : 4 Sims Drive # 18-18 Singapore 387387
DRIVER'S Contact No./ Alt No. : 1) 9362 9369 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : LCS011178 @ gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 2 person (1 Driver, 1 Passenger)
Was there any video Captured by car camera: YES (NO)
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): Yes (1 Driver, 1 Passenger).

Other Party Driver's Particular (if any)

Vehicle No: <u>SMY8632M (vehicle B)</u> ^{→ China Taiping}	Vehicle No: <u>SJD 3758M (vehicle C)</u> ^{→ AXA}
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: <u>9002 9185</u>	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

Female: Chloe Ting

SIV 616 R (vehicle D) ^{→ Direct Asia.}
C 8333 8846





Name of Policyholder : Lee Chee Siang
Period of Insurance : 15 Apr 2021 To 15 Apr 2022
Engine No. : PY31248008
Chassis No. : JM6KG2WLA00100344

Vehicle No. : SKN6000G
Policy No. : 7210035240
Endorsement No. : 000000000406670
Issued Date : 28 Jul 2021

Make/Model	: MAZDA CX8 (Elegance/ Luxury)		
Engine Capacity/Tonnage	: 2,488.00 CC	Sum Insured	: Market Value
Driver Restriction	: NA	Off Peak Car	: No
Person or Classes of Persons Entitled to Drive*		First Year of Registration	: 2021
		Insuring with COE/PARF	: 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

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, 1967 (Malaysia) and Road Transport (Amendment) Act 2016, are not to be included under these headings.

Section 1
Fire - \$0 Own Damage - \$750 Theft - \$0 Flood Cover - \$750

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Lee Chee Siang - \$750 (Own Damage), \$750 (Flood Cover)

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

1. Trans Eurokars Pte Ltd Add: 27A Tanjong Penjuru, Singapore 609042 63310608

For other Approved Reporting Centres/AIG Authorised Repairs, 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: HONG LEONG FINANCE 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).

0503599190

ARF (AP) PTE LTD - MAZDA

7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX
SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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