

VALLEY T. Assessment Centre Services

SN0821C000F

Date: 20/12/2021 19:47	Vehicle Description: SASE filling
Ref: N12A/016210 2904/4	E-mail: [blank]
Ref: SUH 1802T	i-Motor Claim Form
Date: 14/12/2021 02:30	i-Motor W/O (within 14 days of 21/12/2021)
TP: [blank]	i-Photo Uploaded
TP Insurer	Assessment/Survey Report
	Ass't Report by Fax / Hand to Owner/WKSP

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: PC 6853K	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%, F: 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 or repairer		
() Total Loss Case: to e-mail Insurer URGENTLY.		
Drive-In () / Towel-In () ; Invoice YES () / NO () ; Towing Co ()		
Remarks:- (INC hotline: 6788 6616)	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	Actions

Claimant's Particulars :-	Invoice Preparation Checklist		And (\$)	And (\$)
Driver/Owner:	1) AR: Accident Reporting (\$10)		Int Bill	Adm Bill
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)		
Damaged Portion:	3) TF: Towing Fee	\$40.845		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey)	\$10		
Cat 1:	For claiming against INC Only (wef 10 Jan 2015)			
Cat 2 & 3:	6) TR: Re-inspection	\$15		
	7) N1: Idac DA + SMRT Survey	\$160		
	8) NT1: Additional Services:-			
	QC:			
	*N5: Courtesy Car / Tpt Allowance	\$5		
	*N6: Repair Coordination	\$10		
	*N7: Post Repair Inspection	\$25		
	*N8: DV / Collect Excess Coordination	\$5		
	LP (N11) TP (N12) against INC	\$10		
	9) N12: Idac Mobile	\$10		
	Invoice dated	Engr/Charge		
	Invoice issued	Fee Charge		



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	20/12/2021 19:47 (SGT)
Date of Accident	14/12/2021 02:30 (SGT)
Exact Location of Accident	Boon Lay PI, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU1802T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM SWEE SIONG
NRIC No	SXXXX430G
Email Address	kevlwc@hotmail.com
Mobile Phone No	(Phone) +65-98206641
Alternative Phone No	(Office) +65-68446477

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
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	1998

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700087595-03
Cover Note Number	-

DRIVER

Name of Driver	LIM WEI CONG KEVIN
NRIC No	SXXXX918J



Date Of Birth	01/07/1993
Occupation	Indoor
Date Of Driving Pass	20/06/2012
Driving experience	9 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92997933
Alt. Phone Number	-
Email Address	kevlwc@hotmail.com
Address	BLK 110 ALJUNIED CRESCENT #12-90
Address complement	-
Postcode	380110
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211216/7023

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	PC6853K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

SKETCH PLAN

IMPORTANT NOTICE

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

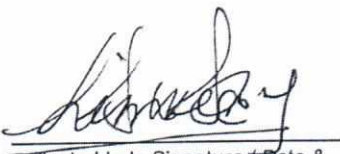
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.



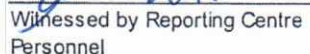
Policyholder's Signature / Date & Time

Sketch Plan



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

BOOK LAY PLACK


20/12/2021
Witnessed by Reporting Centre Personnel

A) SLU1802T
B) PC6853K



Describe Circumstances of the Accident

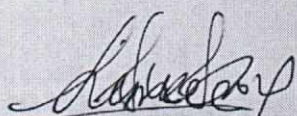
Refer police report

#20211216/7023

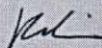
2

Declaration

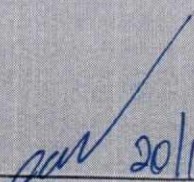
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

 20/12/2021

Witnessed by Reporting Centre Personnel

98206641 (HP)
68446477 (Home phone)

1802



Date of Accident : 14/12/2021 Accident Time: 0230 (24-HR-Format)
Accident Place : Boon LAY Place
Vehicle. No. (Car Plate No.) : SLU1802T Make/Model: Mazda 6
Insurance Company : AIG Policy No: 1700087595-03
Owner or Company Name / IC No. : Lim Swee Siong 800974306
Owner or Company Contact No. : 98206641 Owner's Hp Company Tel
DRIVER'S Name / IC No. : Lim Wei Cong Kevin 89323918J
DRIVER'S Date Of Birth : 01/07/1993 DRIVER'S License Pass Date 20/06/2012
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : B1K110 ALJUNIED CRES #12-90 Spore (380110)
DRIVER'S Contact No./ Alt No. : 1) 9299 7933 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : KEVLWC@HOTMAIL.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): _____
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): _____

Other Party Driver's Particular (if any)

Vehicle. No:	<u>PC 6853K</u>	Vehicle. No:	_____
Vehicle Make/Model:	_____	Vehicle Make/Model:	_____
Name Driver:	_____	Name Driver:	_____
IC No. Driver/Contact:	_____	IC No. Driver/Contact:	_____

* NEW - Passenger's name & gender:



**SINGAPORE
POLICE FORCE**



T/20211216/7023

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

1 of 3

Report No. T/20211216/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2021 16:14	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LIM WEI CONG, KEVIN			Address: 110 ALJUNIED CRESCENT #12-90 SINGAPORE 380110		
ID Type / ID No.: NRIC NO / S9323918J			Contact No.: Home/Office:		Mobile: 92997933
Nationality: SINGAPORE CITIZEN			Email: KEVLWC@HOTMAIL.COM		
Sex: Male	Age: 28	Date of Birth: 01/07/1993	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Shipping agent			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/12/2021 02:30	Type of Location: Car Park
Location: BOON LAY PLACE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 20 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC6853K	Bus/Coach/Mi nibus					0
SLU1802T	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20211216/7023

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

2 of 3

Report No. T/20211216/7023

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM WEI CONG, KEVIN	ID No.	S9323918J
Related Vehicle	SLU1802T (Car)	Contact No.	92997933
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 14/12/2021 at around 0230am I parked my vehicle at 221A Boon Lay place carpark. In the morning around 0930am I went to retrieved my car and realised that my vehicle front right portion was badly damaged. I retrieve a note on my windscreen saying that he someone hit onto my vehicle and provided a number to call (89231477)and WhatsApp to settle the accident. I tried contacting the person to provide me details and photos of his damage vehicle and car plate but he did not comply. However after I said that I wanted to report this to the police, he sent me a vehicle number PC6853K. I'm unsure if this was the said vehicle involved in the accident with my vehicle. I'm lodging this report for traffic police to investigate.



**SINGAPORE
POLICE FORCE**



T/20211216/7023

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

3 of 3

Report No. T/20211216/7023

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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:
16/12/2021 16:14

Officer In Charge Of Case:
TP / TPIB /
KASMAWATI BTE SAMIAN
Contact No.: 65476368

Classification Of Case:

NP168



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Lim Swee Siong
Period of Insurance : 24 Nov 2021 To 23 Nov 2022
Engine No. : PE21003139
Chassis No. : JM6GL1071J0132865

Vehicle No. : SLU1802T
Policy No. : 1700087595-03
Endorsement No. :
Issued Date : 14 Oct 2021

ABOUT THE COVER

Make/Model : MAZDA 6 2.0 SKYACTIV

Engine Capacity/Tonnage : 1,998.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2017

Insuring with COE/PAF : 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 he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDER") 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

Limitation as to use* :

Mileage Condition : Unlimited Mileage

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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Lim Swee Siong - \$600 (Own Damage), \$600 (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 Repairers, 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: United Overseas Bank Limited

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.

This computer generated document does not require a signature.