

19/09/2022 18:19  
 N/A 114-2022566  
 SM 204A  
 16/09/2022 12/08  
 (P)

Job Description: SAS e-filing, E-mail (vehicle info, etc), 1-Motor Claim Form, 1-Motor W/O (Vehicle ID, etc), 1-Photo Uploaded, Assessment/Survey Report, Ass'n Report by Fax / Hand to Owner/Wksp.

Date & Time Completed: **SM 2290003**  
 Done by:

Wksp / INC Assign Wksp / QWY: **SMY 38837**, INC: **INC ( ) / Non-TNO ( )**  
 Vch No: **SMY 38837**, Tel: **Toll**  
 Driver: **Period: ( )**, Cover Type: **( )**  
 No: **Date: ( )**, Time: **( )**  
 Confirmed by: **( )**, % (Note, Est, Status (W/O): **NI 0-20%**, **P: 21-79%**, **F: 80-100%**  
 Driver Liability: **( )**, Warranty: **YES ( ) / NO ( )**  
 Registration: **( )**, Loading: **\$1,000 ( ) / \$2,000 ( )**  
 Total Loss Case: **( )**, to e-mail Insurer **URGENTLY**  
 In-In: **( )**, Towed-In: **( )**, Invol: **YES ( ) / NO ( )**, Towing Co: **( )**  
 Apply for Transport Allowance: **( )**, Country Car: **( )**  
 QC Check / Post Repair Inspection: **( )**  
 Upload Resurvey Photo (Repair Cost > \$3,000): **( )**

Invoice Production Checklist:

114-202566  
 Driver/Owner: **( )**  
 Contact No: **( )**  
 Damaged Portion: **( )**  
 Checked by (Engin-In-Charge): **( )**

Invoice Production Checklist:

1) AR: Accident Report Log (\$30)	INC (\$30)
2) DA: Damage Assessment (\$100)	\$100/\$100
3) TP: Towing Fee	\$120
4) FT: Follow-Through Survey	\$30
5) PT: Follow-Through Survey (Post-urvey)	\$30
6) TR: Repair Inspection	\$75
7) NI: 1st DA + SMRT Survey	\$140
8) NT/O: Additional Services	
9) NI: 1st DA + SMRT Survey	
10) NI: 1st DA + SMRT Survey	
11) NI: 1st DA + SMRT Survey	
12) NI: 1st DA + SMRT Survey	
13) NI: 1st DA + SMRT Survey	
14) NI: 1st DA + SMRT Survey	
15) NI: 1st DA + SMRT Survey	
16) NI: 1st DA + SMRT Survey	
17) NI: 1st DA + SMRT Survey	
18) NI: 1st DA + SMRT Survey	
19) NI: 1st DA + SMRT Survey	
20) NI: 1st DA + SMRT Survey	

1/2/3





## 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 Actual 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	19/09/2022 18:19 (SGT)
Reported by	Both
Date of Accident	16/09/2022 12:48 (SGT)
Exact Location of Accident	Pasir Ris Dr 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ64A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE KIM SEA
NRIC No	SXXXX277H
Email Address	lee_alan@singnet.com.sg
Mobile Phone No	(Phone) +65-96330303
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Glc250
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	1991

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220043531

### DRIVER

Name of Driver	LEE KIM SEA
NRIC No	SXXXX277H
Date Of Birth	29/12/1958
Occupation	Indoor

Date Of Driving Pass	12/01/1978
Driving experience	44 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96330303
Alt. Phone Number	-
Email Address	lee_alan@singnet.com.sg
Address	BLK 101 PASIR RIS ST 12 #10-15
Address complement	-
Postcode	510101
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	Collision - Major/Minor Rd
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMU3883J
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SHIKH ABDULLAH BIN SEH SALEY
NRIC No	SXXXX877A

Contact Number	(Phone) +65-96343168
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

#### 6 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

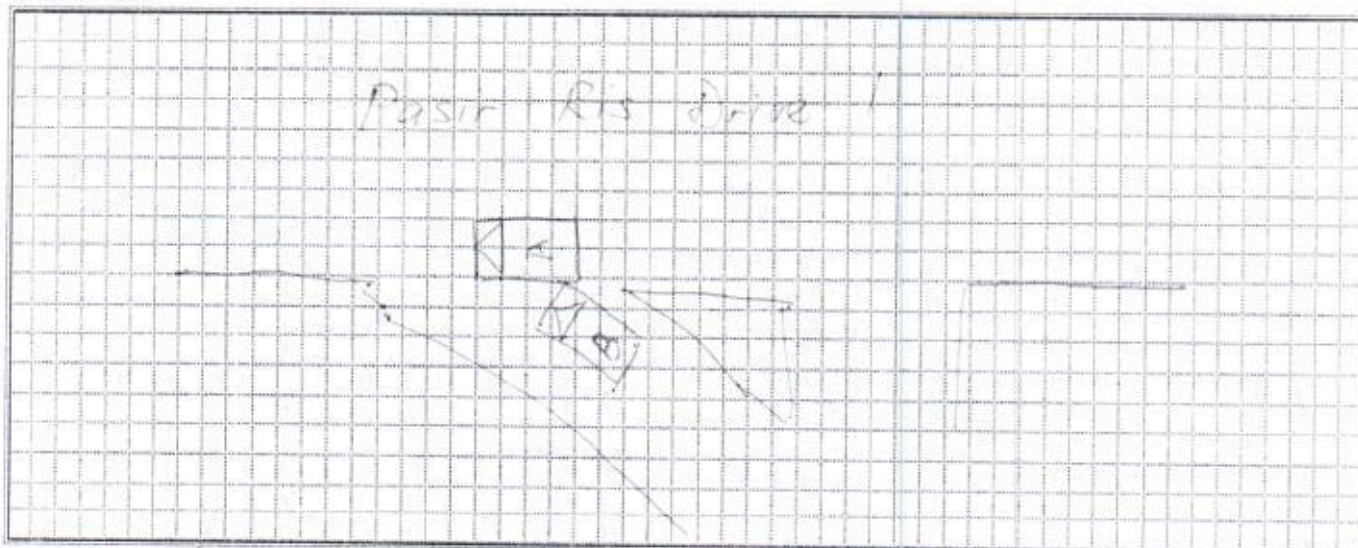
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan



Describe Circumstance of the Accident

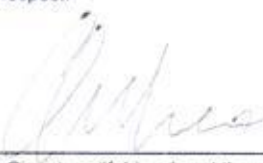
On 16/9/2022 at about 12:48 hrs, I was travelling along Pasir Ris Drive 1. The traffic was in my favour. Suddenly vehicle B came out from the slip road and didn't stop in time and hit onto my vehicle rear side portion and also my rear left hand sport rim. The driver of vehicle B admitted it was his fault and ask me to make a third party claim under vehicle B insurance policy.

Declaration

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



Policyholder's Signature / Date & Time



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



19/09/2022

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



# ACCIDENT STATEMENT

ACCIDENT DATE: 16/9/2022 (DD/MM/YYYY), TIME: 12:48 (HH:MM)

LOCATION: Pasir Ris Dr 1

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMZ 64 A  
 b) INSURANCE COMPANY: AIG  
 c) POLICY NUMBER: 7220043531  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Mercedes-Benz GLC 250 AUTO / MANUAL  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: No use  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO):  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Lee Kim Seng (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S1305277-H CONTACT: 96330303  
 c) ADDRESS: Blk 101, Pasir Ris 3-12, #10-18  
Staple 510101

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: As Above (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 29/12/1958 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 01

f) YEARS OF DRIVING EXPERIENCE: 12/05/1978

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMU 3883J MODEL: Mercedes Benz  
 b) DRIVER'S NAME: Shikh Abdullah Bin Sah Saley  
 c) NRIC/FIN/PASSPORT: S1269877-A CONTACT: 96343168

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

No. of passengers  
(including driver)

(1)

MALE

No. of passengers  
(including driver)

(1)

No. of passengers  
(including driver)

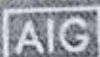
(1)

Email = 122 - alan @ singnet.com.sg

fax =

video =





# CERTIFICATE OF INSURANCE

## AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : LEE KIM SEA  
Period of Insurance : 02 Jun 2022 To 01 Jun 2023  
Engine No. : 27492031180554  
Chassis No. : WDC2533462F318973

Vehicle No. : SMZ64A  
Policy No. : 7220043531  
Endorsement No. :  
Issued Date : 22 Apr 2022

### ABOUT THE COVER

Make/Model : MERCEDES Benz GLC250  
Engine Capacity/Tonnage : 1,991.00 CC  
Driver Restriction : NA  
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 S\$83,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") 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  
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.

\* 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 - \$500 Theft - \$0 Flood Cover - \$500

Section 2  
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

LEE KIM SEA

### 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 8200. 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: 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).

0500718000

JG MOTOR AGENCY

80 CHANGI ROAD #04-06 CENTROPOL @ CHANGI  
SINGAPORE 419715

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Print Facing Journal Out