NATIONAL, Assessment Centre	Services	e(1.a 1.		-	• •	
Date In. 20110122	Job description		Date &Time Co.	mpleted	Done by	
Reino NMIA167220104131	SAS e-filing		:			
Veh No SIVE-369U	E-mail (within 8)	ars. A1C 2hrs,	i			
	i-Motor Claim					
DOA 19/10/22 1430	i-Niotor W/O		e TP 4hrs)			••
OD (F) Reporting Only	i-Photo Uploa		3. 11			•
<u> </u>						
TP Insurer:	Assessment/Sur		to Owner/Wish			
	Ass't Report by	Fax / Hand	to Owner/Wksp	Fax:		
Preferred Wksp / INC Assign Wksp / QW: (DIG (
P Particulars: Veh No: 618	679076	INC (Tel:)	
Owner / Driver: (Cover Type: ()	
Policy No: () Perio	od: ()	Time)	
Confirmed by : ((3)	Date:				
			20%; P: 21-79%	. 1.00 1.070		
Tom of reagnitudes of	arranty: YES ()/NO()			
Excess: (\$) Loading: \$1,000			7777		-	
General Remarks:-			right NO rafer of			
) Walk-In Customer: Customers inform		ntidential & S	Strictly NO 131er of	TOPEROT.		
) Total Loss Case : to e-mail Insurer			T Co (
Drive-In () / Towed-In (); Invoice:	YES () / N	10();	Towing Co. (
temarks:- (INC hotline: 6788 6616)			Date&Time Co	mpleted	Done	by
	urtesy Car ()				
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()				
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Injury:						
Date/Time Actions				i mente di vice d	<u> </u>	
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1		Termonia se oscin			Amt (\$)	/
NA2202929 NAS	2202930	199,80038A-1901N	reparation Chec	Klist	. Ist Bill	
aimant's Particulars :-		1) AR : Accid	ent Reporting (\$30); age Assessment (\$100)	; INC (\$30)		
		3) TF : Towir	g Fee	\$40/\$45 \$120		
river/Owner:		STET · Folloy	v-Through Survey v-Through Survey (Res	urvey) \$30		
ontact No:		For claimin	ng against INC Only (w	(cf 10 Jan 2005) \$75	١	
imaged Portion:		7) N1 : Idne I	DA + SMRT Survey	\$160		
	-	8) NTUC Ad	ditional Services:-			1
C Checked by (Engr-In-Charge):		*N5; Cour	tesy Car / Tpt Allowan	:c \$5	-	-
		*N6: Repa	ir Co-ordination Repair Inspection	\$10 \$25		
uditors' Comments :-	建设设置	- *N8: DV	Collect Excess Coordi	nation \$3		-
H. L.		<u>TP</u> (N11) 9) N12: Idac	: TP (Non INC) against Mobile	. INC. 320		- The same of the
		Invoice date		Fee Charged	a detail	M.
at 2/3:		Invoice date	d	Fee Charged	Maria Maria	



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 witholding 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 20/10/2022 10:05 (SGT) Reported by Driver Date of Accident 19/10/2022 14:30 (SGT) **Exact Location of Accident** 8 Kaki Bukit Ave 4, Singapore 415875 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNE369U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No **Email Address** Mobile Phone No Alternative Phone No No LIM GUAT CHOON SXXXX567H WEIJIELIM96@OUTLOOK.COM (Phone) +65-96838464

VEHICLE PARTICULARS

Manufacturer Lamborghini Model Gallardo Variant

Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

No - Claiming third party Private car

Auto

Private use

5204

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd. 7220086036

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

LIM WEI JIE SXXXX677E 13/08/1996 Indoor

Date Of Driving Pass 14/10/2015 Driving experience 7 YEARS Gender Male Mobile Number (Phone) +65-81219736 Alt. Phone Number Email Address WEIJIELIM96@OUTLOOK.COM Address BLK 940 JURONG WEST STREET 91 #09-433 Address complement Postcode 640940 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 Collided into Parked Vehicle 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 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 REFER TO REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Address	
Address complement	_
Postcode	, <u>-</u>
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 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. 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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

th

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

(ar H: SNE3 69V
(ar B: C1897407C

Describe Circumstances of the Accident Vehicle SNE36910 time and the stated date and Stated The place. (av Oh the portion (AV hit turn his too an early propel Vehicle. The nage Caused back wares nit behind MC Car the ant

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

Witnessed by Reporting Centre

Personnel

Date of Accident	: 19/10/7522 Accident Time: 1436 (24-HR-Format)
	: Premier @ Kakibakit
Accident Place	- Land 1 7560 -
Vehicle. No. (Car Plate No.)	: SNE 369 Wake/Model: 29m3 orghish Malland El
Insurace Company	: A19 Policy No: 1270086036
Owner or Company Name /IC No.	Lim Guat Choon S1562567H
Owner or Company Contact No.	: 96838464 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Lim Wei Jie
DRIVER'S Date Of Birth	: 13/08/1996 DRIVER'S License Pass Date 14 OCT 2015
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: Block 940 Jurony West street 91 # 09-433
DRIVER'S Contact No./ Alt No.	:1) 8121973 6 2)
DRIVER'S Occupation	:(INDOOR) OUTDOOR (e.g. working inside or outside office)
Email Address	WEIJIELIM96 @ OUTLOOK . (OM
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including I Was the accident reported to the po Was there any video Captured by c Exact purpose for which vehicle w Any Injury (If YES, Pls state):	blice? YES\NQ
	Party Driver's Particular (if any)
Vehicle. No: 484 790	7 C Vehicle. No:
Vehicle Make\Model: Toyota	Vehicle Make\Model:
Name Driver:	Name Driver
IC No. Driver/Contact:	IC No. Driver/Contact:

* NEW - Passenger's name & gender:



CERTIFICATE OF INSURANCE

ELITE AUTOPLAN PRIVATE VEHICLE

: Lim Guat Choon Name of Policyholder

Period of Insurance : 26 Jul 2022 To 25 Jul 2023

: CEH004692 Engine No.

: ZHWGE51U1BLA10921 Chassis No.

Vehicle No. : SNE369U : 7220086036 Policy No.

Endorsement No.

Issued Date : 26 Jul 2022 11:57

ABOUT THE COVER

Make/Model : LAMBORGHINI LP560

First Year of Registration : 2011 Engine Capacity/Tonnage: 5,204.00 CC Sum Insured : Market Value Off Peak Car : No Insuring with COE/PARF : Yes **Driver Restriction** : Named Driver Basis

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder b) Any person who is named as a "named driver" under this Policy

Mileage Condition : Unlimited Mileage Age Condition : Not Applicable

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 1800cc - 2000cc 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 - \$14000 Theft - \$0 Theft Outside Singapore Cover - \$28000 Flood Cover - \$14000

Section 2

Property Damage - \$0

Windscreen: \$1000

Named Driver and Excess (where applicable)

Lim Guat Choon - \$14000 (Own Damage) \$28000 (Theft Outside Singapore Cover), \$14000 (Flood Cover), Lim Wei Jie - \$14000 (Own Damage) \$28000 (Theft Outside

Singapore Cover), \$14000 (Flood Cover)

APPROVED REPORTING CENTRES/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) Any account repairs to the vertical carried out at the repaired of tool critical (interest specifically excluded by OS).

For Approved Reporting Centres/IAIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 638 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: My Auto Capital Pte.Ltd.

I/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).

0030305777

G&M PTE LTD - CDC

20 ANSON ROAD #07-01 TWENTY ANSON

SINGAPORE 079912

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Ming Hui Lee

Pte.