

NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 8/11/2022	Job description	Date & Time Completed	Done by
Ref No: NA/AIG22011151/r3	SAS e-filing		
Veh No: SNA 4993L	E-mail (within 3hrs, AIG 2hrs)		
D.O.A: 7/11/2022 1930	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)

TP Particulars: Veh No: SLR 8648.5 INC () / Non-INC () Tel: ()

Owner / Driver: ()

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 repaler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-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

NA2203138	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N'in INC) against INC \$20		
	9) N12: Idac Mobile 30		
at 1:	Invoice dated Fee Charged		
at 2/3:	Invoice dated Fee Charged		

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	08/11/2022 16:57 (SGT)
Reported by	Both
Date of Accident	07/11/2022 19:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE TOWARDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA4993L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE CHEOW MENG
NRIC No	SXXXX871H
Email Address	BILLY_LEE_77@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98433512
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Es250
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	2487

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220107253

DRIVER

Name of Driver	LEE CHEOW MENG
NRIC No	SXXXX871H
Date Of Birth	18/05/1978
Occupation	Outdoor

Date Of Driving Pass	22/08/2002
Driving experience	20 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98433512
Alt. Phone Number	-
Email Address	BILLY_LEE_77@HOTMAIL.COM
Address	50 WOODLANDS DRIVE 16 #03-03
Address complement	-
Postcode	737901
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
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)	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?	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 ATTACHED 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

Vehicle Registration Number	SLR8648S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKU3699Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLH1639S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SLF4637M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person
 Gender
 Phone No
 Address
 Address Complement
 Post Code
 Approximate Age Years Old
 Injuries Sustained
 Injured person in which vehicle?
 Were seat belts worn?
 Was this injured conveyed to hospital by ambulance?

LEE CHEOW MENG

-

-

-

-

-

-

-

SNA4993L

Yes

No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

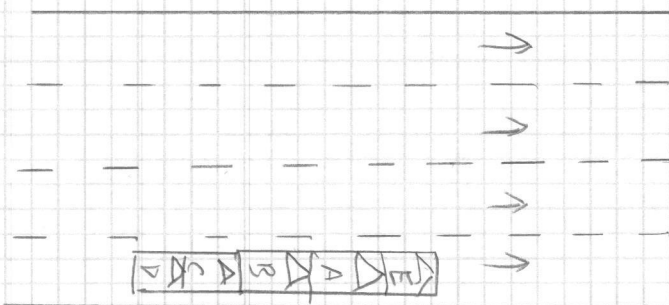
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

 8/11/2022
Witnessed by Reporting Centre Personnel

Sketch Plan


		A - SNA4993L	
		B - SLR86485	
		C - SKU36992	
		D - SLH16395	
		E - SLF4637M	
			

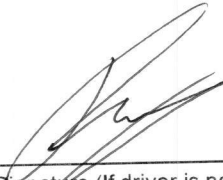
Describe Circumstances of the Accident


I was travelling along BKE toward PIE, as the vehicle in front of me slow down, i began to slow down too. Suddenly i felt a huge impact from the rear portion of my vehicle and that impact cause my vehicle to collide onto the vehicle in front of me. Afterward i realise that vehicle B had collided to the rear portion of my vehicle, i wish to state that this is a 5 vehicle chain collision

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

 8/11/2022
Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20221108/7032

1 of 3

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

Report No. T/20221108/7032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2022 12:45		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE CHEOW MENG			Address: 50 WOODLANDS DRIVE 16 #03-03 SINGAPORE 737901		
ID Type / ID No.: NRIC NO / S7813871H			Contact No.: Home/Office: Mobile: 98433512		
Nationality: SINGAPORE CITIZEN			Email: billy_lee_77@hotmail.com		
Sex: Male	Age: 44	Date of Birth: 18/05/1978	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales Consultant			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/11/2022 19:30	Type of Location: Straight Road
Location: BKE TOWARDS PIE				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKU3699Z	Car					0
SLF4637M	Car					0
SLH1639S	Car					0
SLR8648S	Car					0



Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20221108/7032

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SNA4993L	Car	TOYOTA	LEXUS ES250 LUXURY A/T S/R	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNA4993L	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7220107253	06/10/2022	16/09/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LEE CHEOW MENG		ID No.	S7813871H
Related Vehicle	SNA4993L (Car)		Contact No.	98433512
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	Slight

Brief Details.

I was travelling along BKE towards PIE, as the vehicle in front of me slow down, I began to slow down as well. Suddenly, I felt a huge impact from the rear portion of my vehicle and the impact caused my vehicle to collide onto the vehicle in front of me. Afterward, I realised that vehicle B has collided to the rear portion of my vehicle. I wish to state that it is a 5 vehicles chain collision.

After the incident, I felt unwell and consult a doctor and was given 3 days MC.

1st Car - SLF4637M

2nd Car - SNA4993L

3rd Car - SLR8648S

4th Car - SKU3699Z

5th Car - SLH1639S



**SINGAPORE
POLICE FORCE**



T/20221108/7032

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

3 of 3

Report No. T/20221108/7032

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
08/11/2022 12:45

Classification Of Case:

VEHICLE NO: SNA4993L

MAKE & MODEL : LEXUS ES250

AUTO/MANUAL

DATE OF ACCIDENT	7 / 11 / 2022		*C.C:
TIME OF ACCIDENT	AM / <u>PM</u> 7:30		
LOCATION OF ACCIDENT	BKE toward PIE		
Exact Purpose use during accident	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE		
<u>NAME OF OWNER</u>			
EMAIL	BILLY-LEE-77@hotmail.com	Office:	Mobile: 98433512
NRIC	S781387114		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY		
FLEET POLICY	YES / NO ?		
INSURANCE CO.	AIG		
TYPE OF COVERAGE	COMPREHENSIVE / <u>THIRD PARTY</u> / THIRD PARTY FIRE & THEFT		
POLICY NO.	7226107253		
<u>NAME OF DRIVER</u>	As above / If No:		
NRIC	S781387114		
DATE OF BIRTH	18 / 05 / 1978		
ANY PASSENGER	YES / <u>NO</u> :		
NAME OF PASSENGER	—		
GENDER OF PASSENGER	MALE / FEMALE		
OCCUPATION	Outdoor / Indoor		
DATE OF DRIVING PASS	22 / 08 / 2022		
GENDER	<u>Male</u> / Female		
CONTAC NO.	Mobile: 98433512 Office: Home:		
EMAIL	BILLY-LEE-77@hotmail.com		
ADDRESS	50 Woodlands Drive 16 #03-03 S737901		
DOES DRIVER OWN OTHER VEHICLES?	<u>No</u> / If yes, Reg No:		INSURER:
RELATIONSHIP	Employee / If No:		
WEATHER CONDITION	Clear / <u>Raining</u> / Other:		
ROAD SURFACE	Dry / <u>Wet</u> / Other:		
ANY INJURIES	No / If yes <u>Who?</u> Driver		
CONTAC NO.			
POLICE REPORT	<u>No</u> / If yes, Where?		
Notice of Intended Prosecution Given?	<u>No</u> / If yes: WHO?		
VEHICLE B NO.	S LR 8648S	Any passenger:	
NAME			
CONTACT NO.			
VEHICLE C NO.	S KU 36 99Z	Any passenger:	
VEHICLE D NO.	S LH 1639S	Any passenger:	
VEHICLE E NO.	S LF 4637M	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 RECORDED ?	YES / <u>NO</u>		
SCENE ACCIDENT PHOTOS TAKEN ?	<u>YES</u> / NO		
**WORKSHOP:			
Have you been approach by unknown person soliciting (s)			
Offering accident claims assistance? YES / NO			



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Lee Cheow Meng
Period of Insurance : 06 Oct 2022 To 16 Sep 2023
Engine No. : 2ARF173193
Chassis No. : JTHBJ1GG702091074

Vehicle No. : SNA4993L
Policy No. : 7220107253
Endorsement No. :
Issued Date : 14 Sep 2022 15:05

ABOUT THE COVER

Make/Model : LEXUS ES250
Engine Capacity/Tonnage : 2,494.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
Insuring with COE/PARF : 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 S\$3,000 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.

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 Cheow Meng - \$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 must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop. 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: TOKYO CENTURY LEASING (SINGAPORE) PTE 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).

0504389010

DS INSURANCE AGENCY - PT(A)

131 PASIR RIS GROVE #06-16

SINGAPORE 518130

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.