SS2X22BU0005 / SME MOTOR PTE LTD ENTRY DATE & TIME: 30/11/2022 13:05 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (30/11/2022 13:05 (SGT))

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.

- 4. The issue and acceptance of this is form by instrained 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 30/11/2022 13:05 (SGT) Reported by Date of Accident 22/10/2022 07:00 (SGT) Exact Location of Accident Tuas Link 2, Singapore Additional Location Information TWDS MALAYSIA CHECKPOINT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS9933U INSURED/POLICYHOLDER

Lexus

Is company? No Name Of Registered Owner LIM THIAM GUAN NRIC No S1588239E Fmail Address 9933LIMGUAN@GMAIL.COM Mobile Phone No (Phone) +65-82681855

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model ES 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 No - Claiming third party your vehicle?

Vehicle Category Private car Transmission Auto CC 2494

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2100504591-05

DRIVER

Name of Driver LIM THIAM GUAN NRIC No S1588239E Date Of Birth 06/09/1963 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	10/02/1981 41 YEARS AND 8 MONTHS Male (Phone) +65-82681855 - 9933LIMGUAN@GMAIL.COM 27 TAMPINES CENTRAL 7 #13-34 - 528611 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Change/cross lane Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Gender PASSENGER 2 Name Gender	- - -
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
CAR B WHICH WAS ON LANE 1 WANTED TO CHANGE HIS LA	ED MY CAR A WAITING TO CHANGE INTO LANE 1. SUDDENLY, INE INTO MY LANE AND HIT THE FRONT RH SIDE OF MY CAR A. EXCHANGE PARTICULARS. THEREFORE, I DID NOT FILE THE
ATTACHMENT(S)	

Yes No

Are accident photos available for attachment?
Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

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 VEHICLE B	Vehicle Registration Number	SKU82Y
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 VEHICLE B	Vehicle Manufacturer	-
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 VEHICLE B	Vehicle Model	-
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 VEHICLE B	Vehicle Variant	-
Name of Driver	Vehicle Colour	-
Contact Number	Vehicle Category	Private car
Address	Name of Driver	-
Address complement - Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident VEHICLE B	Contact Number	-
Postcode	Address	-
Insurance Company Name - Nature Of Damage - Details of property damaged in accident VEHICLE B	Address complement	-
Nature Of Damage - Details of property damaged in accident VEHICLE B	Postcode	-
Details of property damaged in accident VEHICLE B	Insurance Company Name	-
1 1 7 3	Nature Of Damage	-
No. Of Passenger (Including Driver) 3	Details of property damaged in accident	VEHICLE B
	No. Of Passenger (Including Driver)	3

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 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.
- 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.

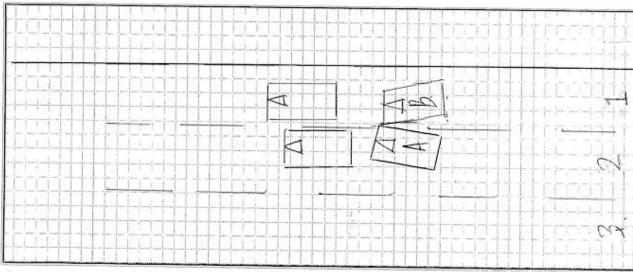
Policyholder's Signature / Date & Time

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

& Time 29/11/22.

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

Sketch Plan



A -

1

0 -

Describe Circumsta	nce of the Accident
Driver of	On 22/10/22 at 7am, I was on the and lane. My car (A) baiting to change into lane 1: Suddenly, which was on lane 1: boanted to change his lane into me and lat the front RH side of my car CA) At car B did not stop his car and we did not earthculars. Therefore, I did not file the accident. In I received a letter from LKK.
claration	

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 29 | 11 | 22 .

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

2



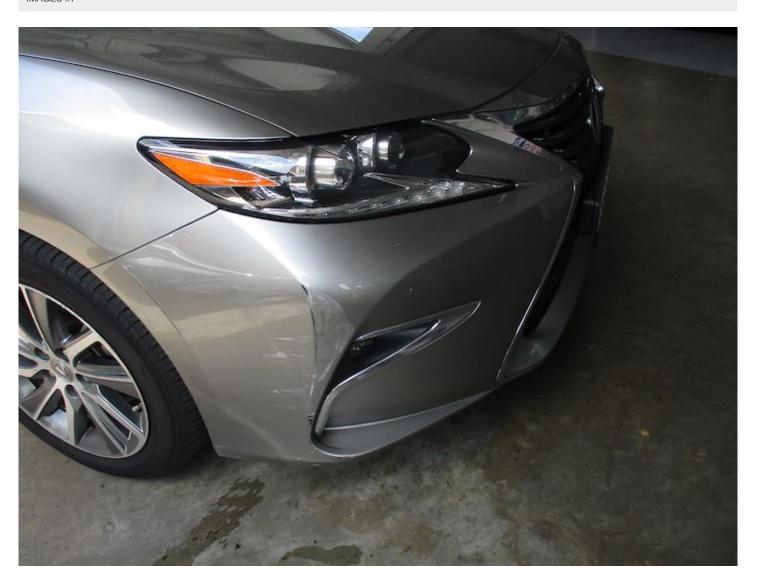


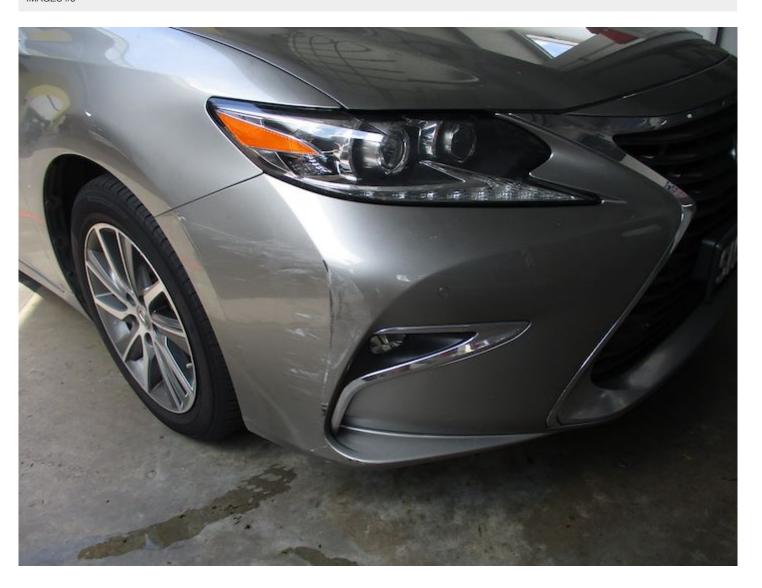


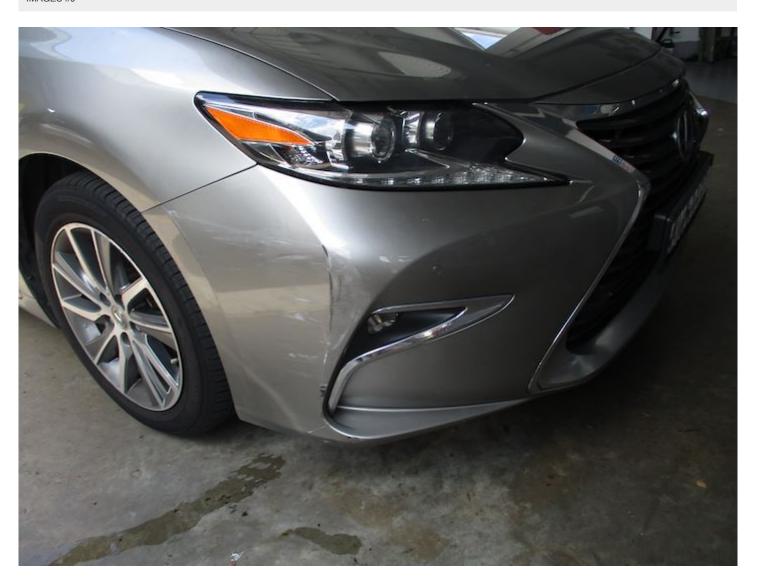


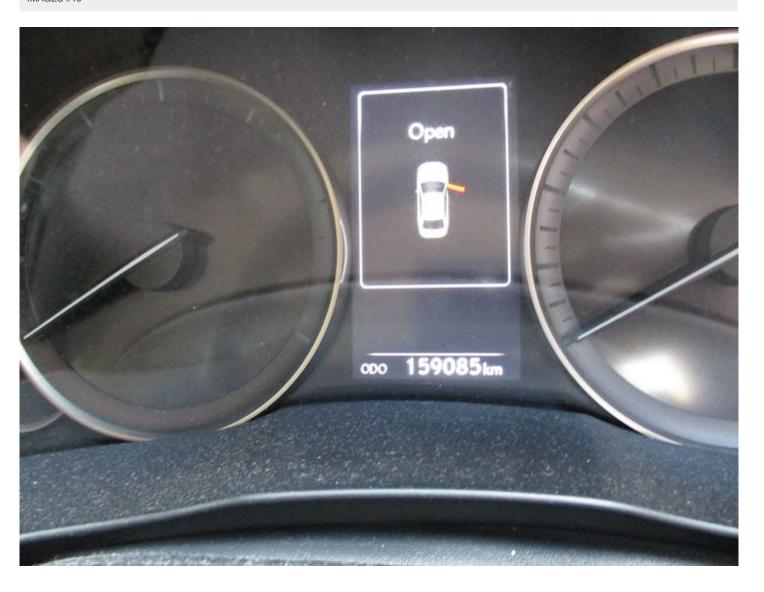














POLICY SCHEDULE

AUTOPLAN PRIVATE VEHICLE

Policy No

2100504591-05

Period of Insurance 03 Mar 2022 to 02 Mar 2023

Issued Date 24 Feb 2022

ABOUT THE POLICYHOLDER

Name of Policyholder

Lim Thiam Guan

Address

Blk 27 Tampines Central 7

#13-34

SINGAPORE 528611

Occupation/Nature of Business : Manager/Director/Management

ABOUT THE VEHICLE

Seating Capacity : 5

Registration No : SMS9933U

; JTHBW1GG902118003

First Year of Registration : 2016

Engine No. Body Type

2AR1440381 Sedan

Engine Capacity/Tonnage : 2,494.00 CC

Insuring with COE/PARF Yes

Make/Model : LEXUS ES HYBRID

Hire Purchase Company/Employer's Loan : HONG LEONG FINANCE LTD

ABOUT THE COVER

Sum Insured Driver Restriction

Chassis No.

Market Value

. NA

Off Peak Car.

Person or Classes of Persons Entitled to Drive:

a) The Poncyholder or Any other person who is driving on the Policyholder's order or with higher permission. This Policy will indemnify the Policyholder or any authorised driver only dihelishe meets the specified age condition.

You have to pay an additional sum of S\$\$3,000 as "Young and/or Inexpenienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnumod) is under the aige of 23 and/or has less than 2 years' driving expensions.

Age Condition

. All Age Condition

Mileage Condition

EXCESS

Unlimited Mileage

Mileage Declaration

Limitation as to use

Use only for social comestic and pleasure purposes and for the Policyholder's business.

This Policy does not obserue for her or reward, driving feating, driving first, racing, pace-making, reliability shall or specifiesing, the comage of goods other than samples in connection with Moter Trade or business or use for any purpose of connection with Moter Trade.

Other Key Policy Benefits

Act of God. Solar Féri Optional: 51150. PA histored: \$2000. Any Workshop, Medical Reinbursement: \$500. Rey Reptacement Windscreen / Windows. Loss of Use 15:00cc - 16:00cc Optional, In-Car Comera Excess Waiver. Street, India and Carl Commission.

PREMIUM

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800 Section 2 Property Damage - \$0	Premium : \$ 1,800.52 GST (7%) : \$ 126.04	
Windscreen: \$100	Total ; \$ 1,926.56	
Named Driver tim Thigm Guan - \$890 (Osin Damage). \$800 (Floor) Cover)	Your Premium includes the following discount(s) Safe Driver Discount - 5.00%, Leyalty Discount - 8.00%, No Claim Discount - 30%	
NAME OF A		

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