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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

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 report by insurance companies is not all admission of policy has been described by the for investigation.

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

03/01/2023 15:50 (SGT) Both 31/12/2022 06:20 (SGT) Kampong Bahru Rd, Singapore TOWARDS KEPPEL ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKB4298R

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No

Alternative Phone No

No

LEE SEUNGJAI SXXXX633H

leeseungjai@hotmail.com (Phone) +65-81864616

VEHICLE PARTICULARS

Manufacturer

Model

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

Private use

BMW

523i

No - Claiming third party

Private car Auto

2497

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd. 1800052202-04

DRIVER

Name of Driver NRIC No

Date Of Birth Occupation

LEE SEUNGJAI SXXXX633H 21/07/1950 Indoor

Date Of Driving Pass	27/07/2011	
Driving experience	11 YEARS AND 5 MONTHS	
Gender	Male	
Mobile Number	(Phone) +65-81864616	
Alt. Phone Number	•	
Fmail Address	leeseungjai@hotmail.com	
Address	93 KELLOCK ROAD #09-06	
Address complement	=	
Postcode	248904	
Is the driver the policyholder?	Yes	
If No, Relationship of the Driver with the Insured	2	
Does Driver Own Other Vehicles?	No	
Vehicle Registration Number of Other Vehicle Owned by Driver		
	-	
Insurance Company of Other Vehicle Owned by Driver	:	
insurance company of care		
THE ADDITION OF THE PROPERTY O		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident	Collision - Head to Rear	
Weather Conditions	Clear	
Road Surface	Wet	
Moad Curios		
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	-	
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?	-	
if yes, against whom:		
CIRCUMSTANCES OF ACCIDENT		
PLEASE REFER TO SKETCH PLAN		
THE SUMPLIFICA		
ATTACHMENT(S)		
	V	
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?	Yes	
DETAILS OF OTH	ER VEHICLE PROPERTY 1	
DE PAREO OF OTT	现在是特别的《Andrews Andrews	
	0.1.70000	
Vehicle Registration Number		
Vehicle Manufacturer	Bentley	
Vehicle Model		
Vehicle Variant	p	
Vehicle Colour	- I-	
Vehicle Category	Private car	

MR. TEO

(Phone) +65-96306000

Vehicle Category

Name of Driver

Contact Number

Address	1
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	- 3

Veh A: SKB 4298R Veh B: 9W7 3035

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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 GW 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)

Lunderstand, 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.

"I AM AWARED THAT MY INSURER MAY HAVE A 34 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WALL CHECK MY POLICY FOR MORE DETAILS

Policyholder's Signature / Date &

03/01/23 11:11 Am Driver's Signature (If driver is not the policyholder) / Date

& Time

Sketch Plan

-> KAPPEL Rd

Personnel

Witnessed by Reporting Centre

A) SKB 4298R B) SMT 303S



Describe Circumstances of the Accident	
VOHA SKB 4298 R	
VOTE SWT 303 9	
I was travelling along kamping Rd toward keppel Rd. Tradic light turn to yellow and then turning to red, i However Vehicle B collided to my year of Vehicle.	Stopped my Vehicle.
Declaration	
Declaration	
We declare the foregoing particulars are true in every respect.	7

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

Policyholder's Signature / Date &

Time

Witnessed by Reporting Centre Personnel

Accord Auto Services Pte Ltd	Remark:
Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: <u>avcla</u>	ims@myearworkshop.com
Particular Of Insured/Driver & Details Of The Accident Motor Accident Report *Date of Accident: 31/12/2022	*Time of Accident: 06:20 Am
*Accident Location: Kampong Ro	ad just before Keppel Raad Cros
Vehicle Details *Vehicle Number: SKB 4298R * Make & Mode	el: BMW 5231 Eng Cap: 25 2497
* Purpose Being Used At Time Of Accident:	ing for Sentosa Golf
*Owner Name: LEE SEUNGJAI	*NRIC: 5'2746633H
*Address: 93 KELLOCK ROAD ?	409-06
*Email: <u>les Seung Jai</u> (hot *Occupation: (Indoor / C	#09-06 mail cont * HP: 8/86-4616 Dutdoor) * Tel/H/Other:
<u>Driver</u> (V) same as above *Driver Name:	
*Address:	
*Date of Birth: 31/7/1950 *Driving Pass D	ate: 27/7/2011 * HP:
*Email:	*Gender: Male / Female
	utdoor) * Tel /H /Other:
*Driver an employee: Yes / No (*If no, what is relation	onship with the policyholder :
Passengers Details	
* P/Name:(Male/Fe	male) * P/Name: (Male/Female) male) * P/Name: (Male/Female)
* P/Name:(Male/Fe	male) * P/Name:(Male/Female)
*Insurer: AIG *Cove	rage: C/TPFT / TPO *Policy No: 1800052292-04
Detail of other vehicle / Property 1	Detail of other vehicle / Property 2
Vehicle No.:	Vehicle No.: SMT 303 S
Make & Model:	Make & Model: <u>BENITLY</u> Vehicle Category:
Vehicle Category:	Name of Driver: MR. TEO
Name of Driver:	NRIC :
NRIC :	HP: 9630 6000
HP :	No. of Passengers (Including Driver):
For Official Use Only	
*Claiming against Own Ins.: Yes (No) (If No, Repor	ting Only / (TP Claims)
General Information of the accident *Type of accident: Head-Rear / Side swipe / others:	
*Weather conditions: Plear / Raining / others:	*Any video cam: Yes Y No
*Road Surface: Dry / Wet/ others:	
*Witness: Yes (No) (Name:	NRIC:
Accident reported to police. Test 140	m against wito
,	*No. of passengers (include driver):
	*Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
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CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: Seungjai Lee

Period of Insurance

: 27 May 2022 To 26 May 2023

Engine No.

: 08547702N52B25AF

Chassis No.

: WBAFP32050C864901

Vehicle No.

: SKB4298R

Policy No.

: 1800052292-04

Endorsement No.

Issued Date eranceante automobilitation (Al: 07 Apr 2022

ABOUT THE COVER

Make/Model

Driver Restriction

: BMW 523I 2.5 [Sedan]

Engine Capacity/Tonnage: 2,497.00 CC

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2011

Insuring with COE/PARF : No

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder b) Any other person

a) The Policy will indomsify the Policyholder's order or with his/her permission. This Policy will indomsify the Policyholder or any authorised driver only if he/sive meets the specified age condition.

You have to pay an additional sum of \$\$\$3,000 as "Inexperienced Oriver Excess" ("IOR") If You may or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

: 30 years old and above Age Condition

Mileage Condition

: Up to 10,000km Annually

Limitation as to use*

Use only for social, demosts and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for hire or reward, driving test, racing, pace-making, foliability 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 (Tivins Party Risks and Compensation) Act (Cap. 188), Section 95 of the Read Transport Act, 1987 (Malaysia) and Read Transport (Amendment) Act 2019, ere not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Danuage - \$1100 Thest - \$0 Flood Cover - \$1100

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Yun Mee Kim • \$1100 (Own Damage), \$1100 (Flood Cover), Seulsgial Lee • \$1100 (Own Damage), \$1100 (Flood Cover)

#APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres/ AIG Authorised Repairers (For daims 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 certified out at the Sole Agent's workshop.

For other Approved Reporting Contros/AIG Authorised Repairers, please contact our 24-hour accident emergency hotting at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.tg or AIG SG Mobile App. Simply search and download "AIG SG" from ITunes or Google Play.

Hire Purchase Company/Employer's Loan: NA

I/We hereby certify that the parkey to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vetticles (Third Porty Risks and Compensation) Act (Cap. 180). Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rufes, 1959 (Malaysia).

0503013000

WOO RACK SHON

AIG Asia Pacific Insurance Pte. Ltd. This computer generated document does not require a signature.

AIG BUILDING 78 SHENTON WAY #09-16 SINGAPORE 079120 SP-TW-ACE

Underwritten by AIG Asia Pacific Insurance Pie. Ltd.

ALCS/SWOOM EARLY