

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	03/01/2023 15:50 (SGT)
Reported by	Both
Date of Accident	31/12/2022 06:20 (SGT)
Exact Location of Accident	Kampong Bahru Rd, Singapore
Additional Location Information	TOWARDS KEPPEL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB4298R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE SEUNGJAI
NRIC No	SXXXX633H
Email Address	leeseungjai@hotmail.com
Mobile Phone No	(Phone) +65-81864616
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	523i
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	2497

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1800052202-04

DRIVER

Name of Driver	LEE SEUNGJAI
NRIC No	SXXXX633H
Date Of Birth	21/07/1950
Occupation	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	-
Email 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	-
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Wet

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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMT303S
Vehicle Manufacturer	Bentley
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR. TEO
Contact Number	(Phone) +65-96306000

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

SKETCH PLAN

Veh A: SKB 4298R
Veh B: SMT 303S

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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.

*I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

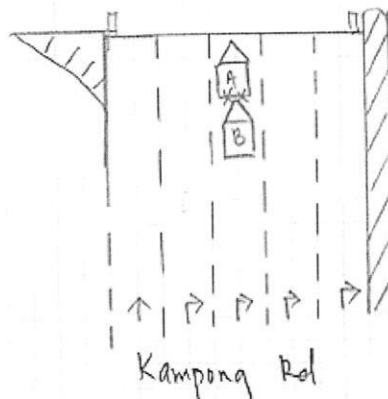
[Signature]
Policyholder's Signature / Date & Time

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

[Signature] 03/01/2023
Witnessed by Reporting Centre Personnel

Sketch Plan

→ Kappel Rd



A) SKB 4298R

B) SMT 303S

Describe Circumstances of the Accident


Veh A SKB 11298 R

Veh B SMT 303 S

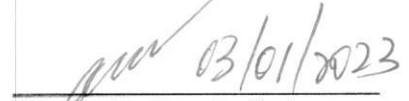
I was travelling along Kampong Rd toward Keppel Rd.
Traffic light turn to yellow and then turning to red, i stopped my vehicle.
However Vehicle B collided to my rear of Vehicle.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time

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


Witnessed by Reporting Centre
Personnel

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Remark: _____

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: Kampung Road just before Keppel Road Pros

Vehicle Details

*Vehicle Number: SKB 4298R * Make & Model: BMW 523i Eng Cap: 2.5 2497

* Purpose Being Used At Time Of Accident: Going for Sentosa Golf

Insured / Policyholder

*Owner Name: LEE SEUNGJAI *NRIC: S' 2746633H

*Address: 93 KELLOCK ROAD #09-06

*Email: lee seungjai@hotmail.com * HP: 8186-4616

*Occupation: _____ (Indoor / Outdoor) * Tel / H / Other: _____

Driver ☒ same as above

*Driver Name: _____ *NRIC: _____

*Address: _____

*Date of Birth: 21/7/1950 *Driving Pass Date: 27/7/2011 * HP: _____

*Email: _____ *Gender: Male / Female

*Occupation: _____ (Indoor / Outdoor) * Tel / H / Other: _____

*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: _____)

Passengers Details

* P/Name: _____ (Male/Female) * P/Name: _____ (Male/Female)

* P/Name: _____ (Male/Female) * P/Name: _____ (Male/Female)

Insurance Company

*Insurer: AIG *Coverage: C / TPFT / TPO *Policy No: 1800052292-04

Detail of other vehicle / Property 1

Vehicle No.: _____

Make & Model: _____

Vehicle Category: _____

Name of Driver: _____

NRIC : _____

HP : _____

No. of Passengers (Including Driver): 1

Detail of other vehicle / Property 2

Vehicle No.: SMT 303 S

Make & Model: BENTLY

Vehicle Category: _____

Name of Driver: MR. TEO

NRIC : _____

HP : 9630 6000

No. of Passengers (Including Driver): 1

For Official Use Only

*Claiming against Own Ins.: Yes ☒ No ☒ (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: _____

*Weather conditions: Clear / Raining / others: _____ *Any video cam: ☒ Yes ☒ No

*Road Surface: Dry / Wet / others: _____

*Witness: Yes ☒ No ☒ (Name: _____ NRIC: _____ HP: _____)

*Accident reported to police: Yes ☒ No ☒ *Summon against whom: _____

*Injured party: Yes ☒ No ☒ *No. of passengers (include driver): _____

-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No



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 : 07 Apr 2022

ABOUT THE COVER

Make/Model : BMW 523i 2.5 (Sedan)

Engine Capacity/Tonnage : 2,497.00 CC

Driver Restriction : NA

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 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\$53,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 30 years old and above

Mileage Condition : Up to 10,000km Annually

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 - 1800cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 169), 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 - \$1100 Theft - \$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), Seungjai Lee - \$1100 (Own Damage), \$1100 (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: NA

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. 169), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503013060

WOO RACK SHON

AIG BUILDING 78 SHENTON WAY #09-16

SINGAPORE 079120 SP-TW-ACE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

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