

**NATIONAL Assessment Centre Services** (Call 1 800 233 9000) **SN0823390002**

Date In: <b>09/03/2023 17:07</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NIA2800767</b>	SAS e-Mailing		
Yell No: <b>SGT 3131</b>	E-mail (with SA, AIC this)		
D.O.A: <b>08/03/2023 21:15</b>	1-Motor Claim Form		
OD: TP: Reporting Only	1-Motor W/O (with: OD this, TP this)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax: Hand to Owner/Whan		

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

TP Particulars: Yell No: **SLP 6034D** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note: Use Status (W/O): N: 0-30%, P: 21-72%, F: 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 repairer.

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

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )			

Injury: ( )

Date of Injury: ( )

Location: ( )

Witness: ( )

Police: ( )

Other: ( )

**XIA2800767**

Insurance Particulars:	Invoice Preparation Checklist:	Amount:
Client/Owner:	1) AIC: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$55)
Assigned Portion:	3) TP: Towing Fee (\$10/\$45)	
	4) PC: Follow-Through Survey (\$15)	
	5) PT: Follow-Through Survey (Battery) (\$30)	
	6) TR: Responder (\$75)	
	7) NI: New DA, PC, PT Survey (\$140)	
	8) RTUC Additional Services:	
	OD:	
	*NI: Courtesy Car / Tel Allowance (\$5)	
	*NI: Repair Coordination (\$15)	
	*NI: Post Repair Inspection (\$25)	
	*NI: DV / Collect Excess Coordination (\$1)	
	*TP (NI): TP (NI-INC) system INC (\$10)	
	*NI: Other Items (\$0)	
	In-plate dated	File Charged
	Signature	Signature

## 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	09/03/2023 17:07 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/03/2023 21:15 (SGT)
Exact Location of Accident	Napier Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY313H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	JULIE KUAH LEE JOO
NRIC No	SXXXX806J
Email Address	davidlumlk@gmail.com
Mobile Phone No	(Phone) +65-96371108
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1991

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100485507-06

#### DRIVER

Name of Driver	DAVID LUM LAM KONG
NRIC No	SXXXX878H
Date Of Birth	01/01/1951
Occupation	Indoor

Date Of Driving Pass	25/02/1976
Driving experience	47 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96371108
Alt. Phone Number	-
Email Address	davidlumik@gmail.com
Address	1 CLAYMORE DRIVE #16-02
Address complement	-
Postcode	229594
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Side Swipe
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)	2
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	-

#### PASSENGER 1

Name	UNKNOWN
Gender	Female

#### 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?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP6054D
Vehicle Manufacturer	Toyota
Vehicle Model	Axio
Vehicle Variant	-

Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	PENG JIAN LUN
NRIC No	SXXXX157B
Contact Number	(Phone) +65-90272919
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# SKETCH PLAN

## IMPORTANT NOTICE

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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 Traffic Police Department for investigation.**
6. 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.
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.

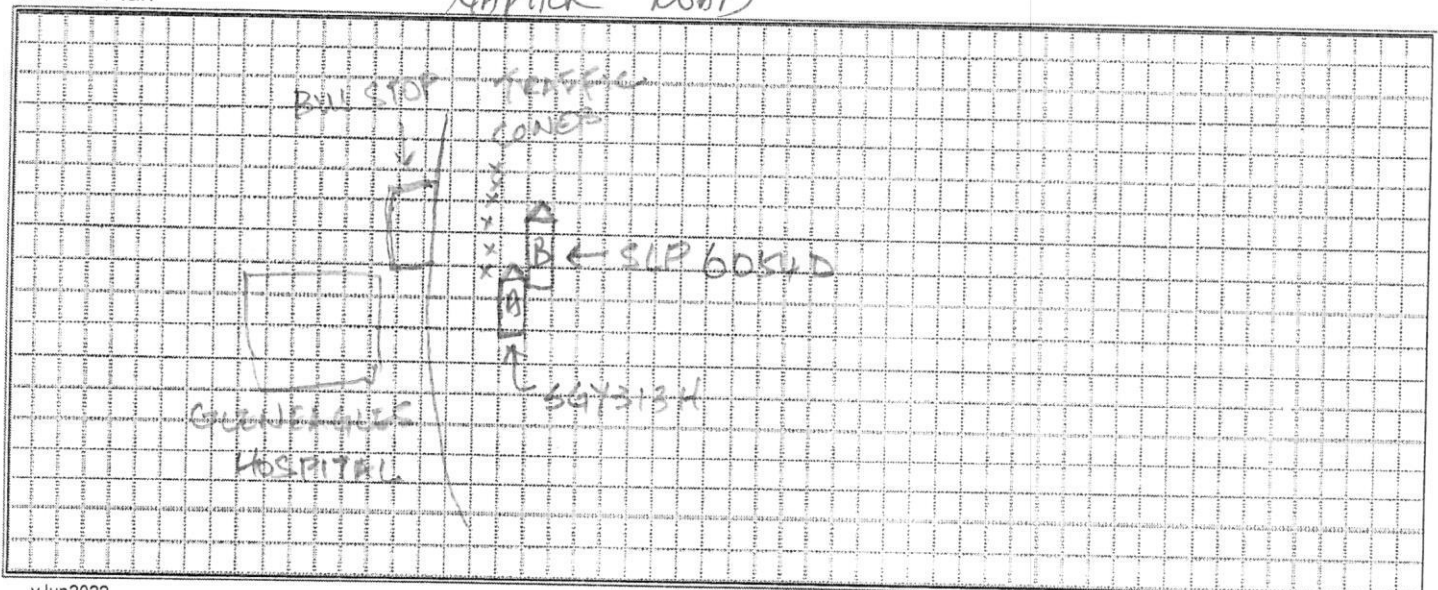
U Plevel 9/03/23 (130pm)  
 Policyholder's Signature / Date & Time

Amal 9/03/23 (130pm)  
 Actual Driver's Signature (if driver is not the policyholder) / Date & Time

am 09/03/2023  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)

## Sketch Plan

HAPIER ROAD



Describe Circumstance of the Accident

On 8 March 2023, I was driving along Napier Road, outside of Glenaeles Hospital. There were traffic cones along the lane just outside the busstop, placed in such a way that it eats into the second lane. Time around 9.15pm.

To avoid the Indian worker standing next to the lane, I swerved right and accidentally hit the car SEP 6054D. We were both heading towards Tanglin Road.

There was no injury to all parties.

REPORTING ONLY (✓)

OWN DAMAGE ( )

THIRD PARTY ( )

OWN WORKSHOP ( )

Declaration

I/We declare the foregoing particulars are true in every respect.

Uthman 9/3/23 1.30pm

Policyholder's Signature / Date & Time

Dawal 9/3/23 1.30pm

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

accident 09/03/2023

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



# LETTER OF AUTHORISATION

ACCIDENT INVOLVING SKY 33 H AND SLP 6054 D  
ON 8 March 2023 ALONG Napper Road

I, Julie Kuah Lee Joo of NRIC no. S014806/3

hereby authorise David Lum Lam Kong of NRIC  
No. S014878/14 to sign all

relevant documents pertaining to the above accident.

Dated this 9th Day of March 2023

X  
Julie  
Name: Julie Kuah Lee Joo

Date of Accident	Time of Accident	Country / Exact Location of Accident
8-March-23	9:15 PM	Negeri Sembilan

DETAILS OF OWN VEHICLE	
Vehicle Registration No:	SGY 313 H
Name of Owner:	Sulre Kuah Lee Joo
Owner IC:	3011480615
Vehicle Model & Type (Audi/Toyota etc)	Mercedes Benz C250 Auto
Exact purpose of veh.	Private / Commercial
Are you claiming your own insurance?	Own Damage / Third Party / Reporting Only
Insurance Company	AG
Type of Policy	Comprehensive / Commercial / Third Party
*Policy Number	
*Contact Nbr	9637 1108
*Alternative contact nbr	
DRIVER	
Name of Driver	David Lum Hong Kong
Driver IC	3011480614
Date of Birth	01-01-1951
Occupation	Indoor / outdoor
*Yrs of Driving Experience	
Gender	Male
Contact No	9637 1108
Address	
Email Address	davidlum1k@gmail.com
Employee of Insured's Company?	
If no, state relationship of Driver with Insured.	Spouse
Driver's own vehicle no. & Insurance company	NO
DETAILS OF INJURED PERSONS 1	
Name	NO
Address	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	

GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (eg. Chain collision, head-on collision, side swipe, front rear)	
Weather Conditions	Clear / Raining / Others (pls state)
Road Surface	Wet / Dry / Others
Video Footage	Yes / No
Offer by other workshop	Yes / No
*No. of passengers incl driver / Gender	1 driver + 1 female passenger
OTHER INFORMATION	
Was anybody injured in the accident? *	Yes / No
Was any other vehicle or property damaged? (including Witness)	Yes / No
DETAILS OF POLICE ACTION	
Accident reported to the Police?	Yes / No
if yes, state which police station	
Notice of Intended Prosecution given?	Yes / No
DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Reg. No.	SLP 605H D
Vehicle Make / Model / Colour / Properties	Toyota Axio / Red
Name of Driver	Peng Jian Lun
IC / FIN / Passport Nbr	38838157/13
Contact Nbr	90272919
Address	
Insurance Company	
*No. of passengers incl driver / Gender	1 driver + 1 male
DETAILS OF WITNESS	
Name	
Gender	
Were seatbelts worn?	Yes / No
Conveyed to hospital by ambulance?	





# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

**Name of Policyholder** : Kuah Lee Joo Julie  
**Period of Insurance** : 24 Oct 2022 To 23 Oct 2023  
**Engine No.** : 27492030125297  
**Chassis No.** : WDD2120362A929840

**Vehicle No.** : SGY313H  
**Policy No.** : 2100485507-06  
**Endorsement No.** :  
**Issued Date** : 07 Sep 2022 20:10

### ABOUT THE COVER

**Make/Model** : MERCEDES BENZ E250 2.0 CGI SEDAN  
**Engine Capacity/Tonnage** : 1,991.00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2014  
**Insuring with COE/PAFF** : 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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

**Age Condition** : 35 years old and above  
**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 - \$1300 Theft - \$0 Flood Cover - \$1300

#### Section 2

Property Damage - \$0

Windscreens : \$100

#### Named Driver and Excess (where applicable)

Kuah Lee Joo Julie - \$1300 (Own Damage), \$1300 (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](http://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

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).

0693066000

TAN KOK SENG AARON

BLK 546 SERANGOON NORTH AVE 3 #08-216

SINGAPORE 550546 SP-JK

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

AIGSGMOBILEAPP