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SN08235F0004-01 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 15/05/2023 12:33 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 2 (17/05/2023 09:48 (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.

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

15/05/2023 12:33 (SGT) Both Policyholder and Actual Driver 12/05/2023 18:00 (SGT) Bukit Timah Rd, Singapore AFTER 1ST AVENUE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKC2741K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No **Email Address** Mobile Phone No

Alternative Phone No

No

LEE CHOR LING SXXXX857J

Ichorling@gmail.com (Phone) +65-97565298

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

Mercedes E300

Private use

No - Claiming third party Private car

Auto 2996

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number AIG Asia Pacific Insurance Pte. Ltd. 2100268519-11

DRIVER

Name of Driver NRIC No

Date Of Birth Occupation

LEE CHOR LING SXXXX857J 11/09/1956 Indoor



Date Of Driving Pass 08/09/1978 Driving experience 44 YEARS AND 8 MONTHS Gender Male Mobile Number (Phone) +65-97565298 Alt. Phone Number **Email Address** Ichorling@gmail.com Address 37A LORONG TANGGAM Address complement Postcode 798738 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 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? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes 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 ZOE LIM DAN NI Gender Female PASSENGER 2 Name LIM CHEE SENG Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Nanyang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007929999 Alt. Police Station Phone No (Fax) +65-67912972 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20230513/2065 ATTACHMENT(S)

Yes

Yes

Are accident photos available for attachment?

Accident report SN08235F0004

Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GR8993D
Vehicle Manufacturer	_
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ISLAM MOHAMMAD AMINUL
Contact Number	(Phone) +65-86688993
Address	-
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INI	11	IR	F	1

LEE CHOR LING Male (Phone) +65-97565298 SLIGHT INJURY SKC2741K Yes No
ZOE LIM DAN NI Female (Phone) +65-98653271 - - - SLIGHT INJURY SKC2741K Yes No
LIM CHEE SENG Male (Phone) +65-94895392 SLIGHT INJURY SKC2741K Yes No

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 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 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)

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' 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
- (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 law yers/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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstance	es of the Accident	constitution of the same constitution of the s	
()n	12.05. 2023	at about 6: 00 pm.	1 was
		1	
travelling	along Bykit	timah Road after	- (st Avenue.
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Vehicle B	(GK 8993 D)	hit my rear portion	
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		3	
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Declaration

WWe 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 12.04 pm

Witnessed by Reporting Centre Personnel





1 of 3

Report No. T/20230513/2065

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/05/2023 16:22		ade:	Vide Report No.:	Station Diary No.: 84
Informant	's Particul	ars		
Name of Ir			Address: 37A LORONG TANGGAM SIN	NGAPORE 798738
ID Type / ID No.: NRIC NO / S1163857J		7 J	Contact No.: Home/Office:	Mobile: 97565298
Nationality SINGAPO		N	Email:	
Sex: Male	Age: 66	Date of Birth: 11/09/1956	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation	n:		Driving Licence Information: Class: 3	Date of Expiry:

General Inform	mation of the Accid	lent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/05/2023 17:50	Type of Location: Straight Road
Location:				
BUKIT TIMAH Weather:	H ROAD	Road Surface:		
Clear		Dry		
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collis Moving Vehic	sion: le Against - Others			Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GR8993D	Lorry	ТОУОТА	DYNA	Silver	Slightly Damaged	1
SKC2741K	Car	MERCEDES BENZ	E 300	Black	Slightly Damaged	2

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKC2741K	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100268519-11	05/08/2022	04/08/2023





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

NP168

3 of 3 Report No. T/20230513/2065

CONTINUATION OF REPORT

Signature of Officer Recording The Report: J / SGT 3 MOHAMMAD FIRDAUS BIN JAFFAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/05/2023 16:22
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

Date of Accident	: 12.05.23 Accident Time : 6.00pm (24-HR-Format)
	: Owner / Both
Who reported the accident?	: Bukit timah Road after 1st Avenue
Accident Place	: Bukit IIMari Konti al
Vehicle No (Car Plate No)	: SKC 2741 EMake/Model: Mercedes Benz E 300
Insurance Company	: AIG Policy No: 2100268519-11
Fleet Policy	: YES NO
Type of Coverage	: Comprehensive / Third Party / Third Party Fire & Theft
Name of Owner / IC No	: Lee Char Ling (51163857)
Owner Contact No	: 97x6 x298 Owner's Hp Company Tel
Driver Name / IC No	: As Above
Driver's Date of Birth	: 11.09.1956 Driver's License Pass Date: 08.09.1978
Relationship of Driver	: Spouse / Parents / Children / Sibling / Employee / Other: Owner
Driver's Address	: 37A Lorong Tanggam Singapore 798738
Driver's Contact No	:1) 9756 8298 2)
Driver's Occupation	: INDOOR / OUTDOOR (e.g. working inside or outside office)
Email Address	: Lchorling @ gmail. com
Weather & Road Surface	: CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
Reporting Type	Reporting Only / Claim Third Party / Claim Own Insurance
Number of Passenger(include Drive	
Was ther any video footage? Exact purpose used at time of accid Any injury (If Yes, Pls State)	ent: Private Use / Private Hire / Work Purpose : Mave injury
Oth	A STATE OF THE PARTY OF THE PAR
VEHB: GR 8993 D	Name & Contact No: Islam Monammad Thomas (1)
VEH C:	Name & Contact No:
VEH D:	Name & Contact No.
VEH E :	Ivanic & Contact to
*NEW - Passenger's Name & Ge Zoe Lim Dan Ni 596	ender: 27614A (9865 3271) 2483836 (94895392)
I'm thee seng S14	483836 (94895392)



CERTIFICATE OF INSURAN

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder

: Lee Chor Ling

Period of Insurance

: 05 Aug 2022 To 04 Aug 2023

Engine No. Chassis No.

: 27295231923157 : WDD2120542A482383 Vehicle No.

: SKC2741K

Policy No.

: 2100268519-11

Endorsement No. Issued Date

: 25 Jul 2022 12:29

ABOUT THE COVER

Make/Model

: MERCEDES BENZ E300 ESTATE

Engine Capacity/Tonnage : 2,996,00 CC

Sum Insured : Market Value

First Year of Registration : 2011

Off Peak Car : No

Insuring with COE/PARF : Yes

Driver Restriction

: NA

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder.
b) Any either person who is driving on the Policyholder's order or with his/her permission.
b) Any either person who is driving on the Policyholder or any authorised driver only if he/she meets the specified ago condition.
This Policy with inclaminly the Policyholder or any authorised driver only if he/she meets the specified ago condition. You have to pay an additional sum of \$\$\$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

: All Age Condition

Mileage Condition

: Unlimited Mileage

Age Condition

Limitation as to use* :

Use only for social, demostic and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for hire or reward, driving fusion, driving test, racing, pace-making, reliability trial or speed-lastling, 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 2000cc

*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

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Lee Chor Ling - \$800 (Own Damage), \$800 (Flood Cover)

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

Cycle & Carriage Eunos Service Center (For accident reponing only) Add: 330 Ubi Road 3 Singapore 408650 62061818
 Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 185 Pandan Loop Singapore 128378 62061818

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency holline at +65 0338 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: MayBank

I/We hereby certify that the policy to which this Certificate of insurance relates is issued in accordance with the provisions of the Molor Vehicles (Third Perty Risks and Compensation) Act (Cap. 189), Part N of the Road Transport Act, 1987 (Melaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Melaysia).

0500660381

CYCLE & CARRIAGE - CHERYL

239 ALEXANDRA ROAD

SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIGSGMOBILEAPP

78 Shenton Way #09-16 AIG Building S079120 | T:+65 6419 3000 | www.eig.sg

AIG Asia Pacific Insurance Pte. Ltd.



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: \$665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

	ADDE	NDUM
(A)	PARTICULARS OF PERSON MAKING THE AMENDM	DENTS:
	Original Report No : SNO 823 5 F 0004	Vehicle Registration No: SKC 2741 K
	Name(as shown in NRIC): Lee Chor Lin	9 NRIC/FIN/Passport No : S 11 63 8 57 J
	(*Vehicle Driver / Vehicle Owner) (*) Please delete	as appropriate
	Address : 37A Lorong Ta	nggamSingapore(798738
	Contact (Tel) : 7 + 5 5 1 9 8	Mobile No. :
	Email Address : Lchorling @ g	Mail. com
	Date of Accident : 12.05.3023	Time of Accident: 6:00 pm
	Place of Accident : Bukit Timah Ro	ad after 1st Avenue
	Insurance Company: AJG	
	ADDITIONALINFORMATION/AMENDMENTS: I have made a report on the above mentioned accidenable the following amendments: Was the accident reported AD Change to: YE	ent and would like to include additional information or fo the police 2 = NO s

Name: NRIC/FIN No.: Date: