

NATIONAL Assessment Centre Services (Call 1-800-555-1234) **SN02370001**

Date In: **23/03/2023 16:46** Job description: **SAS e-Milling** Date & Time Completed: Done by:

Ref No: **NK81816230052037** E-mail (within 24h, A/C 24h)

Veh No: **SEP 2272B** 1-Motor Claim Form

D.O.A: **2805/2023 14:3** 1-Motor W/O (Within 24h, A/C 24h)

OD: **(79) Reporting Only** 1-Photo Uploaded

TP Insurer: Assessment/Survey Report

Ass't Report by Fax: Hand to Owner/Whse

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

TP Particulars: Yeh No: **GB3 2648K** INC () / Non-INC ()

Owner/Driver: () Tel: ()

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

Confirmed by: () Date: Time:

Insured/Driver Liability: () % (Note: Inc Status (WO): 10-0-30%, 10-21-70%, 10-30-100%)

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 repeller.

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

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

REMARKS: ()

1) Apply to: Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Date of Injury: ()

Location: ()

Time: ()

Weather: ()

Other: ()

NA2801514

Insurance Particulars:

Insured/Owner: ()

Policy No: ()

Assigned Portion: ()

Checked by (Engr-In-Charge): ()

Invoice Preparation Charge: ()

1) All: Accident Payment (\$1000) INC (\$50)

2) DA: Damage Assessment (\$1000) INC (\$50)

3) TP: Towing Fee (\$100)

4) PE: Follow-Up & Survey (\$100)

5) TR: Transport Allowance (\$100)

6) NI: No DA & SHIP Survey (\$100)

7) NI: No Additional Services (\$100)

8) NI: No Additional Services (\$100)

9) NI: No Additional Services (\$100)

10) NI: No Additional Services (\$100)

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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	23/05/2023 16:46 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/05/2023 14:31 (SGT)
Exact Location of Accident	Jalan Bukit Merah, Singapore
Additional Location Information	(BESIDE ESSO) BEFORE HENDERSON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP2272B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE LAY KEOK
NRIC No	SXXXX541I
Email Address	hcrmyself@gmail.com
Mobile Phone No	(Phone) +65-97883482
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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	1197

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1700047993-05

DRIVER

Name of Driver	LEE LAY KEOK
NRIC No	SXXXX541I
Date Of Birth	31/08/1955
Occupation	Indoor



Date Of Driving Pass	14/12/1977
Driving experience	45 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97883482
Alt. Phone Number	-
Email Address	hcrmyself@gmail.com
Address	64 BATSHORE ROAD #06-04
Address complement	-
Postcode	469984
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?	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	LEE LAY KWEE CATHERINE
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	GBJ3648K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NG WU CHUN
NRIC No	SXXXX139G
Contact Number	(Phone) +65-96366367
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

Certificate/Policy Number : DMCG22011992

Vehicle Registration Number : GBJ3648K

Cover Type : Comprehensive

Policy Type : Commercial Vehicle (Pte Use)

Name of Policyholder/Insured : CA ENGINEERING CONSULTANCY PTE. LTD.

Commencement Date of Insurance : 27/08/2022

Expiry Date of Insurance : 21/09/2023

Excess	:	EXCESS: (SECTION I).....	S\$	500.00
		ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I).	S\$	300.00
		EXCESS: WINDSCREEN COVER(VEH BELOW 10 TONS)..	S\$	100.00
		YOUNG&INEXP DRIVERS(SECTION I)	S\$	2,500.00

Finance Company/Hire Purchase Owner :

*Persons or Classes of Persons entitled to drive:

1. The Policyholder
2. Any Person who is driving on the Policyholder's order or permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

* Limitations as to Use:

- 1) Use in connection with the Policyholder's business
- 2) Use for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
- 3) Use for social domestic and pleasure purposes

This Policy does not cover :

- 1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings (*).

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia), Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019 (Malaysia).

For and on behalf of **ERGO Insurance Pte. Ltd.**
Approved Insurer

Jonas Boltz

Authorized Signature

FLASH
Fast-Response Accident Reporting Hotline™

24-Hour Helpline: 6100 1620

A100003	CAR INSURANCE AGENCY PTE LTD	Contact Number: 63863322
Vehicle Chassis Number : ZFA26300006H45730, Vehicle Engine/Motor Number : 263A80008168959		CP1, 26/08/2022 15:02

SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO:
DATE OF ACCIDENT:

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)

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.

Leelay Kalk

Policyholder's Signature / Date & Time

Leelay Kalk

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

Witnessed by Reporting Centre Personnel

Sketch Plan

<p>(A) SG P 2272B (B) GBJ 3648K</p>	<p>Esso Petrol Station</p> <p>Jalan Bukit Merah Before Henderson Road</p>	
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I was travelling along Jalan Bukit Merah Before Henderson Road.

I slowed down because the vehicle in front of me slowed down and stopped.

After my car (A) comes to a complete stop, vehicle (B) came from behind and hit my car (A).

REPORTING ONLY ()

OWN DAMAGE ()

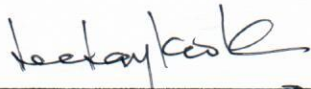
THIRD PARTY ()


OWN WORKSHOP ()

Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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


23/05/2023
Witnessed by Reporting Centre Personnel

ACCIDENT REPORTING FORM

Date of Accident: 23/05/2023 Time of Accident: 14:31 (24Hrs)
Vehicle No: SGP2272B Vehicle Make/Model: Nissan Qashqai
Exact Location of Accident: Jalan Bukit Menah (beside Esso) before Henderson Road
Owner's Name/NRIC: Lee Lay Keok / S11605411
Driver's Name/NRIC: Lee Lay Keok / S11605411
Driver's Contact: 97883482 Insurance Co & Policy No: AIG Insurance
Driver's Email Address: hcrmyself@gmail.com
Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: -
Reporting Party: ☒ 1) Owner ☐ 2) Driver ☐ 3) Owner & Driver
What do you wish to claim (Please circle one only)
1) Own Insurance ☒ 2) Other Vehicle (The one you want to claim against) ☐ 3) Reporting (For Recording Purposes)
Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)
☒ Private Use / ☐ Work Purpose

Weather Condition & Road Conditions?
☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet

Occupation
☒ Indoor / ☐ Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes ☒ / No ☐ If Yes, which police station? _____

The Other Party (Vehicle B) Details

Driver's Name/IC: Ng Wu Chun / S78731396 Vehicle No: GBJ3648K
Insurance Company: _____ Driver's Contact: _____

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

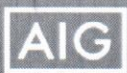
Other Vehicle (Vehicle C): _____

Passengers

Vehicle A: 1 driver, 1 passenger (Female, Lee Lay Khee Catherine)
Vehicle B: 1 driver, 1 passenger

Language Used

☒ Mandarin / ☐ English / ☐ Malay / ☐ Tamil / ☐ OTHERS: _____



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Lee Lay Keok
Period of Insurance : 04 Sep 2022 To 03 Sep 2023
Engine No. : HRA2482843A
Chassis No. : SJNFEAJ11U2012064

Vehicle No. : SGP2272B
Policy No. : 1700047993-05
Endorsement No. :
Issued Date : 03 Aug 2022 14:31

ABOUT THE COVER

Make/Model : NISSAN Qashqai 1.2 DIG-Turbo
Engine Capacity/Tonnage : 1,197.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
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\$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 : 40 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

* 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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Lee Lay Keok - \$600 (Own Damage), \$600 (Flood Cover)

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

1.TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513
2.TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 628099 62622212
3.Autolution Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666
4.Tan Chong Motor Sales Add: 913 Bukit Timah Road Singapore 589623 64694091 64694092 64694093
5.Tan Chong Motor Sales Add: 19 Lorong 8 Toa Payoh Singapore 319255 63570753

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: United Overseas Bank Limited

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).

0500610537

TAN CHONG CREDIT PTE LTD - KCK

913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
SINGAPORE 589623 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