

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 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 ability.
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 Report	04/05/2018 16:22
Date Of Accident	04/05/2018 00:15
Exact Location Of Accident	ALONG FOCH ROAD OUTSIDE FOOD COURT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG4117D
Insured/Policyholder	
Name Of Registered Owner	CHUA PHENG AUN, BENJAMIN
NRIC No	S7712726G
Email Address	BEN-TJOA@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96941065
Alternative Phone No	OTHERS-96941065

Vehicle Particulars

Manufacturer	AUDI
Model	A6
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100312917-05
Cover Note Number	

Driver

Name of Driver	CHUA PHENG AUN, BENJAMIN
NRIC No	S7712726G
Date Of Birth	12/05/1977
Occupation	INDOOR
Date Of Driving Pass	11/09/1995
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96941065
Fax Number	
Contact Number	OTHERS-96941065
Email Address	BEN-TJOA@YAHOO.COM.SG

Address	100 KEW DRIVE
Postcode	415887
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YL8550S
Vehicle Make/Model/Colour	MITSUBISHI CANTER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM WEE MENG
NRIC/Passport Number	S6936686D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: ;
	GENDER: ;

SKETCH PLAN

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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

4 May 2018
2.12pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

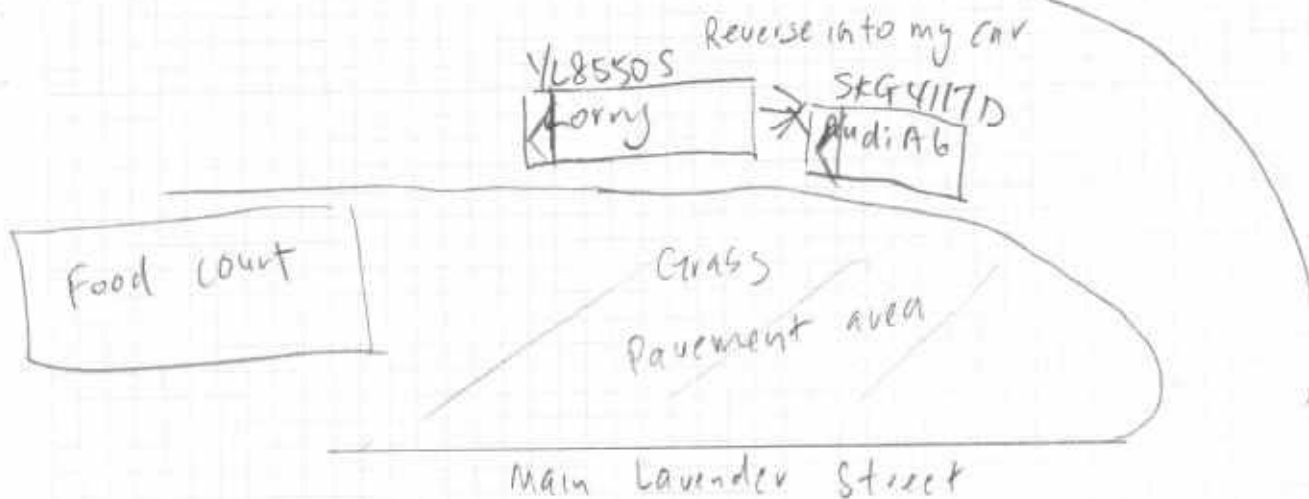
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Foch Road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped my car to go to toilet & pick up food. The driver of other vehicle was with 2 other passenger.

He reversed without checking and hit my stationary car. After which I heard the bang just as I was walking back to my vehicle.

He move forward again and hit my car a second time. Some people shouted at him to stop after which he alighted from the lorry.

This time, I discover a hole in my bonnet and my bumper & bumper grill was knocked in.

I took his license number and his photograph & his vehicle picture.

DECLARATION

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

Policyholder's Signature

Date & Time: 4 May 2018
2:19pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

Reported by
Res 11111111

ACCIDENT STATEMENT

ACCIDENT DATE: 4 May 2018 (DD/MM/YYYY), TIME: 15:15 (HH:MM)
LOCATION: Laurender - outside Food Court

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKG 4117D
b) INSURANCE COMPANY: AIG
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Audi A6
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: STATIONARY
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: BENJAMIN CHUA PHENG ALIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7712726G CONTACT: 96941065
c) ADDRESS: 100 KEW DRIVE S415887

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 12/05/1977 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 11 Sept 1995

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAR)
b) ROAD SURFACE: (DRY / WET / OTHERS DRY)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YL 8550 S MODEL: CANTER MITSUBISHI
b) DRIVER'S NAME: LIM WEE MENG
c) NRIC/FIN/PASSPORT: S6936686D CONTACT: -

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = ben-tjoa@yahoo.com.sg

fax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7712726G



Name

CHUA PHENG AUN, BENJAMIN

Race

CHINESE

Date of birth

12-05-1977

Country of birth

SINGAPORE

Sex

M

S7712726G

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7712726G

CHUA PHENG AUN, BENJAMIN

Birth Date: 12 May 1977

Issue Date: 06 Aug 2013



NRIC No. S7712726G



Date of issue

13-03-2009

Address

100 KEW DRIVE
SINGAPORE 465867

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 11 Sep 1995

NP 428A





CERTIFICATE OF INSURANCE

AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : CHUA PHENG AUN BENJAMIN
 Period of Insurance : 01 Sep 2017 To 31 Aug 2018
 Engine No. : CDN281564
 Chassis No. : WAUZZZ4G9DN012291

Vehicle No. : SKG4117D
 Policy No. : 2100312917-05
 Endorsement No. :
 Issued Date : 28 Aug 2017

ABOUT THE COVER

Make/Model	AUDI A8 C7 2.0 TFSI MU	Sum Insured	Market Value	First Year of Registration	2012
Engine Capacity/Tonnage	1,984.00 CC	Off-Peak Car	No	Insuring with COE/PAF	Yes
Driver Restriction	NA				

Person or Classes of Persons Entitled to Drive*

to The Policyholder
 to any other person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.
 *You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" (IDEX) if You are or Your Authorized Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 35 years old and above

Limitation as to use*

Use only for work, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, racing, 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

* Limitations contained hereunder by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 45 of the Road Transport Act, 1987 (Malaysia), and not to be included under these headings.

EXCESS

Section 1

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

Section 2

Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

CHUA PHENG AUN BENJAMIN - \$200 (Own Damage)

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

1. Audi Customer Service Center, Add: 55 Ubi Road 1 Singapore 408699 63662323

For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6338 5200. Alternatively, you may refer to AIG website www.aig.com.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: DBS BANK LTD

(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) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).)

0504125200

PREMIUM LEASING - AP
 281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE
 SINGAPORE 159938
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. Anik

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE