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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 Authorised 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 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.	
The state of the s	ACCIDENT STATEMENT
Date Of Report	18/06/2018 14:51
Date Of Accident	16/06/2018 13:00
Exact Location Of Accident	OPHIR ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ7899Z
Insured/Policyholder	
Name Of Registered Owner	NG YAU HWEE (HUANG YAOHUI)
NRIC No	S7421908Z
Email Address	SMITHANDREW7878@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82222444
Alternative Phone No	OTHERS-82222444
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	*
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	REPORTING ONLY
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	1800036839
Cover Note Number	

Driver

Name of Driver NG YAU HWEE (HUANG YAOHUI)

 NRIC No
 S7421908Z

 Date Of Birth
 08/07/1974

 Occupation
 INDOOR

 Date Of Driving Pass
 19/04/1995

Driving Experience 23 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-82222444

Fax Number

Contact Number OTHERS-82222444

EMail Address SMITHANDREW7878@GMAIL.COM

Address BLK 15 UPPER BOON KENG ROAD

#06-1059

Postcode 380015

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

20

Insurance Company of Driver's Own Vehicle

-

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 this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJX7891D
Vehicle Make/Model/Colour TOYOTA

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver MAKI RYUICHZ
NRIC/Passport Number G3442064K

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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.
- 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.
- 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.
- By the lodgment 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:
 - 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:

Driver & Signature

(If driver is not the policyholder)

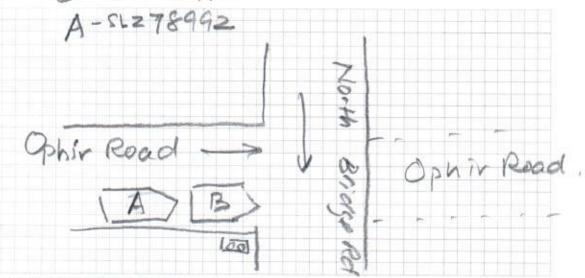
Date & time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

B-SJX78910



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

02	16/06/18 about 1pm, 1 came to a stop
at -	the traffic light along Ophir Road 1 Hurnes
arou	not and pick up a water bottle drop be
my.	seat and accident released my brake.
The	vehicle moved forward the vehicle in front
of n	re and littled the near of SJX789,D.
Thev.	e was a minor cleuts on his near buyon
and	I my front bumper. No sujuried on both
Щ	and we exchanged ID and reported the
0/01	n on Insurance.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

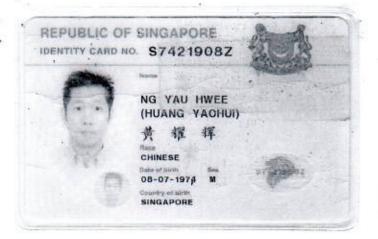
NRIC/FIN No .:

Republed on 16/6/2018
. @ 1455AR

ACCIDENT STATEMENT

ACCID		J(DD/MM/YYYY).	TIME:	<u>) (HH:MM)</u> .	
LOCATI	ON: Ophir Ro	acl	0		
1.	a) VEHICLE NUMBER:	91278	399Z V	÷ ×	
S	D)INSURANCE COMPANY:_ C)POLICY NUMBER:	180036	839		
	d)POLICY TYPE: (COMPREH e)MAKE & MODEL: f)TYPE:(SALOON / COUPE / g) VEHICLE CATEGORY: (PRIV h)PURPOSE OF USING AT AC i) ARE YOU CLAIMING UNDE IF NO, PLEASE STATE (THIRE	MPV /VAN / LORRY VATE / COMMERCIA CCIDENT TIME:	/ MOTORCYCLE L / MOTORCYCLE ANCE (YES/NO)	/ OTHERS)	
	INSURED / POLICY HOLDER A) NAME: NG b) NRIC/FIN/PASSPORT: SC) ADDRESS: 845 / SC	87421905/2 87421905/2 2000	CONTACT:	FEMALE) 2227444 #06-1219	.**
	CONTINUE TO 3.4 IF DRIVE	R ALSO POLICY HOL	DER		
1 1 12 Jenielsk	DRIVER NG Y	AU TENEE	MAIF	FEMALE)	
(1)	bjNRIC/FIN/PASSPORT:	ST421908/2 Upper Bour	CONTACT:	8222444 06-1049 13800152	
	*d)DATE OF BIRTH: (OUTDOOR)			N
4.	WAS DRIVER AN EMPLOYE IF NO, RELATIONSHIP OF	E OF THE INSURE	D'S COMPANY?	(YES V NO)	
5.	WEATHER CONDITION: (C	LEAR / RAINING / O	THERS		
	O)ROAD SURFACE: (DRY / W		• • • • • • • • • • • • • • • • • • • •		
6.	WAS ANYBODY INJURED (YE	ES (NO)		1.0	
7.) REPORTED TO POLICE (YE	STNOP	•	•	
	IF YES, PLEASE STATE WHIC	H POLICE STATION:			
8, 1	HIRD PARTY VEHICLE a) VEHICLE NUMBER:	JX 78910V	MODEL:	yota.	
	b) DRIVER'S NAME: MAG	T RYWICHZ			
including diver)	c) NRIC/FIN/PASSPORT:	G3442064K	CONTACT:		
() .				65 ST	ę
9. 1	HIRD PARTY VEHICLE d) VEHICLE NUMBER:		MODEL:	2.00	
No of passinger					
Industing driver)	C) DRIVER'S NAME:	and the second	CONTACT:		
,	f) NRIC/FIN/PASSPORT:				
()	38		340	14 - a	\$ 540
				10 20	

Pax = Smith and rew 7778 @gnail.com/ Waiting for Certificat (A19)











CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : NG YAU HWEE (HUANG YAOHUI)

Period of Insurance Engine No.

: 12 Apr 2018 To 11 Apr 2019

Chassis No.

: 27492031348561

: WDD2130422A400130

Vehicle No.

: SLZ7899Z

Policy No.

Issued Date

: 1800036839

Endorsement No.

: 20 Apr 2018

ABOUT THE COVER

Make/Model

Driver Restriction

: MERCEDES Benz E200 Sedan Avantgarde

Engine Capacity/Tonnage: 1,991.00 CC

Sum Insured : Market Value

First Year of Registration : 2018

Off Peak Car : No

Insuring with COE/PARF : 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 \$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 than 2 years' driving experience.

Age Condition : All Age Condition

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 2000cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are 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)

NG YAU HWEE (HUANG YAOHUI) - \$800 (Own Damage), LOH POH YOKE - \$800 (Own Damage)

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

Leunos Service Center (For accident reporting only). Add: 330 Ubi Road 3 Singapore 408650 67412338
 Pandan Loop Service Center – Body Care & Repair (For accident repair & accident reporting). Add: 188 Pandan Loop Singapore 128378 67778388

For other: Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hottine at +65 6338 6200. 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: Daimler Financial Services Africa & Asia Pacific Ltd

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 State (Cap. 189) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612248

CYCLE & CARRIAGE - STHAN 239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE