

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	21/02/2018 16:13
Date Of Accident	21/02/2018 14:45
Exact Location Of Accident	41 TOH GUAN ROAD EAST AVE BUILDING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK3543S
Insured/Policyholder	
Name Of Registered Owner	EUGENE LIM
NRIC No	S7442022B
Email Address	FORRESTGUMMER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97474716
Alternative Phone No	Office-97474716

Vehicle Particulars

Manufacturer	AUDI
Model	A4-2.0 (A)
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?	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	2100359739-04
Cover Note Number	

Driver

Name of Driver	EUGENE LIM
NRIC No	S7442022B
Date Of Birth	19/12/1974
Occupation	INDOOR
Date Of Driving Pass	15/10/1994
Driving Experience	23 YEARS AND 4 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97474716
Fax Number	
Contact Number	OFFICE-97474716
E-Mail Address	FORRESTGUMMER@GMAIL.COM
Address	BLK 459 CLEMENTI AVE 1 #17-592
Postcode	120459
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	COLLISION - MAJOR/MINOR RD
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
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)	1

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 the 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	GBA5090C
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

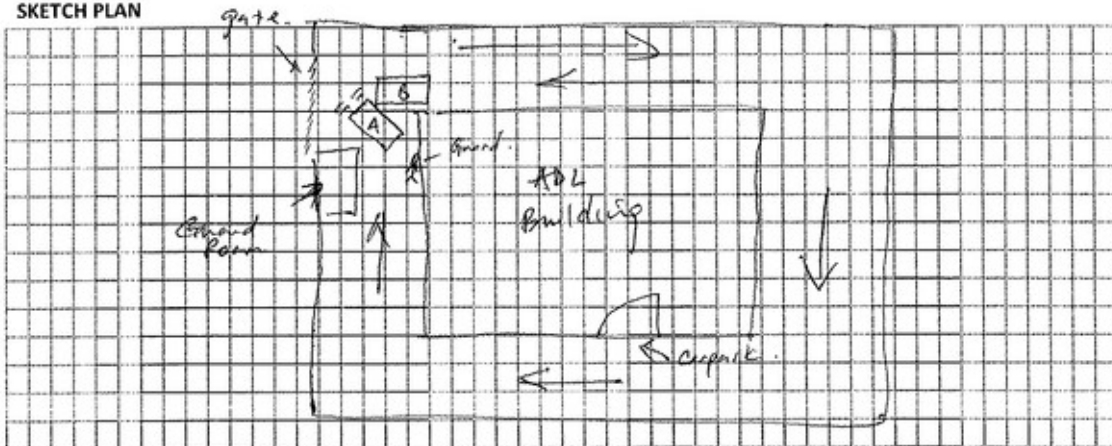
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was exiting / left the carpark of ADL Building to exit to the main road.

I stopped by to chat with the guard before making my way towards the gate. after checking clear. He / I made the left turn, a white Toyota van knocked onto the right fender of my car.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

✓

- Reporting Only
- Claim OD
- Claim TP
- Claim OD/ TP at other workshop

DECLARATION

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

Policyholder's signature

Date & Time

21 Feb 2018
1627 hrs.

Driver's Signature

(if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.

SKETCH PLAN

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7. 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:
 - (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:

21 Feb 2018
16:27 hr.

GIA/MAC SketchPlanForm_V3

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



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



CERTIFICATE OF INSURANCE

AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : EUGENE LIM CHEE KUAN (LIN ZHIQUAN)
 Period of Insurance : 29 Dec 2017 To 28 Dec 2018
 Engine No. : CJE048822
 Chassis No. : WAUZZZ8K5DA211554

Vehicle No. : SKK3543S
 Policy No. : 2100359739-04
 Endorsement No. :
 Issued Date : 28 Dec 2017

ABOUT THE COVER

Make/Model : AUDI A4 1.8 TFSI (ATTRACTION PLUS)
 Engine Capacity/Tonnage : 1,798.00 CC Sum Insured : Market Value First Year of Registration : 2013
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : 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 "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

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 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169) 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 - \$900 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

EUGENE LIM CHEE KUAN (LIN ZHIQUAN) - \$800 (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 Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 8338 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: United Overseas Bank Limited

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. 159), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504125235

PREMIUM LEASING - MOK
 281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE
 SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

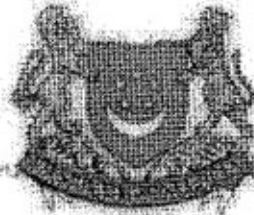
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AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSPCAR

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7442022B**



Name

**EUGENE LIM CHEE KUAN
(LIN ZHIQUAN)**

林志权

Race

CHINESE

Date of birth

19-12-1974

Sex

M

S7442022B

Country of birth

SINGAPORE

3800085



NRIC No. **S7442022B**

Date of issue

23-11-2005

Address

**APT BLK 183 JELEBU ROAD
#15-44
SINGAPORE 670183**

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S7442022B**
Name: **EUGENE LIM CHEE KUAN**
(LIN ZHIQUAN)

Birth Date: **19 Dec 1974**
Issue Date: **18 Aug 2016**

002600250A



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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	15 Oct 1994

NP 428A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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