

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 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 Report	11/01/2019 19:28
Date Of Accident	11/01/2019 13:15
Exact Location Of Accident	ALONG RIVER VELLY RD NEAR DELTA AVE JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC1144S
Insured/Policyholder	
Name Of Registered Owner	ZHU XIAOYONG
Passport No/FIN	G0376534U
Email Address	KATBAOBEIDAN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90479033
Alternative Phone No	OFFICE-90479033

Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.0 TFSI
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	1800074637
Cover Note Number	

Driver

Name of Driver	TENG BWENG LEE
NRIC No	S1654216D
Date Of Birth	06/10/1964
Occupation	INDOOR
Date Of Driving Pass	13/05/2016
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92366166
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 123 BUKIT MERAH VIEW #06-294
Postcode	151123
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	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

I WAS DRIVING ALONG RIVER VELLY ROAD NEAR DELTA AVE JUNCTION ON THE RIGHT LANE. SUDDENLY A VEHICLE ON MY LEFT LANE TRIED TO CHANGE TO RIGHT LANE & DAMAGED MY VEHICLE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME6147R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN GUAN POH
NRIC/Passport Number	S7440519C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

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.

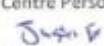


Policyholder's Signature
Date & Time:

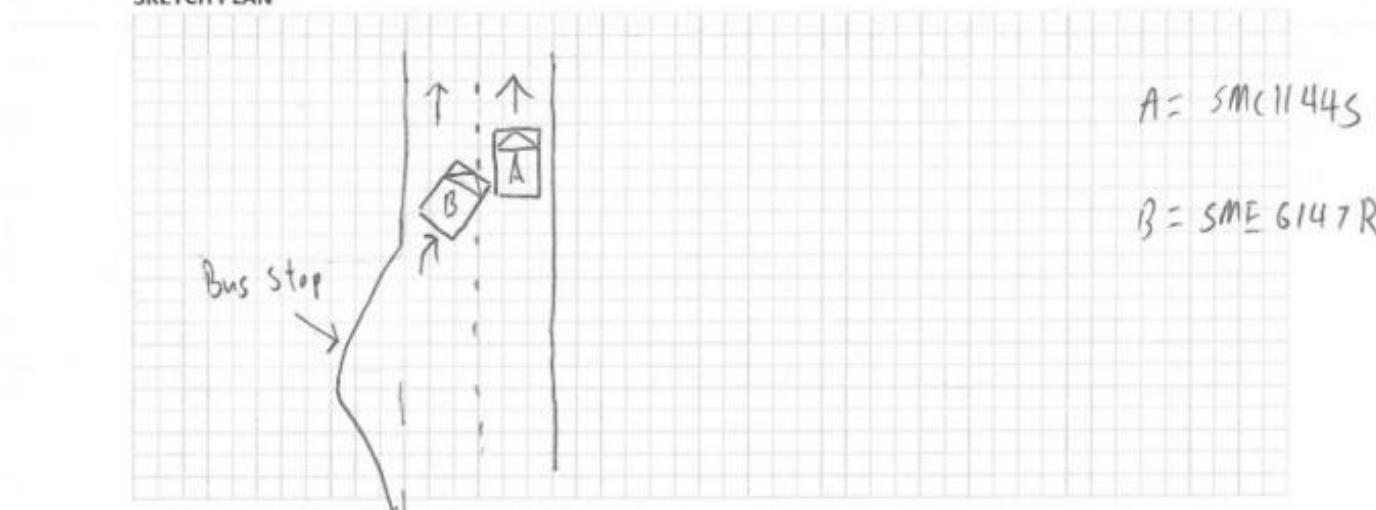


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along River Velly Road near
Delta Ave Junction on the right lane. Suddenly a vehicle
on my left lane tried to change to right lane
& damaged my vehicle.

DECLARATION

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

Handwritten signatures and stamps at the bottom of the page.

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:

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


Policyholder's Signature


Driver's Signature


Reporting Centre Personnel's Signature



Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time:	Name:
		NRIC/FIN No.:

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:



COVER NOTE

AUDI AUTO PROTECTOR PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder : ZHU XIAOYONG
 Period of Insurance : 26 Jun 2018 to 25 Jun 2020
 Engine No. : CHZ 929402 ✓
 Chassis No. : WAUZZZ8V9J1063253 ✓



Vehicle No. : SMC 1144S
 Cover Note No. : 1800074637
 Endorsement No. :
 Issued Date : 25 Jun 2018

ABOUT THE COVER

Make/Model : ✓ AUDI A3 Sedan 1.0 TFSI S tronic
 Engine Capacity/Tonnage : 999.00 CC
 Driver Restriction : NA
 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.

Sum Insured : Market Value
 Off Peak Car : ✓ No
 First Year of Registration : ✓ 2018
 Insuring with COE/PAF : Yes

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDRE") if You are or Your Authorised Driver (named or unnamed) is under the age of 25 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 1800cc - 2000cc Optional

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

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)
 ZHU XIAOYONG - \$500 (Own Damage)

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

1. Audi Customer Service Center Add: 55 Ubi Road 1 Singapore 408699 63962323

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.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

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.
 We hereby certify that this Cover Note 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). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0504125211

PREMIUM LEASING - NC

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE
 SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.



AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

Shelly Loh

OWNER WORKPERMIT

 **EMPLOYMENT PASS**
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
LEX TRAVEL PTE. LTD.

 Name
ZHU XIAOYONG
FIN
Q0376534U

 **K0276902**

VISIT PASS
Immigration Regulations H-20-2019

Name
ZHU XIAOYONG

FIN
Q0376534U

Date of Birth **22-07-1979** Sex **F**

Nationality
CHINESE

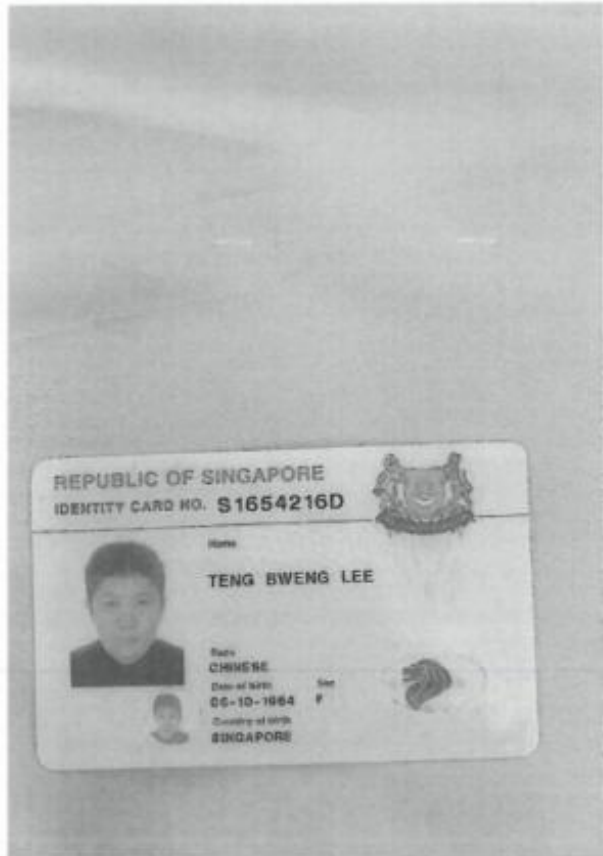
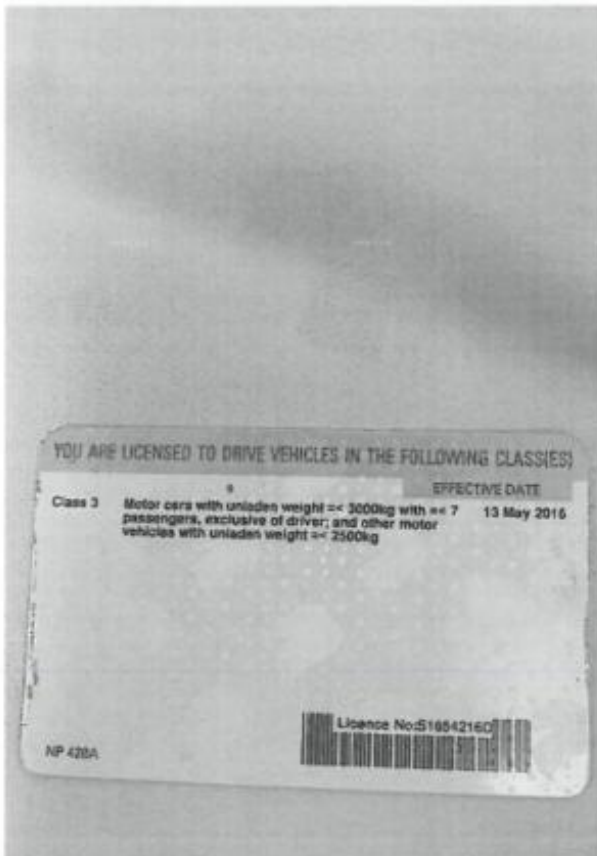
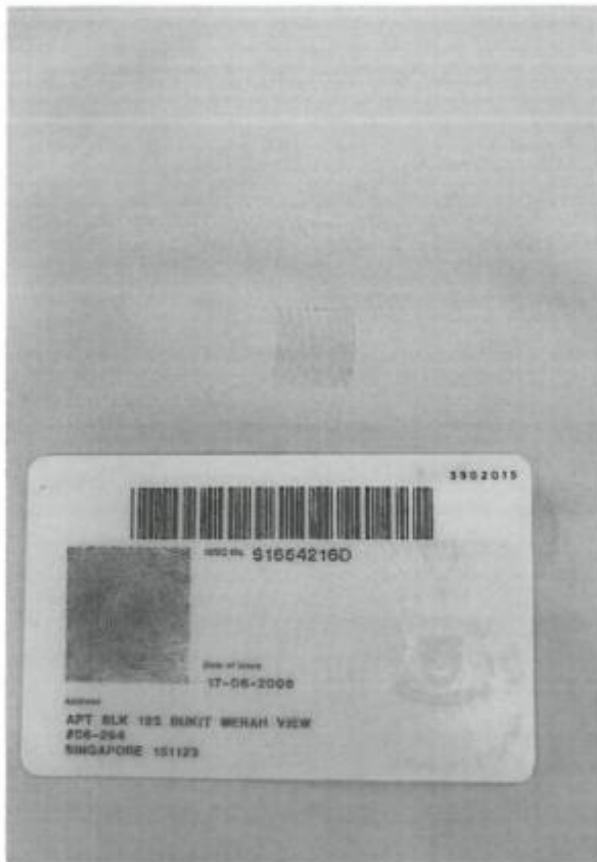
Download SGWorkPass App to check status

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



DRIVER IC & DL



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





SCENE PIC



SCENE PIC



SCENE PIC



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