MTE120033953 / Trans Eurokars Pte Ltd - Sungei Kadut ENTRY DATE & TIME: 18/03/2020 12:26 SUBMITTED BY: Jess Francis



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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

Control of the second second second	ACCIDENT STATEMENT
Date Of Report	18/03/2020 12:26
Date Of Accident	17/03/2020 13:20
Exact Location Of Accident	TRADE HUB 21 CARPARK EXIT
Country/State of Loss	SINGAPORE
THE RESIDENCE OF SHARE SHARE FOR ME	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX6024Z
Insured/Policyholder	
Name Of Registered Owner	MR HE RUOYUN
NRIC No	SXXXX400I
Email Address	HRY1225@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85068310
Alternative Phone No	OFFICE-85068310
Vehicle Particulars	
Manufacturer	MAZDA
Model	3-1.4 SEDAN 1.5L SP.6EAT (A)
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

Cover Note	Number
Driver	

Policy Number

 Name of Driver
 ZHANG YIMIAO

 NRIC No
 SXXXX399A

 Date Of Birth
 24/10/1989

 Occupation
 INDOOR

 Date Of Driving Pass
 28/04/2018

Driving Experience 1 YEAR AND 10 MONTHS

Gender FEMALE

 Mobile Number
 (LOCAL) +65-85068310

 Fax Number
 (LOCAL) +65-97755810

 Contact Number
 OFFICE-85068310

 EMail Address
 HRY1225@GMAIL.COM

Address 29 HAZEL PARK TERRACE, 05-02 HAZEL PARK CONDOMINIUM

Postcode 678950

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

SPOUSE

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

REFER TO SKETCH PLAN

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

GBF6987H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

LI ZHUOQUN

NRIC/Passport Number

SXXXX825I 96862579

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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.
- 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.
- 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 wehicle(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)
 - (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 & Times / 0211015

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.;

Sketch Plan Pg. 2

					111	-
	4					
	19			HH		
	(3)	×Porks				
	S Cit					11
				+++		-11
		111-6				
						11
		ŧ				11
	Tirs tixt					
						11
DESCRIBE CIRCUMSTANC	CES OF THE ACCIDENT		LIGENIAE DI LEELIS			
ACCIDENT DATE 3	/- W		LICENSE PLATE NO:			Z
ACCIDENT DATE: 17			CONTACT NUMBER:			
ACCIDENT TIME:	= 22 PIM		EMAIL: gladysmia	10 1024	@9mon	1.10
LOCATION: Traple Hu	hal Cartari	h prit	3		-	
7 4104	Store It	L (A)()				
- 0012 EX	try the carps	ark on -	the left lane.	When	I try	_t2
turn left to	the ext at	LL 69011		1-1	1 (
I stopped, who	I noticed I	might.	t was also turning be a bit close turning telf left	to a	BF 69	871
the right land	I noticed I	might.	a be a bit close	to a	BF 69	871-
the right land I stopped, who my car.	I noticed I	might was still	turning telf left	to a	Scra	87 l-t che
the right land I stopped, who my car.	I NO THE BY 87 H	m 'qut was still ME FRAME FOR YO	turning telf left	to a	Scra	87 l-t che
the right land I stopped, whi my car. TE: PLEASE NOTE THAT YOUR IN ASE STATE: () CLAIM	I NO THE OF STH	m 'qut was still ME FRAME FOR YO	turning telf left. Turning telf left. DU TO SUBMIT AN OWN DAMAGE CL.	to a	Scra	87 l-t che
TE: PLEASE NOTE THAT YOUR IN ASE STATE: () CLAIM LARATION	NO THEASE CHECK YOU WOWN POLICY () C	ME FRAME FOR YOU	turning telf left. Turning telf left. Turning telf left.	to a	Scra	87 l-t che
The right land I stopped, whi my car. TE: PLEASE NOTE THAT YOUR IN ASE STATE: () CLAIM LARATION	NO THEASE CHECK YOU WOWN POLICY () C	ME FRAME FOR YOU	turning telf left. Turning telf left. DU TO SUBMIT AN OWN DAMAGE CL.	to a	Scra	87 l-t che
The right land I stopped, whi my car. TE: PLEASE NOTE THAT YOUR IN ASE STATE: () CLAIM LARATION	NO THEASE CHECK YOU WOWN POLICY () C	ME FRAME FOR YOU	turning telf left. Turning telf left. DU TO SUBMIT AN OWN DAMAGE CL.	to a	Scra	871- t ches
TE: PLEASE NOTE THAT YOUR IN ASE STATE: () CLAIR LARATION declare the foregoing partie	NSURER MAY HAVE 14 DAYS THE PLEASE CHECK YOU MOWN POLICY () Coulars are true in every res	ME FRAME FOR YOU	TEST FACE	AIMS UNDER	SCYALLOWA	871-
the right land I stopped, whi my car. TE: PLEASE NOTE THAT YOUR IN	NO THEASE CHECK YOU WOWN POLICY () C	ME FRAME FOR YOU DUR POLICY FOR ELAIM THIRD PARTY Spect.	turning telf left. Turning telf left. DU TO SUBMIT AN OWN DAMAGE CL.	AIMS UNDER	SCYALLOWA	871-



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: He Ruoyun

Period of Insurance

: 02 Apr 2018 To 01 Apr 2020

Engine No.

: P520495587

Chassis No.

: JM6BN22A8J0205301

Vehicle No.

: SLX6024Z

Policy No.

: 1800031125

Endorsement No.

: 000000000327685

Issued Date

: 04 Feb 2020

ABOUT THE COVER

Make/Model

: MAZDA 3 1.5 SKYACTIV

Engine Capacity/Tonnage: 1,496.00 CC

Sum Insured : Market Value

First Year of Registration : 2018

Driver Restriction

: NA

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

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 1500cc - 1600cc Optional

* 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

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

He Ruoyun - \$600 (Own Damage)

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

1.Trans Eurokars Pte Ltd Add: 27A Tanjong Penjuru, Singapore 609042 63310608

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: OCBC 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 30 per le Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

503599190

RF (AP) PTE LTD - MAZDA

MAXWELL ROAD #01-100 ANNEX B MND COMPLEX

INGAPORE 069111

nderwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSCZSS