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Owner / Driver: (33 811111.	- 10t	Tel:)
	riod: (-)	Cover Type: ()
Confirmed by : (Date:	Thue:)
Insured/Driver Liability: (%) [Note-Est. Status (W	O); N; 0-2	10%; P: 21-79%. F: 80	-100%]
	Warranty: YES ()/NO()	
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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 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.
- Any false reporting may be referred to the Police for investigation.
- 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	17/08/2020 10:41
Date Of Accident	15/08/2020 14:00
Exact Location Of Accident	23 BISHAN ST BLK 219 (S) 570219
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKQ4970D
Insured/Policyholder	
Name Of Registered Owner	ROBINS LIU YU-LIN
Passport No/FIN	FXXXX125Q
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96232814
Alternative Phone No	OFFICE-96232814
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	B180
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	2100477724-03
Cover Note Number	
Driver	
Name of Driver	ROBINS LIU YU-LIN
Passport No/FIN	FXXXX125Q
Date Of Birth	18/05/1962
Occupation	INDOOR
Date Of Driving Pass	08/09/1986
Driving Experience	33 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96232814
Fax Number	
Contact Number	OFFICE-96232814
EMail Address	NOEMAIL

86 JLN DAUD #11-92 Address 419594 Postcode Was driver an employee of the Insured's Company NO OWNER If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle General Information of the Accident SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY Road Surface Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver) **Details of Police Action** NO Was the accident reported to the police? If Yes, Please state which Police Station Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident REFER TO STATEMENT. Attachment(s) Are accident photos available for attachment? YES YES Was there any video captured by Car Camera? WITH DRIVER Remarks/ Reasons: NO Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SMR8941H Vehicle Registration Number

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
 - (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:
 - 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 .:

DECLARATION

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

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

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

Date of Accident	: 15.08.2010 Accident Time: 2.1M (24-HR-Format)				
Accident Place	: 23 Bishan Street Blk 219 (S) 570219.				
Vehicle. No. (Car Plate No.)	: Sta 4970D Make/Model: Mercedes 8180.				
Insurace Company	: A16 Policy No: 2100477724-03.				
Owner or Company Name /IC No.	: Robins Liu Yy-lin · (F1295125Q) .				
Owner or Company Contact No.	: 9623 2814 Owner's Hp Company Tel				
DRIVER'S Name / IC No.	: as above.				
DRIVER'S Date Of Birth	: 18.05.1962 DRIVER'S License Pass Date 1857-2019 8/9/19				
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: OWNEL				
DRIVER'S Address	: 86 Jalan Daud # 11-92 Singapore 419594				
DRIVER'S Contact No./ Alt No.	:1)				
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)				
Email Address					
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET				
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance				
Number of Passengers (Including D	river): \\(\(\)(\)\(\)(\)				
Was there any video Captured by car camera YESXNO Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose Any Injury (If YES, Pls state):					
Other Party Driver's Particular (if any)					
Vehicle, No: SMR 8941H . Vehicle, No:					
Vehicle Make\Model:	Vehicle Make\Model:				
Name Driver:	Name Driver:				
IC No. Driver/Contact:	IC No. Driver/Contact:				

* NEW - Passenger's name & gender:

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Issue of Visit Pass



VISIT PASS AND EMBARKATION FORM

Disembarkation / Embarkation : M0968E6086

Card No.

FIN : F1295125Q

Name of Foreigner

: ROBINS LIU YU-LIN

Travel Document No.

: 315798502

This document serves as a Visit Pass issued to the Foreigner under regulation 12 of the Immigration Regulations. This Visit Pass is valid from 28/07/2020 until 27/08/2020 or the last date, on which the Foreigner's travel document is valid, whichever is the earlier.

- 2 This Visit Pass is issued subject to the conditions that:
 - the Foreigner shall not engage in any form of paid employment or in any business, profession or occupation in Singapore during the validity of this Pass, unless he is the holder of a valid work pass issued under the Employment of Foreign Manpower Act (Cap. 91A); and
 - the Foreigner shall not engage in any activity which, in the opinion of the Controller of Immigration, is detrimental to the security and well-being of Singapore.

This document also serves as an embarkation form for the Foreigner.

This document should be printed for the Foreigner to present together with his / her valid travel document to the Immigration officer for Immigration clearance at the point of departure from Singapore. No Visit Pass will be physically endorsed on the Foreigner's travel document.

Warning: Overstaying is an immigration offence. If the Foreigner overstays, he / she may be subjected to a composition fine or prosecution in court.

Issued on: 28/07/2020

Controller of Immigration

Singapore

This notification is computer-generated and does not require a signature.

中華民國 REPUBLIC OF CHINA 國際汽車交通 INTERNATIONAL MOTOR TRAFFIC

國際駕駛執照

International Driving Permit

國際字第 03481590 就 International Driving Permit No.

1968年11月8日道路交通公約

Convention on International Road Traffic of 8 November 1968

有效日期 Valid until	Jan 18 2019	- it n 18 2022
發照日期 Date of Issue	Jan 18 2010	
國內駕照字號 No. of Domestic Driving Permit	U220081934 つ	ので強小

交通部

MINISTRY OF TRANSPORTATION AND COMMUNICATIONS

駕駛人略歷

本執照准許駕駛之車輛:

機器腳踏車,不論有無邊車、身心障礙者用車及三輪汽車之車重不超過400公斤者(900磅)。	A
裁人汽車,除駕駛人座位外,至多另有八個座位者:或運貨汽車其總重量限額不超過3,500公斤(7,700磅)者,此類車輛得附掛輕型拖車一輛。	В
運貨汽車,其總重量限額超過3,500公斤(7,700磅)者,此類車輛得附掛輕型拖車一輛。	С
載人汽車,除駕駛人座位外,在八個座位以上者 ,此類車輛得附掛輕型拖車一輛。	D
上述准許駕駛之B、C、D各類汽車,掛有輕型 拖車以外之車輛者。	Е

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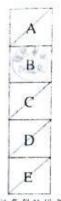
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地址及定述(ADDRESS AND PHONE NUMBER)

(SIGNATURE OF BEARER)

Surance Reporting And Sain Purposes Only



P 華民國 REPUBLIC OF CHINA

TWN

315798502

M S. / Name (Surnance, Given names)

劉玉玲 ROBINS LIU, YU-LIN

JENNIFER LIU ROBINS

母数 / Nationality REPUBLIC OF CHINA

U220081234

TUW/ Sex F

18 MAY 1962

STREET PAR OF SOR 21 SEP 2017

変換数1/1期 / Date(Acare)

TAOYUAN CITY

21 SEP 2027

MINISTRY OF FOREIGN AFFAIRS

P<TWNROBINS<LIU<<YU<LIN<<<<<<<<< 3157985020TWN6205184F2709215U220081234<<<<06





CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: ROBINS LIU YU-LIN

Period of Insurance

: 02 Dec 2019 To 01 Dec 2020

Engine No. Chassis No. 27091030518172

: WDD2462422J290568

Vehicle No.

: SKO4970D

Policy No.

: 2100477724-03

Endorsement No.

Issued Date

: 26 Nov 2019

ABOUT THE COVER

Make/Model

: MERCEDES BENZ B180 CGI CHROME PKG

Engine Capacity/Tonnage : 1,595.00 CC

Sum Insured : Market Value

First Year of Registration : 2014

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder

a) The Policynology 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-lesting, 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 Companisation) 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

Section 1

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

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

ROBINS LIU YU-LIN - \$800 (Own Damage), \$800 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)
Any accident repairs to the Vehicle must be carried out by one of our Authorised Repetrers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

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.sig.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: NA

I/We hareby 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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0502965000

TRADLINK AGENCIES PTE LTD

AIG Asia Pacific Insurance Pte. Ltd. This computer generated document does not require a signature.

BLK 531 UPPER CROSS STREET #03-34/35 HONG LIM COMPLEX SINGAPORE 050531

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Poh Mee Amy Chong

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