### 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.
- 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	31/08/2020 12:14
Date Of Accident	29/08/2020 12:00
Exact Location Of Accident	BRADDELL UNDERPASS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SML1974R
Insured/Policyholder	
Name Of Registered Owner	JIAN RONG ENGINEERING PTE LTD
Co Reg No	2XXXXX464E
Email Address	ZHAOZHIHUA@JIANRONG.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-83220679
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE
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
Incurance Company	

### **Insurance Company**

AIG ASIA PACIFIC INSURANCE PTE. LTD. Name of Insurance Company

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number 1900096028

Cover Note Number

### **Driver**

Name of Driver ZHAO ZHIHUA NRIC No SXXXX761Z Date Of Birth 16/01/1977 Occupation **INDOOR Date Of Driving Pass** 24/12/2016

**Driving Experience** 3 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83220679

Fax Number

**Contact Number** 

**EMail Address NOEMAIL**  Address 18B CANBERRA DRIVE #06-45

Postcode

Was driver an employee of the Insured's Company YES

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**

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 (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

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

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

## **Circumstances of Accident**

ON 29/08/2020 AT ABOUT 1200HRS, I WAS DRIVING MY CAR ALONG BRADDELL UNDERPASS. THE FRONT VEHICLE CAME TO A STOP, I FOLLOWED SUIT. SUDDENLY, I FELT AN IMPACT FROM BEHIND. I REALISED MY CAR WAS HIT BY VEHICLE B CAUSING MY CAR REAR PORTION DAMAGED.

### 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 SMN3099T

Vehicle Make/Model/Colour

**Details Of Properties VEHICLE B** PRIVATE CAR Vehicle Category Name of Driver WANG ENZHAO NRIC/Passport Number SXXXX908I 91909030 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name ZHAO ZHIHUA

Approximate Age

Injuries Sustain

Injured person in which vehicle? SML1974R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

#### Sketch Plan Pg. 1

#### **SKETCH PLAN**

### **IMPORTANT NOTICE**

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- 3. 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>.
- 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.
- 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

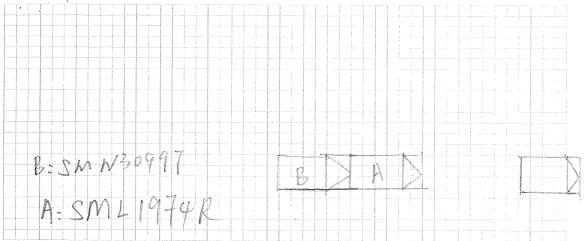
Name:

NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

## Sketch Plan #2 Pg. 1

SKETCH PLAN



### **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

on 29/08/1000 at about 1200 Hrs, I was driving my can
along Bradden underpass. The front vehicle came to a stop
I follow Suit. Suddent I felt an impact from behind;
I realise my car was hit by behind vehicle B caused
my car was year portion damages.
· O

DECLARATION

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

Policyholder's Signature

GIARMC SketchPlanForm\_V3

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

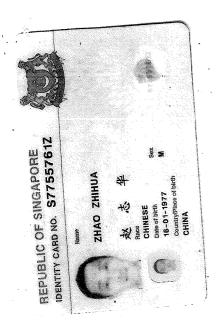
Date & Time:

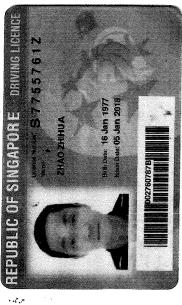
Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

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## Driving License Pg. 1





Usage for Insurance Motor Accident Reporting and Claims Purposes Only

gime 1974R

29/10/8/

Date of Accident:

. Vehicle no:







# COVERNOTE

### CYCLE & CARRIAGE 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 : Jian Rong Engineering Pte Ltd/ Period of Insurance 04: 98 May 2019 to 87 May 2021 Engine No. 4J11BA0148

Engine No.

: 4J11BA0148

: GF7W0601471/ Chasis No.

Vehicle No. Cover Note No.

: 1900096028 Endorsement No.

**Issued Date** : 08 May 2019



#### **ABOUT THE COVER**

Make/Model

: MITSUBISHI Outlander 2.0 Elegance/Sports /

Engine Capacity/Tonnage: 1,998.00 CC/

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2019 Insuring with COE/PARF : Yes

: SML 1974P

Driver Restriction : NA

Person or Classes of Persons Entitled to Drive\*:

Any person who is driving on the Policyholder's order or with their 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 1500cc - 1600cc

\* 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)

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

- 1.Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 6932800
- 2.Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708688
- 3.Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
- 4.Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

78 Streater Way Bozate Alex Surping Spoonse has 65 satisfactor (vivivialine)

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: HL Bank

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.

I/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 I/V of the Road Transport Act, 1987 (Malasiya) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malasya)a). For Corporate Policies, this Cover Note is vated for 60 days from the commencement date of the period of insurance.

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CYCLE & CARRIAGE-GEORG

239 ALE

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE













