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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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.
- 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

THE REPORT OF THE PARTY OF THE	ACCIDENT STATEMENT
Date Of Report	07/10/2020 12:24
Date Of Accident	06/10/2020 12:30
Exact Location Of Accident	CLEMENTI AVENUE 3 BESIDE CLEMENTI CASCODIA
Country/State of Loss	SINGAPORE
报表 计图象 不能能力 计加速处理 (4)	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ5883G
Insured/Policyholder	
Name Of Registered Owner	LIEW YEW MENG, MARTIN (LIU YAOMING, MARTIN)
NRIC No	SXXXX736F
Email Address	MARTIN.LIEW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92996405
Alternative Phone No	OTHERS-92996405
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250
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	REPORTING ONLY
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	1800051164-02
Cover Note Number	
Driver	
Name of Driver	LIEW YEW MENG, MARTIN (LIU YAOMING, MARTIN)
NRIC No	SXXXX736F
Date Of Birth	27/10/1980
Occupation	INDOOR
250 BY 251 BY - 155	

10/09/2011

MALE

9 YEARS AND 0 MONTHS

(LOCAL) +65-92996405

MARTIN.LIEW@GMAIL.COM

OTHERS-92996405

Address

23 WEST COAST CRESCENT

#07-10

Postcode

128046

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 - 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?

NO

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged?

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 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

GZ9774X

Vehicle Make/Model/Colour

TOYOTA HIACE

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

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

Name:

NRIC/FIN No.:

	Avenue 3 Beside Clementi Cascadia	
	Ve	hicle A : St 298830
		chicle B: Giz 9774X
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DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
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DRIVER'S Contest No. / Alt No.	: []9290	16405 3		
DRIVER'S Occupation	: NUDODR 100	TTDOOR (eg: worlds	ig inside or autside of	(B04)
Email Address	: Martin	, liew @gr	nail. rom	
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CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder

: LIEW YEW MENG, MARTIN (LIU YAOMING, MARTIN)

Period of Insurance Engine No.

: 10 May 2020 To 09 May 2021

Chassis No.

: 27492031431315 : WDD2130452A429578 Vehicle No.

: SI 75883G

Policy No.

: 1800051164-02

Endorsement No.

Issued Date

: 02 Apr 2020

ABOUT THE COVER

Make/Model

: MERCEDES Benz E250 Sedan Avantgarde

Engine Capacity/Tonnage : 1,991.00 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 addressal 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

: 35 years old and above

Limitation as to use*

Use only for social, nomestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for here or reward, driving fastion, driving lest, racing, pace-making, reliabley trial or speed-testing, the carriage of goods other than samples in connection with Any trade or bosiness or use for any purpose in connection with Motor Trade.

Loss of Use 2000cc

* Limitations rendered inoperative by Section 8 of the Motor Volvides (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Mataysia) and Road Transport (Antecomers) Act 2018, are not to be included under these headings.

EXCESS

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

Section 2

Property Damage - 50

Windscreen: \$100

Named Driver and Excess (where applicable)

LIEW YEW MENG, MARTIN (LIU YAOMING, MARTIN) - \$800 (Own Damage), \$800 (Flood Cover)

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

Cycle & Carriago Eurice Center (For accident reporting only). Add: 330 Littl Road 3 Singapore 408550 52061818
 Cycle & Carriago Pandan Loop Service Center - Body Care & Repair. Add: 188 Pandan Loop Singapore 128378 52061818

For other Approved Reporting Centres/AIG Authorised Replacers, please contact our 24-hour accident emergency hottine at +55 6338 6200. Alternatively, you may refer to AIG websits www.aig.sg.or AIG SG Noble App. Sengly search and download "AIG SG" from Funes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

urance relates in secondaries with the provisions of the Mosor Votsches(Third Party Risks and Compensation) Act (Cap. 189). Part M of privacel) Act 2019 and Mosor Vehicles (Third Party Risks) Rules, 1959 (Malaysta).

CYCLE & CARRIAGE - ANGIEN

CAOR AHOMANALA DES

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