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MNA420101789 / National Assessment Centre Services - Bukit Merah ENTRY DATE & TIME: 17/11/2020 11:51 SUBMITTED BY: ROSLI BIN ABDUL WAHAB

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

- 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.

特性 医抗色性前外 教色流 建金属 医温力学	ACCIDENT STATEMENT
Date Of Report	17/11/2020 11:51
Date Of Accident	16/11/2020 11:00
Exact Location Of Accident	UPPER BUKIT TIMAH ROAD TOWARDS WOODLANDS
Country/State of Loss	SINGAPORE
ASSOCIATION AND AND AND AND AND AND AND AND AND AN	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN587H
nsured/Policyholder	
Name Of Registered Owner	WANG YILI
NRIC No	SXXXX513I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90175685
Alternative Phone No	OTHERS-90175685
Vehicle Particulars	
Manufacturer	AUDI
Model	A4-1.4 TFSI S TRONIC (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
f 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	2100507480-03
Cover Note Number	
Driver	
Name of Driver	ZHAO XI
NRIC No	SXXXX459F
Date Of Birth	25/08/1988
Occupation	INDOOR
Date Of Driving Pass	31/03/2017
Driving Experience	3 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90175685

OTHERS_GO175685

Address

28A JALAN LEMPENG

#03-15

Postcode

128808

SPOUSE

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

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

3

YES

Was any body injured in the Accident?

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

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

SJF6312K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ZHAO XI

Approximate Age

Injuries Sustain

BODY PAIN

Injured person in which vehicle?

SLN587H

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

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 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.
- 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:
 - 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.:

SKETCH PLAN MODO TOWARDS A: SLN 587 H B: SJF 6312K WOODLONDS c : \$6W2772H DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	Μy	Veh	icle	Was	sto	tiono	any W	aiting f	r my	tu	rn to	male	e a
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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:

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

Name: NRIC/FIN No.:

GDATHAC Shely hilland or in 1911

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 16th November 2020 TIME: 11:00 HRS (HE	f:MM) 24 hrs Formet
LOCATION: UPPER BUKIT TIMBH ROAD TOWARDS WOOD	CANDS
0.500.500.500.500.500.500.500.500.500.5	
VEHICLE NUMBER: SLN 587 H	
INSURED NAME: WANG YILI	
NRIC/FIN: SQ18 9513 I CONTACT: 9017 5685	
MAKE: AUDI MONDEL: A4	
Are you claiming under your own insurance policy for repair to your vehicle?	
() Yes, If No, Pls Select : (>)Third Party ()Reporting Only	
INSURANCE COMPANY: AIG	
TYPE OF POLICY () COMPREHENSIVE () THIRD PARTY () TPFT	
POLICY NUMBER: 3100507480 - 03	
NAME DRIVER: ZHAD XI	()SAME AS INSURED
	of the
NRIC/FIN: 58856459 F CONTACT: 9017 5685	
DATE OF BIRTH: 35 - 08 - 1988	
DRIVING PASS DATE: 31 · 03 · >017	
OCCUPATION: (/) INDOOR () OUTDOOR	
GENDER: () MALE (/) FEMALE	
EMAIL ADDRESS:	(V)NO EMAIL
ADDRESS OF DRIVER: D&A JALAN LEMPENG \$ 03-15 SINGAPORE	128808
Number Of Passenger Include Driver: DRIVER ONLY	
4	
Was driver an employee of the insured's Company? () YES (✓) NO	
If No, Relationship Of The Driver With The Insured	
()Owner ()Spouse ()Friend ()Relative ()Children ()Sibling ()Others
Does The Driver Owm Any Other Vehicle? : () YES () NO	
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:	
Insurance Company Of Driver's Own Vehicle	
Weather Conditions: () Clear () Raining () Drizzling () Others	
Road Surface: (V) Dry () Wet () Others	
Was Any Foreign Vehicle Involved In This Accident? () YES () NO	
Was Anybody Injured In The Accident? () YES () NO	
If YES, Injured details: Privar : Zhou X: (F)	
Body injury	
Convey By Ambulance; () YES (✓) NO	
Was There Any Video Capture By Car Camera? () YES (✓) NO	
Was There Any Accident Reported To The Police? ()YES ()NO If Yes Atta	ch Police Report
Police Report Number (If any)	
Details Of 3rd Party Name NRIC Contact	No.of Paxs (Incl'driver)
Veh B SJF 6312 F	()/Not Sure ()
Veh C SGW 2722 H	()/Not Sure (/)
Veh D	()/Not Sure ()
Veh E	()/Not Sure ()
Veh F	()/Not Sure ()
Veh G	()/Not Sure ()



CERTIFICATE OF INSURANCE

AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: WANG YILI

Period of Insurance

: 20 Apr 2020 To 19 Apr 2021

Engine No.

: CVN033179

Chassis No.

: WAUZZF45HA126031

Vehicle No.

: SLN587H

Policy No.

Issued Date

2100507480-03

Endorsement No.

08 Apr 2020

ABOUT THE COVER

Make/Model

: AUDI A4 1.4 TFSI S tronic

Engine Capacity/Tonnage: 1,395.00 CC

Sum Insured : Market Value

First Year of Registration : 2017

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 Postgrunder b) Any other paractive is driving an the Policyholder's order or with higher permission. This Policy will indemnify the Policyholder or any authorised driver only if hardho monts the specified age condition.

You have to pay an additional sum of \$3,000 se "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 that 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 buildon, 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 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cep. 169). Section 95 of the Road Transport Act, 1967 (Mateyala) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0 Windscreen: \$100

Named Driver and Excess (where applicable)

WANG YILI - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Audi Customer Bervice Center Add: 55 Ubi Road 1 Singapore 405889 63852323

For other Approved Reporting Centres/AIG Authorised Repatiess, please contact our 24-hour accident emergency notine at +65 6336 6200. Attenuatively, 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: HONG LEONG FINANCE LTD

IAWe hereby cartify that the policy to which this Cartiflosia of Insurance relates is issued in accordance with the provisions of the Mojor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Fart IV of the Road Transport Act, 1987 (Melaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Melaysia).

0504125211

PREMIUM LEASING - NC

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature,

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte, Ltd.

AIGGGMOBILE/APP

Cognitate o 2015