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SN08211D0004 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 13/01/2021 11:22 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (13/01/2021 11:22 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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
- 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 Submission 13/01/2021 11:22 (SGT) Date of Accident 12/01/2021 13:30 (SGT) River Valley Green, Singapore **Exact Location of Accident** Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Mercedes

SKT1133H Vehicle Registration Number

#### INSURED/POLICYHOLDER

Is company? Yes TOPTIP HOLDINGS PTE LTD Name Of Registered Owner 2XXXXX680W Company Reg No **Email Address** donmurii29@gmail.com (Phone) +65-93374564 Mobile Phone No +65-93374564 Alternative Phone No.

### VEHICLE PARTICULARS

Manufacturer

E250 Model Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Commercial vehicle Vehicle Category

#### INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy Policy Number 2100409389-05 Cover Note Number

## DRIVER

Name of Driver CHEN XUAN NRIC No SXXXX607A

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement Postcode Is the driver the policyholder?	04/08/2015 5 YEARS AND 5 MONTHS Female (Phone) +65-93374564 - donmurii29@gmail.com 31 JALAN MUTIARA #22-01 - 249206 No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	- -
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collided into Parked Vehicle
Type of Accident Weather Conditions	Clear
Road Surface	Wet
Noau ouriace	*****
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	No 2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	-
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	DAUGHTER
Gender	Female
DETAILS OF POLICE ACTION	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
ii yoo, agamot iiitom	
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
Trub tholo dily dadio 10001404.	
DETAILS OF OTHE	ER VEHICLE PROPERTY 1
Vehicle Registration Number	SMW931M
Vehicle Manufacturer	Audi
Vehicle Model	/ MMI
Vehicle Variant	
Vehicle Colour	-
Vehicle Category	Private car
Name of Different	

# SKETCH PLAN

# IMPORTANT NOTICE

- 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.
- 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.
- 6. 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 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Winderson A Winder

Policyholder's Signature / Date & Time

Driver's Signature (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre

Personnel

Sketch Plan

B) Smw 931M

RIJAR VALLEY GRAEM

Describe Circumstances of the Accident		
ON 12/01/2021 AT ABOUT 13:30HR I WAS TRAVELLING BLOWLY		
Riller Voury Covail Dicox 10 A CAR Cure Dagine intertions		
RIVER YOURY GRADY THERE IS A CAR SMOW 931M WHICH WAS		
Popular An Olha Roma RINE Than I MA MATE PERLANCE AND CITE		
PARKED AT THE ROAD SIDE THAT I DID NOT RELIASE MY SIDE		
MIRROR BRUSH AGAINST THE CAR		
THE CITY OF THE CONTRACT OF TH		

# 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

Witnessed by Reporting Centre Personnel SIGNER / MERROLLE

# ACCIDENT STATEMENT

ACCIDENT DATE: 12 101 3031 (DD/MM/YYY	Y), TIME: (13.30) (HH:MM).
LOCATION: Along River Valley Gr	reen
	•
1. DETAILS OF VEHICLE	7
alvehicle NUMBER: SKT 1133 H	
CIPOLICY NUMBER: 2100409389 -C	5
dipolicy type: (COMPREHENSIVE / THIRD PA	PTY / THIRD PARTY FIRE &THEFT)
OJMAKE & MODEL: MERCEALS BENT	E 2720
F)TYPE: (SALOON / COUPE / MPV /VAN / LORI	RY / MOTORCYCLE / OTHERS)
givehicle Category: (PRIVATE / COMMERC	CIAL / MOTORCYCLE)
h)PURPOSE OF USING AT ACCIDENT TIME:	private
" A DE VOU CLAIMING HNDER YOUR OWN INS	URANCE I WILLIAM
IF NO, PLEASE STATE (THIRD PARTY CLAIM / F	REPORTING ONLY)
AINAME TOPTIP HOLDING THE GIOL	CONTACT: 1374564
DOLLA PACE BINRIC/FIN/PASSPORT: 1000	CONTACT
c)ADDRESS:	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY H	HOLDER
Who of passanger DRIVER CHEN XUAN.	(MALE / FEMALE)
LINGUAMA CIVILEY ITTO ITTO A CCOODET	CONTACT:
(Y) CIADDRESS: 31 Jalan Mutiava #	22-01 .
	D(MM/XXXX)
*d)DATE OF BIRTH; (22/08/1984)(DE	
e)OCCUPATION: (INDOOR / OUTDOOR)	506-8
TOUTE OF THE INSU	IRED'S COMPANY? (YES 7 NO)
IF NO, RELATIONSHIP OF THE DRIVER W	ITH INSURED:
E GIWEATHER CONDITION; (CLEAR / RAINING	OTHERS
DIROAD SURFACE! [DRY / WEI / OTHERS	
WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POUCE (YES / NO) 1. IF YES, PLEASE STATE WHICH POUCE STATIC	ON:
The state of the s	A. A.
# Ho of passenger a) VEHICLE NUMBER: SMW 931M	MODEL: Audi
	CONTACT: 97216813
C) NRIC/FIN/PASSPORT: STATES	CONTACT: 4+216613
9. THIRD PARTY VEHICLE	MODEL:
My No of passanger el DRIVER'S NAME:	
(Including driver)   NRIC/FIN/PASSPORT:	CONTACT:
(Including driver)   NRIC/FIN/PASSPORT:	
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email = donmurii 29 @ gmail · com



# **CERTIFICATE OF INSURANCE**

# MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder

: Toptip Holding Pte Ltd

Period of Insurance Engine No.

: 21 Apr 2020 To 20 Apr 2021

Chassis No.

: 27492030353443 : WDD2120362B129067 Vehicle No. Policy No.

: SKT1133H : 2100409389-05

Endorsement No.

**Issued Date** 

: 13 Apr 2020

#### ABOUT THE COVER

Make/Model

: MERCEDES BENZ E250 2.0 CGI SEDAN

Engine Capacity/Tonnage : 1,991.00 CC

Sum Insured : Market Value

First Year of Registration : 2015

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

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 ago 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 2000cc

\* 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

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)

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

1 Cycle & Carriage Eunos Service Center (For accident reporting only). Add: 330 Ubi Road 3 Singapore 408650 62061818 2 Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128378 62061818

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: NA

I/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 3 the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500660343

CYCLE & CARRIAGE - JQUEK

239 ALEXANDRA ROAD

SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSCANA

10031

78 Shenton Way #09-16 AIG Building S079120 | T.+65 6419 3000 | www.aig.sg

AIG Asia Pacific Insurance Ple. Ltd.