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 the control of this report will fee fee be made qualified to the proposition by interested parties. 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	19/01/2021 17:09 (SGT)
	19/01/2021 17:09 (SG1)
Date of Accident	19/01/2021 10:45 (SGT)
Exact Location of Accident	Woodlands Ave 10, Singapore
Additional Location Information	Junction of Woodlands Ave 10 Turning Right Into Sembawang
	Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Venicle Registration Number	SMQ4399E
INSURED/POLICYHOLDER	

Subaru

Is company?	No
Name Of Registered Owner	Zhang YuMing
Passport No/FIN	F7946747L
Email Address	esplumbingpteltd@hotmail.com
Mobile Phone No	(Phone) +65-90140988
Alternative Phone No	+65-90140988

VEHICLE PARTICULARS

Manufacturer

Model	Forester
Variant	-
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 - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No .
Policy Number	1900247706-01
Cover Note Number	-

DRIVER

Name of Driver	Zhang YuMing
Passport No/FIN	F7946747L
Date Of Birth	02/04/1975

Occupation Outdoor Date Of Driving Pass 16/11/2016 Driving experience 4 YEARS AND 2 MONTHS Gender Male Mobile Number (Phone) +65-90140988 Alt. Phone Number +65-90140988 Email Address esplumbingpteltd@hotmail.com Address Blk 1013 Geylang East Avenue 3 #05-128 Address complement Postcode 389728 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Collision - Cross Junction Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? No 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? Nο Was there any audio recorded? Nο

DETAILS OF OTHER VEHICLE PROPERTY 1

 Vehicle Registration Number
 SHD6397A

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Taxi

 Name of Driver
 Abdul Jaleel Bin Kader Mydin

 NRIC No
 S6909383C

 Contact Number
 (Phone) +65-93626229

 Address

 Address complement

Postcode - Insurance Company Name - SMRT No. Of Passenger (Including Driver) - SMRT

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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)

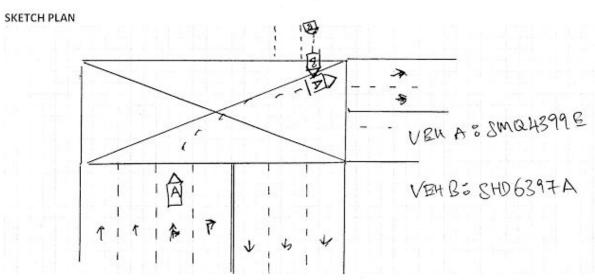
I understand, acknowledge, agree and consent that:

- (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:
 - 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: 19 JAN 2021

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

E. S. 1881 W



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above Stated date and time. I VEH A SMQ 4399E WO
driving along wood lands the to towards sembarroug Rd. As i was
turning right into Sembowang Rd. VEH B SHO 6397 A Collided into
turning right into Sembarrang Rd. VEH B SHD6397A Collided into My vehicle rear left portion. My traffic light was green. There
was a tow-car with a car on tow in bont of Me. I tollow the
tow car inhard to turn right when the opposite traffic was
clear. But VEH B 8HD 6397A WAS coming too Sast and collided its
me.
S S

DECLARATION

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

Policyholder's Signature

Date & Time: 19 JAN 2021

Driver's Signature

(If driver is not the policyholder)

Date & Time:

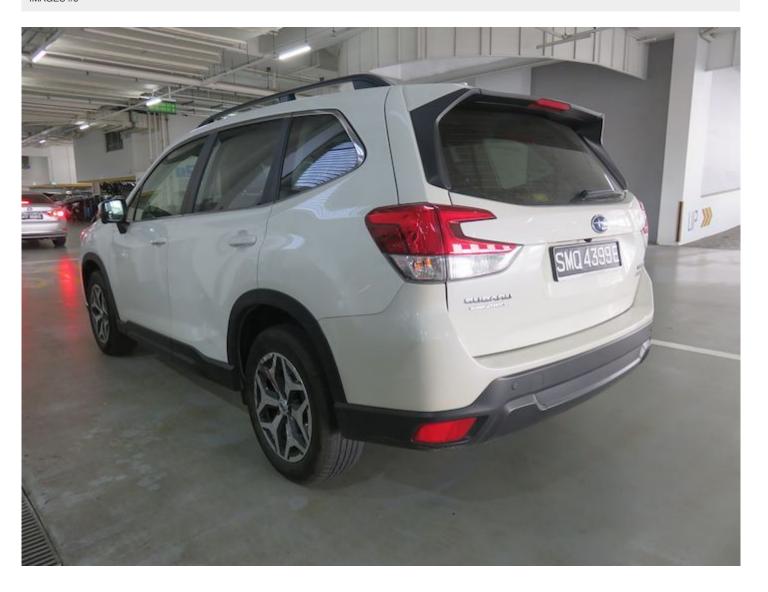
Reporting Centre Personnel's Signature

Name:

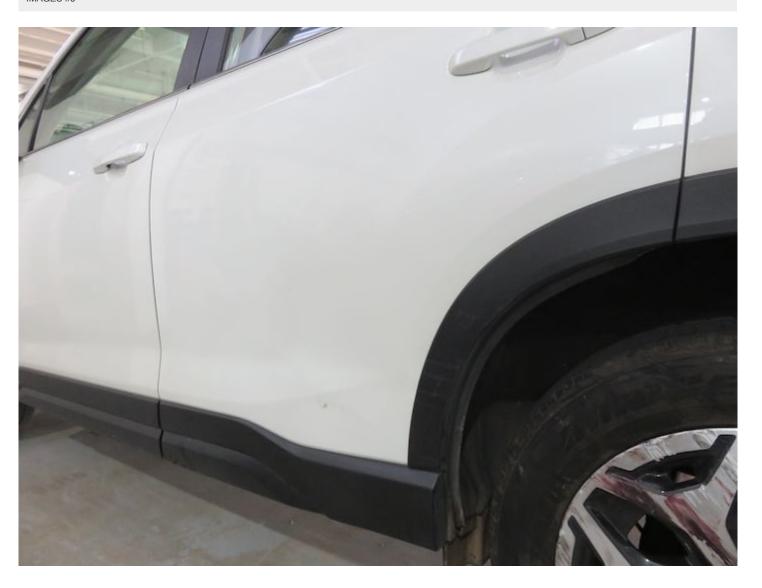
NRIC/FIN No.:















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GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 = 17:00 UEN: 5665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: __Vehicle Registration No: SMQ 4399E Original Report No : SL03211J0003 Name(as shownin NRIC): Zhang YuMing __NRIC/FIN/Passport No:_ (*WANCEMONIALE) Vehicle Owner) (*) Please delete as appropriate _Singapore(Address _Mobile No. : 90140988 Contact (Tel) : esplumbingpteltd@hotmail.com Email Address _Time of Accident : 1045 Hours Date of Accident : 19/01/2021 Place of Accident : Junction of Woodlands Ave 10 Turning Right Into Sembawang Insurance Company: AIG Asia Pacific Insurance Pte Ltd (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: The exact location of accident is: Junction of Woodlands Ave 10 Turning Right Into Sembawang. Reporting Centre Personnel's Signature Policyholder / Driver's Signature Name: Date: -

NRIC/FIN No.: Date: 20/01/2021

Accident report SL03211J0003

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CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Zhang YuMing

: 16 Nov 2020 To 15 Nov 2021 Period of Insurance

: FB20YF97844 Engine No.

Chassis No. : JF1SK7KL5KG009910

Vehicle No. : SMQ4399E : 1900247706-01 Policy No.

Endorsement No.

: 15 Oct 2020 Issued Date

ABOUT THE COVER

: SUBARU Forester 2.0i-L Eyesight Make/Model

: NA

Sum Insured : Market Value Engine Capacity/Tonnage : 1,995.00 CC

First Year of Registration : 2019 Insuring with COE/PARF : Yes Off Peak Car : No

Person or Classes of Persons Entitled to Drive*:

Driver Restriction

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 additional sum of \$5,000 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.

: Unlimited Mileage Age Condition : All Age Condition Mileage 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 fusion, driving test, rading, 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), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

Section 1 Fire - SO Own Damage - \$800 Theft - \$0 Flood Cover - \$800

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Zhang YuMing - \$800 (Own Damage), \$800 (Flood Cover)

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

Motor Image Enterprises Pto Ltd. Add: 19 Lorong 6 You Psych Singepore 319255 54170100

For other Approved Reporting Centres/AIG Authorised Repeters, please contact our 24-hour socident emergency holline 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: MayBank

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 I/V of the Road Transport Act, 1987 (Mellaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1969 (Mellaysia).

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AIG Asia Pacific Insurance Pte. Ltd.

TAN CHONG CREDIT SUBARU-JOT. This computer generated document does not require a signature.

911 BUKIT TIMAH ROAD

SINGAPORE 589622

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

78 Shemion Way #UR-16, AIG Building S079129 | T.+65 6419 3600 (www.aig.sg