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SN0921240006-01 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 04/02/2021 10:41 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 2 (04/02/2021 14:56 (SGT))



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 Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	04/02/2021 10:41 (SGT) 03/02/2021 16:45 (SGT) 252 North Bridge Rd, Singapore 179103 CARPARK BASEMENT 2 LOT 2337 Singapore
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

SMF7703Z

INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No NG CHIA LIANG BENJAMIN(HUANG JIALIANG BENJAMIN) SXXXX016A BENJAMINNG.CL@GMAIL.COM (Phone) +65-97894277 +65-97894277

VEHICLE PARTICULARS

Vehicle Registration Number

Manufacturer	Audi
Model	Q7
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?	Yes
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900096745-01
Cover Note Number	-

DRIVER

Name of Driver	NG CHIA LIANG BENJAMIN(HUANG JIALIANG BENJAMIN)
NRIC No	SXXXX016A
Date Of Rirth	28/01/1082

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	17/10/2002 18 YEARS AND 4 MONTHS Male (Phone) +65-97894277 +65-97894277 BENJAMINNG.CL@GMAIL.COM BLK 29 MARINE CRESCENT #09-25 - 440029 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Major/Minor Rd Clear 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? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes Yes No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver	SJY3385U Private car TAN ZI HAO DOAN

SXXXX688A

NRIC No

Address

Contact Number

Address complement

Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

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.
- 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")

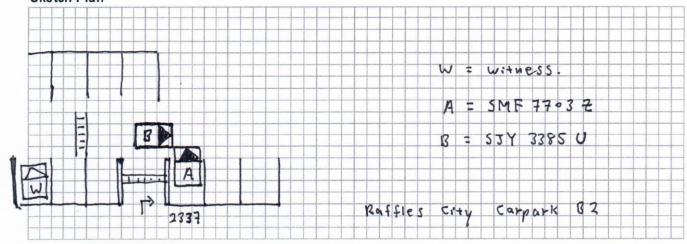
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Before I moving off from the Lot, I turn on my
head light and waiting 24 Second before moving off
Slowly , Stopping to check for on coming traffic. Before
moving forward again slowly, car B was driving
fast without noticing my veh was out from the
Lot Slowly. and hit onto my Veh left front portion.
eye witness 3 lot down check Shared that car
B was moving quick fast before the accident -
witness provided the video from her in car camera.
Car A owner spoken to building management for
Sur A Sporter to carrying wang go went 400
CCTV footage. and is available upon police peport
,
and request from insurer.

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

H

Witnessed by Reporting Centre Personnel



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: \$66550020G / 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.

		ADI	DENDUM	
(A)	PARTICULARSOFP	ERSON MAKING THE AMEND	MENTS:	
	Original Report No	. SN0921240006	Vehicle Registration No:	SMF7703Z
	NG Name(as shownin NRIC	CHIA LIANG BENJAMIN(HUANG JIALIANG BENJAMIN)NRIC/FIN/PassportNo :	SXXXX016A
	(*Vehicle Driver / V	ehicle Owner) (*) Please dele	te as appropriate	
	Address	BENJAMINNG.CL@GM	AIL.COM	Singapore()
	Contact (Tel)	:	Mobile No. : 97894277	
	Email Address			
	Date of Accident	: 03/02/2021	Time of Accident : 16:4	.5
	Place of Accident	252 North Bridge Rd, Sir	ngapore 179103 CARPARK BAS	SEMENT 2 LOT 2337
	Insurance Company	,: AIG		4
	AMEND REVERT	FROM THIRD PARTY TO	OWN DAMAGE CLAIMS.	
	Pui !	/	pol .	

Policyholder / Driver's Signature Date: 04/02/21

Reporting Centre Personnel's Signature Name:



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : NG CHIA LIANG, BENJAMIN (HUANG JIALIANG, BENJA Vehicle No. · SMF77037 Period of Insurance : 14 May 2020 To 13 May 2021 Policy No. : 1900096745-01

Engine No. : CRE050645 **Endorsement No.**

Chassis No. : WAUZZZ4M5GD011381 **Issued Date** : 13 Apr 2020

ABOUT THE COVER

Make/Model : AUDI Q7 3.0 TFSI QU (272BHP&333BHP)

First Year of Registration : 2015 Engine Capacity/Tonnage: 2,995.00 CC Sum Insured : Market Value : NA **Driver Restriction** 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 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 Optional

* 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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

NG CHIA LIANG, BENJAMIN (HUANG JIALIANG, BENJAMIN) - \$600 (Own Damage), \$600 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.
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: DBS BANK LTD

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

0504125000 PREMIUM LEASING PTE LTD

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

281 AI FXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE

ACCIDENT STATEMENT

ACC	CIDENT DATE: (3/2/21)(DD/MM/YYYY), TIME: (16:45)(HH:MM)
LOCA	ATION: Raffles City carpark b2. Lot 2337.
1.	DETAILS OF VEHICLE
	a) VEHICLE NUMBER: SMF 7703 Z
	b)INSURANCE COMPANY: AIG.
	c)POLICY NUMBER:
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL: Aud: Q7 3000
	f)TYPE:(SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: Private USE.
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2	INSURED / POLICY HOLDER
	A) NAME: Mg Chia Liang Benjavin (MALE / FEMALE)
	b) NRIC/FIN/PASSPORT: CONTACT: 9789 2 4277
	c)ADDRESS:
4112.0	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER
the of passanger	tribution flag file
(Including driver)	b)NRIC/FIN/PASSPORT:CONTACT:
(_1)	CIADDRESS: BIK29 marine Crescent #09-25 (5) 4400
	*d)DATE OF BIRTH: (/)(DD/MM/YYYY)
	e)OCCUPATION: (INDOOR / OUTDOOR)
,	f)YEARS OF DRIVING EXPRERIENCE:
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
F	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owners a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
5.	b)ROAD SURFACE: (DRY / WET / OTHERS
6.	WAS ANYBODY INJURED (YES / NO)
	a) REPORTED TO POLICE (YES / NO)
	IF YES, PLEASE STATE WHICH POLICE STATION:
8.	THIRD PARTY VEHICLE
	a) VEHICLE NUMBER: STY 33 85U. MODEL:
Including driver)	b) DRIVER'S NAME: Tan 2; Hao Doan c) NRIC/FIN/PASSPORT: S9148688A. CONTACT:
(_) 。	THIRD PARTY VEHICLE
	d) VEHICLE NUMBER:MODEL:
No of passanger	al DPIVED'S NAME.
Induding driver)	f) NRIC/FIN/PASSPORT:CONTACT::
()	
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	hunjaminna.c/@amail.com
	Change of a contract of

Cmail = benjaming.cl@gmail.com

VIDEO - Yes.