# **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.

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   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 18/03/2021 16:36 (SGT) Date of Accident 18/03/2021 09:49 (SGT) Exact Location of Accident Near 279 Holland Rd, Singapore 278620 Additional Location Information JUNC OF HOLLAND ROAD AND SIXTH AVE Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMF4370A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner

CHAN HIAN LENG NRIC No. S6804856G

Email Address lan.hlchan@gmail.com Mobile Phone No (Phone) +65-91176952 Alternative Phone No +65-91176952

VEHICLE PARTICULARS

Manufacturer Audi Model Α3 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 Transmission Auto

CC 1000

**INSURANCE COMPANY** 

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive

Fleet Policy

Policy Number 1900015356

Cover Note Number

DRIVER

Name of Driver SOH YIN CHOON SERENE NRIC No. S6842931E



Date Of Birth 24/12/1968 Occupation Indoor Date Of Driving Pass 22/01/1987 Driving experience 34 YEARS AND 2 MONTHS Gender Female Mobile Number (Phone) +65-91176952 Alt. Phone Number Email Address serenehlchan@gmail.com Address 343 UPPER BUKIT TIMAH ROAD #05-03 Address complement Postcode 588196 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? Yes Vehicle Registration Number of Other Vehicle Owned by Driver SJC166X Insurance Company of Other Vehicle Owned by Driver AXA Insurance Pte Ltd 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 the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO ATTACHED. ATTACHMENT(S) Are accident photos available for attachment? Yes

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Yes

Reasons for not uploading a video of the accident DRIVER DID OT PROVIDE AT TIME OF REPORTING.

Was there any audio recorded?

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

No

 Vehicle Registration Number
 SMP6368L

 Vehicle Manufacturer
 Hyundai

 Vehicle Model
 Avante

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 POON PUI HIM HENRY

 \$2672568B

 Contact Number
 (Phone) +65-94759483

Address			 
Address complement			
Postcode		 	 <u>-</u>
Insurance Company Name			<u>-</u>
Nature Of Damage			
Details of property damaged in a	accident	 	<u>-</u>
No. Of Passenger (Including Dri	ver)		 <b>-</b>

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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
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- 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 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)
  - (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' 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
- 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.
- 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.
- 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: 18 Mgr 2021

Driver's Signature

(If driver is not the policyholder)

Date & Time: 18 March 2021

3.35 pm

Reporting Centre Personnel's Signature Name

NRIC/FIN No.:

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SKETCH PLAN Audi A3 Holland Roold DESCRIBE CIRCUMSTANCES OF THE ACCIDENT along Hollowid Cin the direction Village DECLARATION I/We declare the foregoing particulars are true in every respect. Oriver's Signature (If driver is not the policyholder) Policyholder's Signature Reporting Centre Personnel's Signature Date & Time: 18 Moule Date & Time: 18 March 2021 NRIC/FIN No.: 2021

3.35 pm

https://docisolation.prod.fire.glass/?guid=bef06241-8909-45f7-91d3-615c757dd0ae

3.35pm



# CERTIFICATE OF INSURANCE

#### AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : CHAN HIAN LENG

Period of Insurance : 26 Jan 2021 To 25 Jan 2022 Engine No. : CHZ185396

Chassis No.

: WAUZZZ8V1H1042651

Vehicle No.

: SME4370A

Policy No.

: 1900015356-02

Endorsement No.

Issued Date : 25 Dec 2020

#### ABOUT THE COVER

Make/Model

: AUDI A3 Sedan 1.0 TFSI S tronic

Engine Capacity/Tonnage : 999.00 CC Driver Restriction : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2017

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 suthorised 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

Mileage Condition

: Unlimited Mileage

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 him or reward, driving busines, divining business, driving business, driving business, driving business, driving business, driving business, and 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, 1997 (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)

CHAN HIAN LENG - \$600 (Own Damage), \$600 (Flood Cover)

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

Approved Reporting Centrest 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 CentrestAIG 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: 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 IV of the Road Transport Act, 1967 (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.

SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE









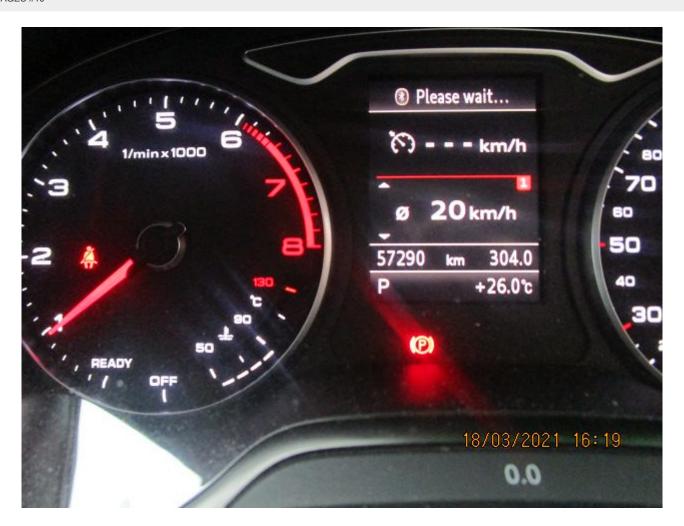








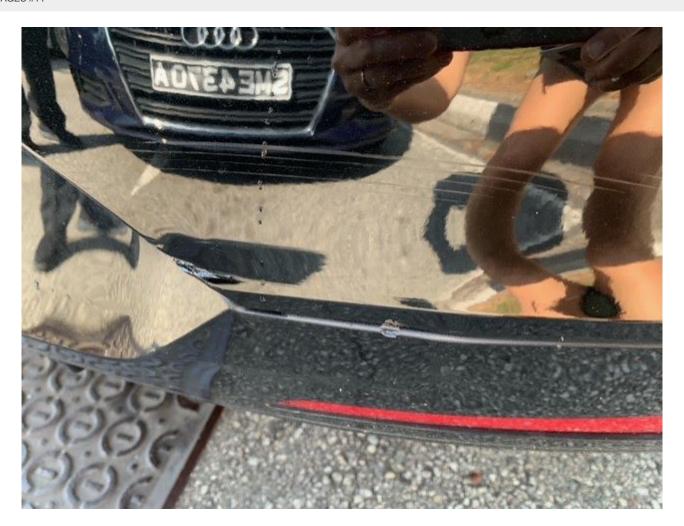














6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 5665500206 / GST Reg. No.: M400017735

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

	ADDEND	Olvi		
	RSON MAKING THE AMENDMENT:	S:	SME MOJO V	
Original Report No :	207K713100B8	Vehicle Registration No: _	(45) CL 71MC	
Name(as shown in NRIC)	Chan High Leng	S:Vehicle Registration No:NRIC/FIN/Passport No : _	SXXXX826&	_
	hicle Owner) (*) Please delete as a	ppropriate		
Address	:		Singapore(	)
Contact (Tel)	1	Mobile No.:		220
Email Address	1			_
Date of Accident	18/03/21	Time of Accident :	9949	_
Place of Accident	Time of Holland &	soad and 31xth 1	4V2_	-
I accordence	: - HIG ASIA POÉPAC IV	nsurana Ote Ltd		
	the policy holder ence driver own other V			-
- 1		41/CD3 0/2 (X2)	Critical Court	
370161X	17/14 INCIN UN 01			
	AXA Insurance.			_
	- CIVILAGUI OU OC.			_
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Date: