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	28/06/2021 12:34 (SGT) 26/06/2021 16:16 (SGT) Singapore JUNCTION OF ATTAP VALLEY ROAD AND ADMIRALTY ROAD
	WEST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ989R	
INSURED/POLICYHOLDER		

Is company?	No
Name Of Registered Owner	ZHOU YINGMEI
NRIC No	S7085658A
Email Address	guanjunhui@yahoo.com
Mobile Phone No	(Phone) +65-93889485
Alternative Phone No	+65-94889485

VEHICLE PARTICULARS

Manufacturar

Manufacturer	Mercedes
Model	GLA180 URBAN (R18 LED)
Variant	-
Exact purpose for which vehicle was being used at time of	
accident	-
Are you claiming under your own insurance policy for repair to	
your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900080072-02
Cover Note Number	27/03/2021 TO 26/03/2022

DRIVER

Name of Driver **GUAN JUNHUI** NRIC No S7085657C Date Of Birth 17/05/1970 Occupation Indoor Date Of Driving Pass 26/02/2002 Driving experience 19 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-90257748 Alt. Phone Number Email Address guanjunhui@yahoo.com Address 6A GALISTAN AVENUE SINGAPORE 669699 Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle 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 REFER WITH ATTACHED. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SKH4416K
Vehicle Manufacturer	_
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	-
Contact Number	
Address	-

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

SKETCH PLAN

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- 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 & Driver's Signature (If driver is not the policyholder) / Date Reporting Centre Personnel

Sketch Plan

Attap Valle, Table Attap Val

Describe Circumstances of the Accident
on 56/6/201 at arand 16/6hr, I drove by tor
SMJ989P ort juntion of arrap tolley of
charting on my right traffic clear and
proceed to move. ruddenly can SKHHH 16k
Stop in front, as a reeff by car hit
arte his rear right portion.

Declaration

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

Color 12:19 28/06/2021

Driver's Signature (If driver & Time Witnessed by Reporting Centre Personnel

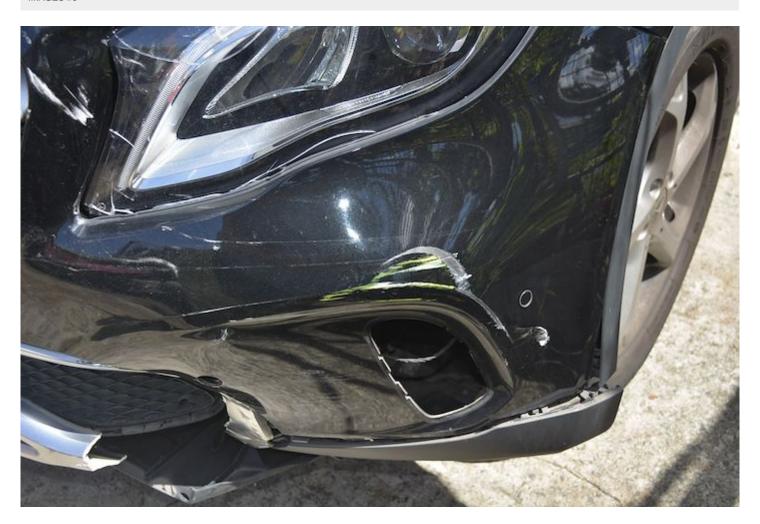
Policyholder's Signature / Date & Time

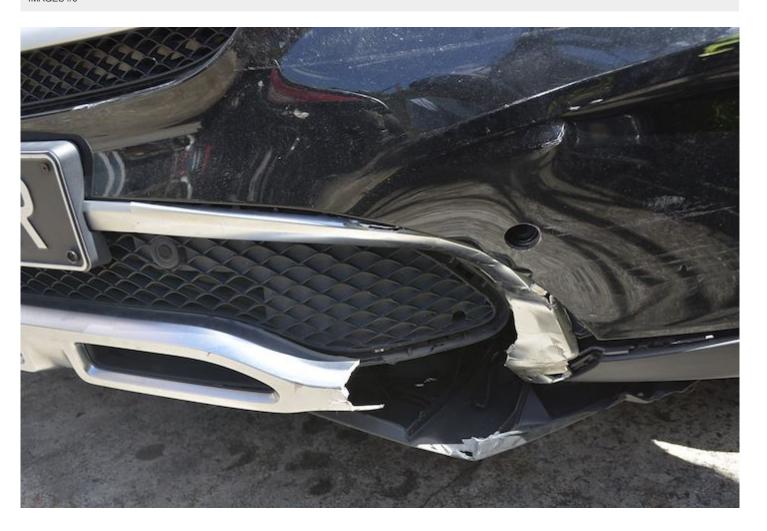


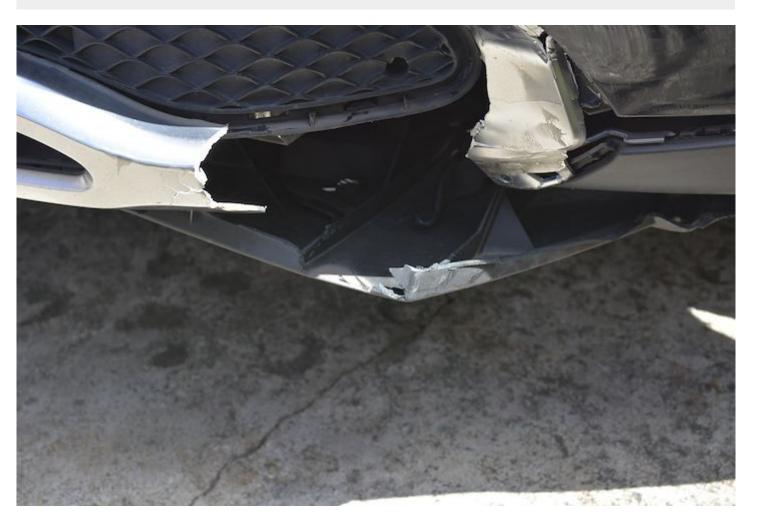




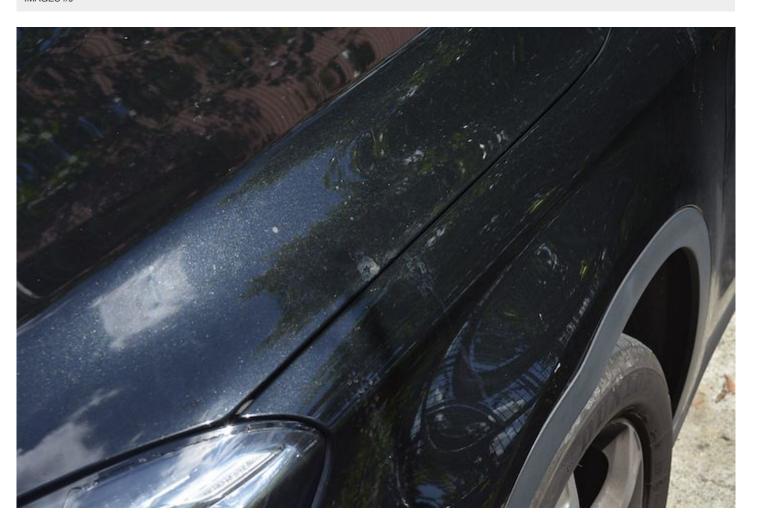








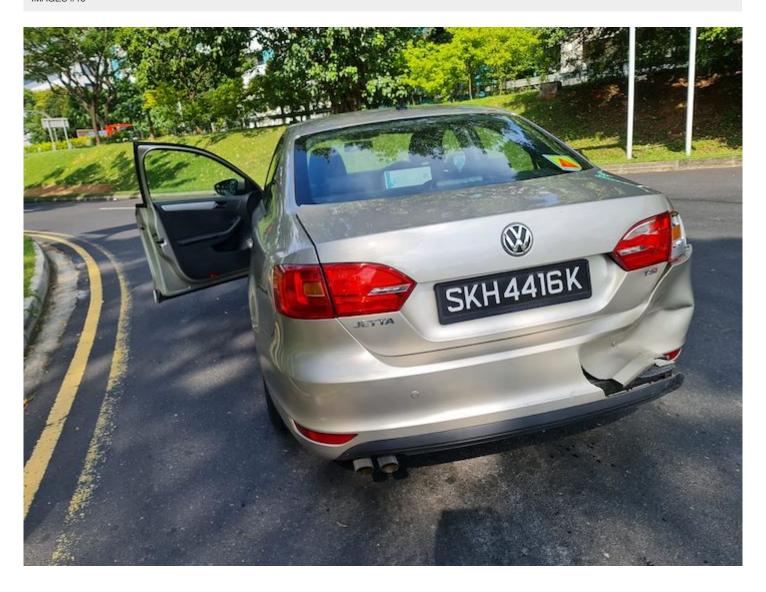


















AIG ASIA PACIFIC INSURANCE PTE L'TD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: Ergn Jun Hui
VEHICLE NUMBER	: SMJ 989P
DATE/TIME OF ACCIDENT	: x[c xx] @ 1616hy
PLACE OF ACCIDENT	: Inthis of Attap vailley rd of
THIRD PARTY VEHICLE (IF ANY)	: SKH HH16K admirely rd 1
******	女女女女女女女女女女女女女女女女女女女女女女女女女女女女女女女女女女女女女女女
BEFORE THE ACCIDENT?	OURNEY AND WHERE WAS THE INTENDED DESTINATION
ACCIDENT? IF YES, DID THE TRAON YOU? IF YES, WHAT IS THE RE	LIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE AFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ESULT?
WHAT IS THE TYPE OF COLLISION VEHICLES INVOLVED?	ON AND THE EXTENSIVENESS OF THE DAMAGES TO ALL
1000 -	Ray
WERE YOU OR YOUR PASSENGE TAKEN TO THE TRAFFIC POLICE	R/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU FOR INVESTIGATION?
CBL/	
I Affirmed The Above Information Is	Given To My Best Knowledge.



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : ZHOU YINGMEI

: 27 Mar 2021 To 26 Mar 2022 Period of Insurance

: 27091031849778 Engine No.

Chassis No. : WDC1569422J608218

: SMJ989R Vehicle No. Policy No. : 1900080072-02

Endorsement No.

: 17 Feb 2021 Issued Date

ABOUT THE COVER

: MERCEDES Benz GLA180

Engine Capacity/Tonnage : 1,595.00 CC Sum Insured : Market Value First Year of Registration : 2019 : NA Insuring with COE/PARF : Yes Driver Restriction Off Peak Car : No

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 "inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

: 40 years old and above Mileage Condition : Unlimited Mileage 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 fullion, driving test, racing, pace-making, reliability trial or specificating, 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)

ZHOU YINGMEI - \$800 (Own Damage), \$800 (Flood Cover)

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

Cycle & Carriage Euros Service Center (For accident reporting only). Add: 330 Ubi Road 3 Singapore 408650 62061818.
 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: 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 githe Road Transport Act, 1987 (Malaysia). Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612266

CYCLE & CARRIAGE - ALEXLE

239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AKISGMOBILEAPP

