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## 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 12/08/2021 16:44 (SGT) Date of Accident 12/08/2021 09:15 (SGT) Exact Location of Accident 73 Eng Watt St, Singapore Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Mitsubishi

Vehicle Registration Number SML961J

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN PENG YONG (CHEN BINGRONG) NRIC No SXXXX271I Email Address zoomautowerks@gmail.com Mobile Phone No (Phone) +65-96726112 Alternative Phone No +65-96726112

#### VEHICLE PARTICULARS

Manufacturer

Model Attrage 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 - Claiming third party your vehicle?

Vehicle Category Private car Transmission Auto CC 1193

#### INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy 1900086187-01 Policy Number Cover Note Number

#### DRIVER

Name of Driver TAN PENG YONG (CHEN BINGRONG) NRIC No SXXXX271I

Date Of Birth	30/09/1988
Occupation	Indoor
Date Of Driving Pass	25/03/2009
Driving experience	12 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96726112
Alt. Phone Number	+65-96726112
Email Address	zoomautowerks@gmail.com
Address	BLK 418 FAJAR ROAD #06-441
Address complement	
Postcode	670418
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Vehicle Registration Number of Other Vehicle Owned by Divisi	
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Opening Door of Vehicle
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Manager foreign values involved in the conident?	No
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	1
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?	No
Was there any audio recorded?	No
vias tileie ally addie recorded.	110
DETAILS OF OTHE	ER VEHICLE PROPERTY 1
Vehicle Registration Number	PC4666Y
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	
Vehicle Colour	-
	Commercial vehicle
Vehicle Category Name of Driver	TAN
Contact Number	(Phone) +65-81838149
Address	(Filotie) 100-01000143

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

#### IMPORTANT NOTICE

- Hease report correctly the details of the accident to speed up the claims process
- this Eprenmust be completed by the Policyholder and/or the Authorised Driver.
- a Intermation provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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 armognes
- 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
- A Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties
- By the ladgement 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
- Consent under the Personal Data Protection Act (PDPA)
- i understand, acknowledge, agree and consent that
- of the insured 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 measessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) as nave 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 payernment agency/authority (such as the police), for the purpose(s) of :
- in processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- more stigating the accident and/or my claims,
- init carrying but and/or dealing with my instructions or responding to any enquiries by me
- we administering my claims encluding 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
- two complying with applicable law in administering, processing, handling and/or dealing with my claims.
- collectively the "Purposes")
- 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
- Cliny 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.

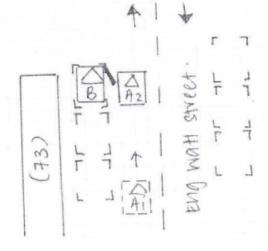
Folicyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

VEHICLE A: SML916T. reville 6: PC46664



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#### Declaration

TWe declare the foregoing particulars are true in every respect.

Tokeyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

# ACCIDENT STATEMENT

	DENT DATE: 13 08 / 302[](DD/MM/YYY	(Y), TIME.
	TION: 73 FNG WATT	Street.
LOCA:	TION: 75 FVIG 1900	
	DETAILS OF VEHICLE  DIVEHICLE NUMBER:  DINSURANCE COMPANY:  CIPOLICY NUMBER:  CIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY COMMERCY)  FITYPE: (SALOON / COUPE / MRY /V AN / LOR  GIVEHICLE CATEGORY: (PRIVATE / COMMERCY)  H) PURPOSE OF USING AT ACCIDENT TIME:  I) ARE YOU CLAIMING UNDER YOUR OWN INSIDER IND. PLEASE STATE (THIRD PARTY CLAIM / INSURED / POLICY HOLDER	ARTY THIRD PARTY FIRE STHEFT)  ATTYORGE  RY / MOTORCYCLE / OTHERS)  CIAL / MOTORCYCLE)  PUVCITE  SURANCE (YES/NO)  REPORTING ONLY)
2.	AINAME: 100 FCVID	371 JCONTACT: - 10 10 0 112
4 No of passings	DRIVER	(MALE / FEMALE)
(Induding driver)	a)NAME:	_CONTACT:
	A-2 - Maria - A	
(01)	c)ADDRESS:	and the same of th
The second of	*d)DATE OF BIRTH: (30/09/1988)(DI B)OCCUPATION: (INDOOR / OUTDOOR) T)YEARS OF DRIVING EXPRERIENCE:	IRED'S COMPANY? (YES / NO)
4.	*d)DATE OF BIRTH: (30/09/1960)(DI B)OCCUPATION: (INDOOR / OUTDOOR) 1)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSU	URED'S COMPANY? (YES / NO)
4.	*d)DATE OF BIRTH: (30/09/1900)(DI B)OCCUPATION: (INDOOR / OUTDOOR) 1)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSU IF NO, RELATIONSHIP OF THE DRIVER W	URED'S COMPANY? (YES / NO)
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5. 6. 7. 8. 1. He of passenger ( Including driver)	"d)DATE OF BIRTH: [ 30 / 09 / 1960](DIE B) OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSUITED NO., RELATIONSHIP OF THE DRIVER WE O) WEATHER CONDITION: (CLEAR / RAINING b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO)  IF YES. PLEASE STATE WHICH POLICE STATICE THIRD PARTY VEHICLE  O) VEHICLE NUMBER: D) DRIVER'S NAME:  C) NRIC/FIN/PASSPORT:	DN:CONTACT:
4. 5. 6. 7. 8. 4. 4.	*d)DATE OF BIRTH: ( 30 / 09 / 1900)(DI  E)OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSU  IF NO, RELATIONSHIP OF THE DRIVER W  O)WEATHER CONDITION: (CLEAR / RAINING  b)ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATIC  THIRD PARTY VEHICLE  O) VEHICLE NUMBER: PC466  D) DRIVER'S NAME:  C) NRIC/FIN/PASSPORT:  THIRD PARTY VEHICLE	DRED'S COMPANY? (YES / NO) OTH INSURED: OWNER OTHERS  MODEL: CONTACT: 8183 8749
4. 5. 6. 7. 8. (Including driver) (OI) Malf.	"d)DATE OF BIRTH: [ 30 / 09 / 1960](DIE B)OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSUITED IN THE DRIVER WE OF THE OUTDOOR OUTDOOR OF THE OUTDOOR OUTDO	DRED'S COMPANY? (YES / NO) OTH INSURED: OWNER  / OTHERS
5. 6. 7. 8. 1. He of passenger ( Including driver)	"d)DATE OF BIRTH: [ 30 / 09 / 1960](DI  E)OCCUPATION: (INDOOR / OUTDOOR)  f) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSU  IF NO, RELATIONSHIP OF THE DRIVER W  G)WEATHER CONDITION: (CLEAR / RAINING  b)ROAD SURFACE: (DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATK  THIRD PARTY VEHICLE  G) VEHICLE NUMBER: PC466  DRIVER'S NAME:  C) NRIC/FIN/PASSPORT:  THIRD PARTY VEHICLE  d) VEHICLE NUMBER: G) DRIVER'S NAME:	DN:CONTACT:

email = Zcomautowerts agmait com



## CERTIFICATE OF INSURANCE

#### CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: TAN PENG YONG (CHEN BINGRONG)

Period of Insurance

: 06 May 2021 To 05 May 2022

Engine No. Chassis No. : 3A92UHS2953 : MMBSTA13AKH001689 Vehicle No.

: SML961J

Policy No.

: 1900086187-01

Endorsement No.

Issued Date

: 16 Apr 2021

#### ABOUT THE COVER

Make/Model

MITSUBISHI ATTRAGE 1.2 CVT

Engine Capacity/Tonnage : 1,193:00 CC

Sum Insured : Market Value

First Year of Registration 2019

Driver Restriction

NA.

Off Peak Car . No

Insuring with COE/PARF

Person or Classes of Persons Entitled to Drive".

5) Any other persons who is divining on the Poles provided surper of wall his her personance.
The Poles will indertainly the Polestroider or any authorized driver safe of herbide meets the specified eight specified.

You have to pay an additional sum of \$3,000 as "Young endor hespenenced Driver Excess" ("YIDR") if You are or Your Automotive Driver insmed or unitered to order the idin man 2 years driving experience.

Age Condition

: All Age Condition

Mileage Condition Unlimited Mileage

Limitation as to use\*

List only for social, demestic and pleasure purposes and for the Policyholder's success.

This Policy goes not cover use for fine or seward, driving subort, driving test racing, pace-making, reliability that or speed-finishing, the camage of goods other than samples in connection with Mosor Trade.

Loss of Use 1500cc - 1600cc

Landations rendered inspersive by Section 8 of the Motor Vehicles (Third Party Risks and Cempensation) Act (Cap. 189), Section 95 of the Road Epimacon Act. (Self-Abase are exchanged Act (Cap. 189), Section 95 of the Road Epimacon Act. (Self-Abase are exchanged Act.) (Cap. 189), Section 95 of the Road Epimacon Act. (Self-Abase are exchanged Act.) (Cap. 189), Section 95 of the Road Epimacon Act. (Self-Abase are exchanged Act.) (Self-Abase are e

#### EXCESS

Section 1 Fire - \$0 (Dwn Damage - \$600 Theft - \$0 Flood Cover - \$600

Windscreen: \$100

Named Driver and Excess ware approximate

TAN PENG YORG (CHEN BINGRONG) - \$600 (Own Damage) \$600 (Flood Cover)

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

Cyste & Carnage Body & Paint Centre. Add. 209 Pandon Gardens Shipasons 609339 65664501

1 Uprar & Carnage body & Fierr Commer Avail 2007-Antigen (sensent) simpleper sett play observed.

2 Cycle & Carnage Authorised Service Centre (For accident reporting & windscreen claim carry). After 320 Upi Rt 3 Singapore 406650 6744 3900.

3 Cycle & Carnage Authorised Service Centre (For accident inporting & windscreen claim carry). After 320 Leng Kee Rtd Sequipore 159094 64709288.

5 Cycle & Carnage Authorised Service Centre (For accident reporting & windscreen claim carry). Add. 800 Set Ming Ave Singapore 57873.5 593,0000.

For other: Approved Reporting Centres/AIC Authorised Reporters, please contact our 24-hour appliers emergency holine at +65-6138-6000. Abernatively, you're AKC 5G Motele Acc. Simply search and download "AIC 5G" from Tunes at Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

New hereby certify that the policy to which this Certificate of Insurance relates as asseed in accordance with the provisions of the Motor Vehicles Third Porty Floris and Companyables Act of an the Road Transport Act, 1987 (Malaysia). Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Floris) Rules, 1959 (Malaysia).

0504620227

CYCLE & CARRIAGE GEORG

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

239 ALF

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.