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 30/08/2021 14:15 (SGT) Date of Accident 27/08/2021 17:17 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG UPPER BUKIT ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKB88G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **GAN MING HAO** NRIC No. S9634167I Email Address xclusivming@hotmail.com Mobile Phone No (Phone) +65-98185295 Alternative Phone No +65-98185295

VEHICLE PARTICULARS

Manufacturer

Audi Model A5 SPORTBACK 2.0 TFSI S TRONIC (110 KW) 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? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1984

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 7210005731 Cover Note Number 25/01/2021 TO 24/01/2022

DRIVER

Name of Driver **GAN MING HAO** NRIC No. S9634167I

Date Of Birth Occupation 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	15/09/1996 Indoor 16/06/2016 5 YEARS AND 2 MONTHS Male (Phone) +65-98185295 +65-98185295 xclusivming@hotmail.com 9 OAK AVENUE SINGAPORE 276772 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Change/cross lane 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 vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1	No 2 No - Yes 2 No
Name Gender	TAN ANNE Female
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 WITH ATTACHED.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	GBJ637L - -

Commercial vehicle

Vehicle Colour
Vehicle Category

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

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- 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' 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 GA 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

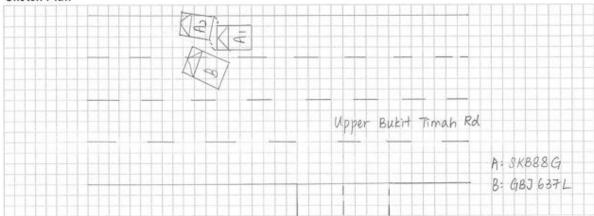
Driver's Signature (If driver is not the policyholder) / Date & Time

10:32

) & ANG 2021

Witnessed by Reporting Centre Personnel

Sketch Plan



Descri	be Circ	cumstand	es of the	Accident									
		1 W	las tra	velling	stra	right	along	g up	per	Buti	+ 7	Timah	Road
at	the	first	lane.	Vehicle	В	sudd	enly	cut	into	my	lan	ie ab	ruptly.
cau	sing	me	to hi	i <u>t onto</u>	the	Kerb.	How	ever,	veh	icle	В	did r	not
stop	ped	after	the	accident									
								- T Y					
							-						

Declaration

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

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: 566550020G / 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.

		ADDEN	DUM							
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:									
	Original Report No	: SK0L218U000A	Vehicle Registration No: SKB88G							
	Name(as shown in NRIC)	: GAN MING HAO	NRIC/FIN/Passport No : \$96341671							
		ehicle Owner) (*) Please delete as	- CON-4400 1 3 CON CONTRACTOR CON							
	Address	: 9 OAK AVENUE	Singapore(276772)							
	Contact (Tel)	4	Mobile No.:9818 5295							
		: XCLUSIVMING@HOTMAIL.COM								
	Date of Accident	: _27/08/2021	Time of Accident : 1717							
	Place of Accident	: UPPER BUKIT TIMAH ROAD								
	Insurance Company									
	AMEND EMAIL	ADDRESS - XCLUSIVMING	@HOTMAIL.COM							

GIARMC addendumform_V3



CERTIFICATE OF INSURANCE

AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : GAN MING HAO

Period of Insurance

: 25 Jan 2021 To 24 Jan 2022

Engine No.

: DEM024089

Chassis No.

: WAUZZZF52LA018080

Vehicle No.

: SKB88G

Policy No.

: 7210005731

Endorsement No.

Issued Date : 25 Jan 2021

ABOUT THE COVER

Make/Model

: AUDI A5 SPORTBACK 2.0 TFSI S TRONIC

Engine Capacity/Tonnage: 1,984.00 CC

Sum Insured : Market Value

First Year of Registration : 2021

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder

a) the Policyhouse. 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 heisthe 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 hire or mward, driving tution, driving test, recing, 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 1800cc - 2000cc 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 - \$1600 Theft - \$0 Flood Cover - \$1600

Section 2

roperty Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

GAN MING HAO - \$1600 (Own Damage), \$1600 (Flood Cover)

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

1 Audi Customer Service Center Add: 55 Ubi Road 1 Singapore 408699 63662323

For other Approved Reporting Centres/A/G Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 6338 5200. Alternatively, you may refer to A/G website www aig signor A/G SG Mobile App. Simply search and download "A/G 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).

0504125223

PREMIUM LEASING - SH

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE

SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Cherry Cherry Chee