

# **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 the control of this report will fee fee be made qualified to the proposition by interested parties. 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	19/08/2021 17:56 (SGT)
Date of Accident	19/08/2021 07:05 (SGT)
Exact Location of Accident	9 Fajar Rd, Singapore 679002
Additional Location Information	ZHEHGHUA PRIMARY SCHOOL
Country/State of Loss	Singapore

# **DETAILS OF OWN VEHICLE**

**BMW** 

Vehicle Registration Number	SGT7800Z	

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM SHI NAN
NRIC No	S8516725A
Email Address	limshinan@gmail.com
Mobile Phone No	(Phone) +65-96393269
Alternative Phone No	+65-96393269

#### VEHICLE PARTICULARS

Manufacturer

Model	M135i
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	2979

# **INSURANCE COMPANY**

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210054941
Cover Note Number	-

## DRIVER

Name of Driver	LIM SHI NAN
NRIC No	S8516725A

Date Of Birth 13/06/1985 Occupation Indoor Date Of Driving Pass 25/06/2010 Driving experience 11 YEARS AND 2 MONTHS Gender Female Mobile Number (Phone) +65-96393269 Alt. Phone Number +65-96393269 Email Address limshinan@gmail.com Address 11 KING ALBERT PARK #04-15 Address complement Postcode S(598292) 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 Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No 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? 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 KINDLY 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? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** 

 Vehicle Registration Number
 SNB8999P

 Vehicle Manufacturer
 Mercedes

 Vehicle Model
 E200

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 LAWRENCE

 Contact Number
 (Phone) +65-98898300

 Address

 Address complement



Postcode	_
nsurance Company Name	_
lature Of Damage	_
Details of property damaged in accident	_
lo. Of Passenger (Including Driver)	_

# SKETCH PLAN

# **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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>.
- 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.
- 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 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) of:
  - 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 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.
- (d) 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.
- (e) the information so collected under (d) above may be shared / disclosed:
  - 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN		
	SNB8999P	
DESCRIBE CIRCUMSTANCE	SOF THE ACCIDENT Drop-Off PNIV	I drive way
7 hit the bac	k of car SNB 8999P when	Luca about to reverse.
	I thought SNB8999P had	moved off but it was
stationary.		
ı		
esh		
7-7		ASS AL 200 ASS ASS ASS ASS ASS ASS ASS ASS ASS A
-1966		
You had been advised by w	rorkshop that in the event that you wish to cla	Reporting Only
	OD claim), there is a Fourteen (14) days clau	
	be made within the stipulated timeframe from	
	the day of occurance.	Claim OD / TP at other workshop
DECLARATION		
	iculars are true in every respect.	910 <b>44</b> . 7
		-()
lih.		94/
Policyholder's Signature Date & Time: 19/8/2	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:



# **CERTIFICATE OF INSURANCE**

#### AUTOPLUS PRIVATE VEHICLE

: SGT7800Z Name of Policyholder : LIM SHI NAN Vehicle No. Period of Insurance : 01 Jun 2021 To 31 May 2022 Policy No. : 7210054941

: 06478490N55B30A Endorsement No. Engine No.

: 01 Jun 2021 Chassis No. : WBA1B72080J777344 **Issued Date** 

ABOUT THE COVER

Make/Model : BMW M135I

Engine Capacity/Tonnage : 2,979.00 CC Sum Insured : Market Value First Year of Registration : 2013 Insuring with COE/PARF : Yes Driver Restriction Named Driver Basis Off Peak Car : No

Person or Classes of Persons Entitled to Drive\*:

a) The Policyholder b) Any person who is named as a "named driver" under this Policy.

Age Condition : Not Applicable 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 reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriago 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 - 1800cc 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 (Millaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

#### EXCESS

Section 1 Fire - \$0 Own Damage - \$3000 Theft - \$0 Flood Cover - \$3000

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

LIM SHI NAN - \$3000 (Own Damage), \$3000 (Flood Cover), WANG WEIRONG - \$3000 (Own Damage), \$3000 (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 Apent's workshop, For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotime 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: NA

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).

TH INSURANCE SPECIALIST AGENCY

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SINGAPORE 658071

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

71 BUKIT BATOK CRESCENT #11-07 PRESTIGE CENTRE

Ying Ling Eltern Gon.

































