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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.
- 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
- 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

25/10/2021 19:55 (SGT) Date of Submission 22/10/2021 22:50 (SGT) Date of Accident River Valley Rd, Singapore **Exact Location of Accident** TOWARDS CLEMENCEAU AVENUE Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMC6370Y

INSURED/POLICYHOLDER

Is company? HENG CHIANG HONG Name Of Registered Owner SXXXX235H NRIC No voideck@mail.com Email Address (Phone) +65-90098710 Mobile Phone No +65-90098710 Alternative Phone No

VEHICLE PARTICULARS

Volkswagen Manufacturer Golf Model Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party vour vehicle? Private car Vehicle Category Auto Transmission 999 CC

INSURANCE COMPANY

AIG Asia Pacific Insurance Pte. Ltd. Name of Insurance Company Comprehensive Type of Coverage Fleet Policy 1900103749-02 Policy Number Cover Note Number

DRIVER

HENG CHIANG HONG Name of Driver SXXXX235H NRIC No

Date Of Birth	20/12/1969
Occupation	Indoor
Date Of Driving Pass	19/10/1990
- Driving experience	31 YEARS
Gender	Male
Mobile Number	(Phone) +65-90098710
Alt. Phone Number	+65-90098710
Email Address	
Address	WARRING TO THE STATE OF THE STA
Address complement	•
Postcode	090101
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	110
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	y .=
insurance company of other versus	
ACCIDENT	
GENERAL INFORMATION OF THE ACCIDENT	
	Collision - Head to Rear
Type of Accident	
Weather Conditions	
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No 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)	sı 1
Has the driver been approached by unknown person(s)	Ma
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No No
Was notice of intended Prosecution given?	No No
If yes, against whom?	gr.c
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 No
Was there any audio recorded?	No
DETAILS OF OT	THER VEHICLE PROPERTY 1
Vehicle Registration Number	SJY9592Z
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	

Private car

ARUN S/O KRISHNA

(Phone) +65-90623785

Address complement

Vehicle Colour

Name of Driver

Contact Number

Vehicle Category

Postcode	
Insurance Company Name	9
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust 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 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 companies
- 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.
- 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 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.

Witnessed by Reporting Centre Driver's Signature (If driver is not the policyholder) / Date Policyholder's \$ignature / Date & Personnel & Time Time Sketch Plan Road KIVENJOller 4

Describe Circumstances of the Accident

on the stated date and time, i while -A' was travelly
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long my desynaled lane along live value road. The front
of Soved down as such I followed suit. As I was
lowing down i suddenly telt a lige compact hirty me
n the sea synt portion of my vehicle. I got down
realised that remine is has confided into me.

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

Email: sm@idac.com.sg Tel no: 6555 6888
*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Personal Particulars of Owner & Dr					
Date of Accident: 22/10/2021 (dd/mm/yy) Time of Acc	cident: 22 : 50 (24-HR-FORMAT)				
SMC6370Y National Make & Model / Engine (cc): Vol	lkswagen GOLF TSI TL Private Hire: (Y(N				
Exact location of Accident: River valley Road Towards Cleme	enceau Ave				
Heng Chiang Hong	0004420011				
Driver's Name / IC No.: Heng Chiang Hong	S6944235H (As Above)				
00009710	Contrat Nat				
Driver's Name / IC No.:					
Owner Email address: voideck@mail.comI	AIG				
Owner Email address: Voideck@mail.com	nsurance Company.				
Driver Email address : voideck@mail.com					
Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employ	yee / Hirer or Others specify:				
What do you wish to claim? (Please TICK one only)					
Own Insurance / Other Vehicle (The one you want to claim agai	inst) / Reporting (For Record Purpose)				
Exact purpose for which the vehicle Was being used at time of accident? Occupation (nat	ure of job) Indoor/ Outdoor				
Private use / Work purpose *No. of Passenge	ers (Including Driver):				
*Passanger Name:*Passanger Name:	Gender:				
Weather condition & Road conditions? (On the day of accident)					
Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:					
Was there any video captured by your Car Camera? Yes / V No					
Any Injuries: Yes / V No (If YES) Injured Person' Name:					
Injuries Sustain: Injured	d Person in Which Vehicle:				
Police Report filed: Yes / V No (If YES) Which Police Star	tion:				
The Other Party(s	s) Details:				
Driver's Name / IC No: ARUN S/O KRISHNA	Vehicle No: SJY9592Z (B)				
1. Driver's Name / IC No:					
2. Driver's Name / IC No (If Any):	Vehicle No:				
Driver's Contact No:Insurance Con	Contract No.				
*Independent Witness (If Any):	Contact No.				
Preferred Workshop Name:	Contact No:				



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: Heng Chiang Hong

Period of Insurance

: 13 Jul 2021 To 12 Jul 2022

Engine No.

: ChZ979228

Chassis No.

: WVWZZZAUZJW267089

Vehicle No.

: SMC6370Y

Policy No.

: 1900103749-02

Endorsement No.

Issued Date

: 14 Jun 2021

ABOUT THE COVER

Make/Model

: VOLKSWAGEN Golf 1.0 TSI

Engine Capacity/Tonnage: 999.00 CC

Sum Insured : Market Value

First Year of Registration : 2018

Driver Restriction

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder

a) The Policyriology 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 "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

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 reward, driving fuition, driving test, racing, 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 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, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings

EXCESS

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Heng Chiang Hong - \$600 (Own Damage). \$600 (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 Agent's workshop. For other Approved Repairing Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +85 6338 6200. Alternatively, You may refer to AIG website www.aig sg or AIG SG Mobile App. Simply search and download "AIG SG" from Tunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: VOLKSWAGEN FINANCIAL SERVICES SINGAPORE 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).

0315003000 CHECK MARY

37 JALAN SEMPADAN TOWER 6 #02-07 VILLA MARINA SINGAPORE 457406 SP-MARYCHEOK-LEOCHEE Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

004548745/AC4

78 Shenton Way #09-16 AIG Building \$079120 | T +65 6419 3000 | www.aig.sg

AIG Asia Pacific Insurance Ple Ltd