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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 <u>completed by the Policyholder and/or the Authorised Driver</u>
 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.

4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability of 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 29/10/2021 12:38 (SGT) Date of Submission 28/10/2021 20:15 (SGT) Date of Accident Exact Location of Accident Singapore CHOA CHU KANG ROAD Additional Location Information Singapore Country/State of Loss **DETAILS OF OWN VEHICLE** SKR1830P Vehicle Registration Number INSURED/POLICYHOLDER Is company? Name Of Registered Owner CHEE BEE HONG AGATHA SXXXX486F NRIC No. AGATHA07C@GMAIL.COM Email Address (Phone) +65-97510936 Mobile Phone No (Office) +65-97510936 Alternative Phone No VEHICLE PARTICULARS Audi Manufacturer A6 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 your vehicle? Private car Vehicle Category Auto Transmission 1984 CC INSURANCE COMPANY AIG Asia Pacific Insurance Pte. Ltd. Name of Insurance Company Comprehensive Type of Coverage Fleet Policy 2100388863-07 Policy Number Cover Note Number DRIVER LIM CHIAP SAY Name of Driver SXXXX207D NRIC No

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement Postcode Is the driver the policyholder?	17/05/1959 Indoor 02/04/1979 42 YEARS AND 6 MONTHS Male (Phone) +65-98160155 - GATLCS@SINGNET.COM.SG BLK 52 TELOK BLANGAH DR #17-86 100052 No	
If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	Spouse No	
Vehicle Registration Number of Other Vehicle Owned by Driver	3.33	
Insurance Company of Other Vehicle Owned by Driver	Ī.	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident	Side Swipe	
Weather Conditions	Clear	
Road Surface	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?	No 2 No	
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	
Soliciting/oriening accident claims assistance:		
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		
PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT.		
ATTACHMENT(S)		
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?	No	
Was there any audio recorded?	No	
DETAILS OF OTHE	R VEHICLE PROPERTY 1	产设计区域系统
Vehicle Registration Number	SMU2419Z	
Vehicle Manufacturer	-	
Vehicle Model Vehicle Variant	-	
Vehicle Colour	2	
Vehicle Category	Private car	
Name of Driver	-	
Contact Number	_	

Address complement

Address

Contact Number

-

-
•
2
UNKNOWN
Male



Page 3 of 19

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.
- 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.

Policyholdar Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A B U-turn

A) SKR 1830 P

B) SMU 2419 2

(hoa (hu Kang Road.

ribe Circumstances of the Accident	e, Vehicle B
when I was driving on the extreme left land suddenly cut into my lane. As sets such, both	vehicles came
Share the state of the state of	
into contact. Nobody was injured.	
Accident happened on 280ct 2021 at approx Choa chu Kang Road The driver of vehicle B driver under Snidance of driving instructor.	2018 hrs at
Consider Maparities of Vehicle B	is a prousivial
the the state of the state of	
driver under guidance of driving instructor.	
Q.	

Declaration

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

Policyholder's Signature / Date &

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (28 10 / 21)(DD/A	MM/YYYY), TIME:(8 :	J(HH:MM)-
LOCATION: Choa Chu Kang	Road:	**** *** *** *** *** *** *** *** *** *
I DETAILS OF VEHICLE		
a) VEHICLE NUMBER: SKR 18	200.	
b)INSURANCE COMPANY: ALG	Contract of the last of the la	ŧ
	1863-07	
d)POLICY TYPE: (COMPREHENSIVE / TH		2 THEFT
OJMAKE & MODEL: And A	6	arriery
()TYPE:(SALOON / COUPE / MPV /VAN		THERSI
g) VEHICLE CATEGORY: (PRIVATE / COI	MMERCIAL / MOTORCYCLE)	
h)PURPOSE OF USING AT ACCIDENT TH	ME: Private.	
I) ARE YOU CLAIMING UNDER YOUR ON	WN INSURANCE (YES/NO)	(6
IF NO. PLEASE STATE (THIRD PARTY CL	AIM / REP.ORTING ONLY)	*
2. INSURED / POLICY HOLDER	s Has	O.
AINAME: Chee Bee flong A		10 0 1
	MF CONTACT: 975	10936
c) ADDRESS:		
* CONTINUE TO 3.d IF DRIVER ALSO PO	UCX HOLDER	<u> </u>
DELLA OF DELLE S		
(Including driver) WINDO (SINGASSEDER)	MALE / FEM	IALE)
DINRIC/FIN/PASSPORI: 1776	2670 CONTACT: 98/6	0155.
CIADDRESS: BIK 52 Teloh	Blangan Dr #17-86	S 100025
TOTALE OF DIDTILLARY	1/05/11/15/06/1	
*d)DATE OF BIRTH: (17) 1959 e)OCCUPATION: (INDOOR / OUTDOOR	_)(DD/MM/YYYY)	
FIDATE OF DRIVING PASC 02	104/1979	
4. WAS DRIVER AN EMPLOYEE OF THE		(00)
IF NO, RELATIONSHIP OF THE DRIVE	Section 1 to 1	
5. a) WEATHER CONDITION: (OLEAR / RAIN		
b) ROAD SURFACE: (ORY / WET / OTHERS	· · ·	
6. WAS ANYBODY INJURED (YES / NO)		
7. a) REPORTED TO POLICE (YES / NO)	ATION	,, •
IF YES, PLEASE STATE WHICH POLICE ST. 8. THIRD PARTY VEHICLE	Allon:	
Ho of passenger a) VEHICLE NUMBER: 5MU2419;	MODEL:	·
(Including driver) b) DRIVER'S NAME:		
(lucluding driver) b) DRIVER'S NAME: (2) C) NRIC/FIN/PASSPORT:	CONTACT:	
9. THIRD, PARTY VEHICLE		
A NO of passanger d) VEHICLE NUMBER:	MODEL:	<u> </u>
(Including driver) f) VEHICLE NUMBER: (Including driver) f) NRIC/FIN/PASSPORT:	CONTACT	
() NKIC/PIN/PASSPOKI:	CONTACT	

email = ga+1cs@singnet.6m.ss VIDBO cc: agatha 47c@gmail.com



CERTIFICATE OF INSURANCE

AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: Chee Bee Hong Agatha

Period of Insurance

: 20 Oct 2021 To 19 Oct 2022

Engine No.

: CDN 405697

Chassis No.

: WAUZZZ4G0EN122728

Vehicle No.

: SKR1830P

Policy No.

: 2100388863-07

Endorsement No.

Issued Date

: 01 Oct 2021

ABOUT THE COVER

Make/Model

: AUDI A6 C7 2.0 TFSI MU

Engine Capacity/Tonnage: 1,984.00 CC

: NA

Sum Insured : Market Value

First Year of Registration : 2014

Off Peak Car: No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

Driver Restriction

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 "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 reward, driving tuition, 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 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 - \$800 Theft - \$0 Flood Cover - \$800

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Chee Bee Hong Agatha - \$800 (Own Damage), \$800 (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/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: NA

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)

0504125216

PREMIUM LEASING - CW

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.

AIGSGMOBIL FAPP