# **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.

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   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 17/01/2022 16:40 (SGT) Date of Accident 14/01/2022 23:00 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information TWDS TPE BEFORE AMK AVE 1 EXIT Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMP5728M

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NG MINYI NRIC No. S8942383Z Email Address nminyi@gmail.com Mobile Phone No (Phone) +65-91396193 Alternative Phone No +65-91396193

### VEHICLE PARTICULARS

Manufacturer Audi Model Q2 Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Private car Transmission Auto CC 1000

### **INSURANCE COMPANY**

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1900170689-02 Cover Note Number

### DRIVER

Name of Driver NG MINYI NRIC No. S8942383Z Date Of Birth 27/11/1989 Occupation Indoor Date Of Driving Pass 15/12/2008 Driving experience 13 YEARS AND 1 MONTH Gender Female Mobile Number (Phone) +65-91396193 Alt. Phone Number +65-91396193 Email Address nminyi@gmail.com Address BLK 323A SUMANG WALK #21-943 Address complement Postcode 821323 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 Clear Road Surface Dry 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 VEHICLE B IN FRONT OF ME SUDDENLY STOP, I CANNOT STOP IN TIME AND HIT VEHICLE B REAR PORTION. 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 OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **SMQ2070R** Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Private car

Vehicle Category

Name of Driver
Contact Number

Address complement

Postcode	-
nsurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	_

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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' 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.

Policyholder's Sig	nature / Date &
Time	

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

Witnessed by Reporting Centre Personnel

Sketch Plan



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Describe Circumstances of the Accident
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# Declaration

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

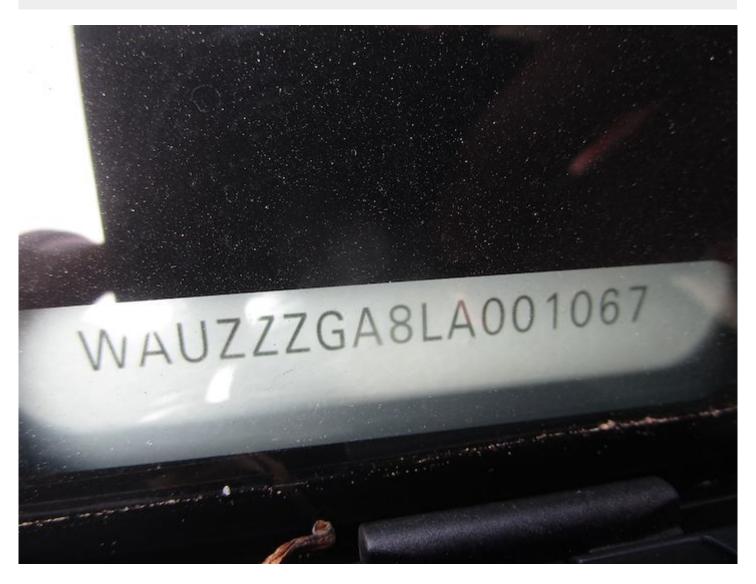
's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

# ATG ASIA PACIFIC INSURANCE PTE LTD

# MOTOR ACCIDENT INTERVIEW FORM

VEHICLE NUMBER	NOT MIN Y
PHICLE NUMBER	Smp 5728M
DATE/TIME OF ACCIDENT	14/01/2022 @ 2300HRS
PLACE OF ACCIDENT	CIE TUPS TOBI BETORE
THIRD PARTY VEHICLE (IF ANY)	SMRDOTOK
分产业的主办公司的成员或公司的公司的公司的公司或 化对价的 化二甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲	化电影合用电影的现在分词电影电话电话的现在分词 医格尔克氏性 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基
WHERE DID YOU START YOUR JOUR BEFORE THE ACCIDENT? FROM TOWN	RNEY AND WHERE WAS THE INTENDED DESTRIBLED
DID YOU DRINK ANY ALCOHOLIC IS ACCIDENT? IF YES, DID THE TRAFFIC ON YOU? IF YES, WHAT IS THE RESULT	ORINKS BEFORE YOU DRIVE ON THE DAY OF THE POLICE CONDUCT ANY BREATHE-ANALYSER TEST
WHAT IS THE TYPE OF COLLISION AND	O MYYN
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Name of Policyholder : NG MINYI (HUANG MINYI) Vehicle No. : SMP5728M Period of Insurance : 30 Sep 2021 To 29 Sep 2022 Policy No. : 1900170689-02

: CHZ C35525 Endorsement No. Engine No.

Chassis No. : WAUZZZGA8LA001067 Issued Date : 20 Aug 2021

ABOUT THE COVER

Make/Model : AUDI Q2/ Q2 Sport 1.0 TFSI S tronic

First Year of Registration : 2019 Engine Capacity/Tonnage : 999.00 CC Sum Insured : Market Value Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\* :

a) The Policyholder 5) 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 heishe meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" (TOR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience

Age Condition : 30 years old and above : Unlimited Mileage Mileage Condition

Limitation as to use\*

Use only for social, demestic and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for hire or reward, driving tution, driving test, racing, pace-mixing, reliability that 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 1800oc - 2000cc Optional

\* Limitations rendered inoperative by Section 8 of the Meter Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1997 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

## EXCESS

Section 5 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

NG MINYI (HUANG MINYI) - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Audi Customer Service Center, Add: 55 Util Road 1 Singapore 488699 63662323

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine 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 if unes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

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).

PREMIUM LEASING - KT

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.

SSPIRE

Occident report SS1Y221H000A