

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 Actual 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.
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	29/08/2022 16:35 (SGT)
Reported by	Both
Date of Accident	27/08/2022 22:30 (SGT)
Exact Location of Accident	100 Tyrwhitt Rd, Singapore 207542
Additional Location Information	JALAN BESAR STADIUM CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP5555T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YU XUEQIN
NRIC No	SXXXX139G
Email Address	amyyu1247@yahoo.com.sg
Mobile Phone No	(Phone) +65-86958555
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	SL400
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2996

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2070164046-01

DRIVER

Name of Driver	YU XUEQIN
NRIC No	SXXXX139G
Date Of Birth	23/11/1971
Occupation	Indoor

Date Of Driving Pass	20/07/2009
Driving experience	13 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-86958555
Alt. Phone Number	-
Email Address	amyyu1247@yahoo.com.sg
Address	BLOCK 29A TOH TUCK ROAD #03-25
Address complement	-
Postcode	596195
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	SHI QING YUN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF8191Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 Form must be completed by the Policyholder and/or the Actual 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.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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' lawyers/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 lawyers/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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

A: 3KPS5557

B: GBF 81917

Jalan Bariah

Stadium Langkat

Describe Circumstance of the Accident

My vehicle was parked at Jalan Bersah Stadium Carpark. I was in my car with my passenger preparing to move off. Before I could do that, vehicle (B) who was parked on my right started to move out. As vehicle (B) was exiting the lot, he suddenly came very close and collided onto my vehicle right side portion. I came down and realised that my door was damaged.

Declaration


I/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

Witnessed by Reporting Centre Personnel



29/08/2022

VEHICLE NO: 8CP55557MAKE & MODEL: Moreopolis SL400 AUTO / MANUAL

DATE OF ACCIDENT	<u>27 / 08 / 2022</u>		C.C. <u>2996</u>
TIME OF ACCIDENT	<u>02 30</u> AM / (PM)		
LOCATION OF ACCIDENT	<u>Jalan Borsah Stadium carpark</u>		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER	<u>Yu Xue Qin</u>		
EMAIL	<u>amy4u1247@yahoo.com.sg</u>	OFFICE:	MOBILE:
NRIC	<u>S71831396</u>		
CLAIM TYPE	OD / THIRTY PARTY / REPORTING ONLY		
FLEET POLICY	YES / NO?		
INCURENCE CO.	<u>AIG</u>		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.	<u>2070164046-01</u>		
NAME OF DRIVER	AS ABOVE / IF NO:		
NRIC			
DATE OF BIRTH	<u>23 / 11 / 1971</u>		
ANY PASSENGER	(YES) NO		
NAME OF PASSENGER	<u>Shi Qing Yun</u>		
GENDER OF PASSENGER	MALE / FEMALE		
OCCUPATION	Outdoor / Indoor		
DATE OF DRIVING PASS	<u>20 / 07 / 2009</u>		
GENDER	MALE / FEMALE		
CONTACT NO.	Mobile: <u>8695855</u>		Office: Home:
EMAIL			
ADDRESS	<u>Block 29A 7th Tuck Road #03-25 S(596195)</u>		
DOES DRIVER OWN OTHER VEHICLES?	(NO) If yes, Reg No:		INSURE:
RELATIONSHIP	Employee / If No: <u>Self</u>		
WEATHER CONDITION	Clear / Raining / Other:		
ROAD SURFACE	Dry / Wet / Other:		
ANY INJURIES	(No) If yes, Who?		
CONTACT NO.			
ROLICE REPORT	(No) If yes, Where?		
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who?		
VEHICLE B NO.	<u>GBP 8191 Z</u>	Any Passenger: <u>0</u>	
NAME			
CONTACT NO.			
VEHICLE C NO.	Any Passenger:		
VEHICLE D NO.	Any Passenger:		
VEHICLE E NO.	Any Passenger:		
VEHICLE F NO.	Any Passenger:		
ANY WITNESS			
WITNESS CONTACT NO.			
WAS THERE ANY VIDEO CAPTURE?	YES / (NO)		
WAS THERE ANY AUDIO RECORDED?	YES / (NO)		
SCENE ACCIDENT PHOTOS TAKEN?	YES / (NO)		
WHO IS REPORTING	DRIVER / OWNER / BOTH		
Original Language Used	English / Mandarin / Others:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / (NO)		



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : YU XUEQIN
Period of Insurance : 17 Dec 2021 To 16 Dec 2022
Engine No. : 27682530115265
Chassis No. : WDD2314652F032593

Vehicle No. : SKP5555T
Policy No. : 2070164046-01
Endorsement No. :
Issued Date : 03 Dec 2021

ABOUT THE COVER

Make/Model : MERCEDES BENZ SL400 CGI

Engine Capacity/Tonnage : 2,996.00 CC

Sum Insured : Market Value

First Year of Registration : 2014

Driver Restriction : NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

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 S\$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 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

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)

YU XUEQIN - \$3000 (Own Damage), \$3000 (Flood Cover), PEH YENG YOK - \$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 Agent's workshop. 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: Hin Lung Auto Pte 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).

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

0504576000

ARK INSURANCE AGENCY

3 HOY FATT ROAD

SINGAPORE 159504

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Gin Ven Chan