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 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.

- 4. The issue and acceptance of this is form by instrained 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 09/11/2022 14:41 (SGT) Reported by Date of Accident 09/11/2022 08:45 (SGT) Exact Location of Accident Woodlands Ave 6, Singapore Additional Location Information BEFORE WOODLANDS DRIVE 65 TRAFFIC LIGHT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Audi

1984

Vehicle Registration Number SMW8722Y

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIAW BENG CHUAN(LIAO MINGQUAN) NRIC No S7808304B Email Address bc liaw@yahoo.com.sg Mobile Phone No (Phone) +65-90238344 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model A5 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

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2070174725

DRIVER

CC

Name of Driver LIAW BENG CHUAN(LIAO MINGQUAN) NRIC No S7808304B Date Of Birth 29/03/1978 Occupation Indoor

Date Of Driving Pass 03/07/1997 Driving experience 25 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-90238344 Alt. Phone Number Email Address bc_liaw@yahoo.com.sg Address APT BLK 577 WOODLANDS DRIVE 16 #09-568 Address complement Postcode 730577 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? No 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? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name NA Gender **Female** DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 9 NOV 2022, AT ABOUT 0845HRS, I WAS DRIVING ALONG WOODLANDS AVENUE 6 BEFORE WOODLANDS DRIVE 65 TRAFFIC LIGHT. BOTH VEHICLE B AND VEHICLE A ARE STATIONARY WAITING FOR TRAFFIC LIGHT TO TURN GREEN. VEHICLE B START TO MOVE AND VEHICLE A START TO MOVE ALSO. VEHICLE B SUDDENLY BRAKE AND VEHICLE A HIT ON THE REAR OF VEHICLE B. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

SMA4713R

Vehicle Registration Number

Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car
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)	-



CERTIFICATE OF INSURANCE

Endorsement No.

AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : LIAW BENG CHUAN (LIAO MINGQUAN) Vehicle No. : SMW8722Y : 15 Dec 2020 To 14 Dec 2022 Policy No. Period of Insurance : 2070174725

: DEM 027183 Engine No.

Chassis No. : WAUZZZF52MA011924 Issued Date : 18 Dec 2020

ABOUT THE COVER

Make/Model : AUDI A5 SPORTBACK 2.0 TFSI S TRONIC

Engine Capacity/Tonnage : 1,984.00 CC Sum Insured : Market Value First Year of Registration : 2020 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 helshe 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 - \$1600 Theft - \$0 Flood Cover - \$1600

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

LIAW BENG CHUAN (LIAO MINGQUAN) - \$1600 (Own Damage), \$1600 (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: DBS BANK 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 Act, 1987 (Malaysia), Road Transport Act, 1987 (Malaysia).

0504125264

AIG

PREMIUM LEASING -QKT

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.

Steffany Loh



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 Authorised Driver.
- 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.
- 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:
 - (i) 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		
A: SMW8722H		
11 3/1W 1 122/4	10	
B: 2WV 113 15.		
	[8]	
	Line in the later	
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
On 9 Nw 2012	. At about 0845 hs. I was draining	along madfunds he 6 before
umadlende Dea CE	took with Both Ba a	is statismus alfas 1
LA ILI	t to a comment of	is stationary mailing for to move & A start to, of which B.
traggic ight	o Turn green - B Starl	To move k H start to,
B sudderly be	alce K A hit on the rea	of vehicle B.
V		
DECLARATION		
DECLARATION I/We declare the foregoing par	ticulars are true in every respect.	
		Y
A-		
Policyholder's Signature	Driver's Signature	Popular Control Province
Date & Time:	(If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
	Date & Time:	NRIC/FIN No.:



















