

NATIONAL Assessment Centre Services (011 4 240 451)

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	20/03/2023 14:59 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/03/2023 16:30 (SGT)
Exact Location of Accident	160 Sin Ming Dr, Singapore 575722
Additional Location Information	#01-14 AUTOCITY (575722)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG168J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIANG YUE
NRIC No	SXXXX779Z
Email Address	stevencrooger@gmail.com
Mobile Phone No	(Phone) +65-91333876
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Bentley
Model	Continental
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	5998

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220109252

DRIVER

Name of Driver	LIANG YUE
NRIC No	SXXXX779Z
Date Of Birth	04/05/1991
Occupation	Indoor

Date Of Driving Pass	10/08/2021
Driving experience	1 YEAR AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91333876
Alt. Phone Number	-
Email Address	stevencrooger@gmail.com
Address	10 SUFFOLK ROAD #11-03
Address complement	-
Postcode	307786
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

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)	0
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	-

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	YL7313S
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

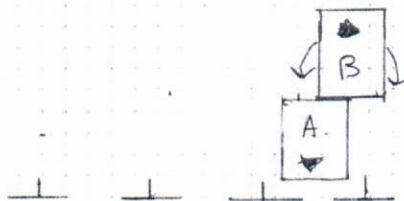
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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. 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' 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

Sketch Plan


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

 20/03/2023
Witnessed by Reporting Centre Personnel
(Name as in Nric/ID card)



Vehicle A - SMG 168J
Vehicle B - YL 73135

160 Sin Ming Autocity
#01-14
S575722

Describe Circumstances of the Accident

On the stated date and time. My vehicle was parked stationary on the stated location. due to my vehicle was doing repair work Changing of radiator. I received a call from my workshop informing me that a Tow truck was reversing into the parking lot and accidentally ~~is~~ collided onto the rear left portion of my vehicle.

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

 20/03/2023
Witnessed by Reporting Centre Personnel

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	17-Mar-2023	Time of Accident:	1630
Exact Location:	160 SinMing Autocity 01-14 S575722		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	SMG 168 J	NRIC / FIN / Passport no:	S9183779Z
Name of Registered Owner:	LIANG YUE		
Owner's Email:	Stevencrooger@gmail.com		
Owner's Address:	10 SUKKOLK ROAD #11-03 S307786		
Vehicle Make:	BENTLEY	Vehicle Model:	FLYING SPUR
Engine Capacity (cc):	6.0	Transmission:	Auto / Manual
Type of Claim:	Own Damage / Third Party / Reporting Only		
Vehicle Category:	Private / Commercial / Motorcycle / Private Hire		
Name of Insurance Co:	AIG		
Type of Policy:	Comprehensive / Third Party / Third Party, Fire & Theft		
Policy Number:	7220109252		

DRIVER			
Name of Driver:	<input checked="" type="checkbox"/> same as Owner		
NRIC / FIN / Passport no:		Date of Birth:	04/05/1991
Occupation:	Indoor / Outdoor	Driving Pass Date:	10/08/2021
Contact Number:	9133 3876	Gender:	Male / Female
Address:	10 SUKKOLK ROAD #11-03 (307786)		
Relationship with Owner:	Owner / Employee / Spouse / Child / Hirer / Others:		
Translator Name:		Translator NRIC:	
Translator Contact No:		Translator email:	

GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others:		
Weather Condition:	Clear / Raining / Others:	Road Surface:	Dry / Wet
Video available:	Yes / No		
Was anybody injured?	Yes / No	Police Report Made?	Yes / No
No. of passenger onboard (including driver):	0		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	YL 7313 S		
Vehicle Make / Model:			
Name of Driver:			
NRIC / FIN / Passport no:			
Contact Number:			
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.



Signature of Driver

Date and time



CERTIFICATE OF INSURANCE

LUXURY PRIME AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Liang Yue
Period of Insurance : 22 Sep 2022 To 21 Sep 2023
Engine No. : BWR001974
Chassis No. : SCBBE53W97C041780

Vehicle No. : SMG168J
Policy No. : 7220109252
Endorsement No. :
Issued Date : 22 Sep 2022 14:06

ABOUT THE COVER

Make/Model : BENTLEY CONTINENTAL FLYINGSPUR
Engine Capacity/Tonnage : 5,998.00 CC Sum Insured : 142000
Driver Restriction : Named Driver Basis Off Peak Car : No
First Year of Registration : 2006
Person or Classes of Persons Entitled to Drive* : Insuring with COE/PARF : Yes

a) The Policyholder
b) Any person who is named as a "named driver" under this Policy.

Age Condition : Not Applicable 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

* 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 - \$14000 Theft - \$0 Theft Outside Singapore Cover - \$28000 Flood Cover - \$14000

Section 2

Property Damage - \$0

Windscreen : \$1000

Named Driver and Excess (where applicable)

Liang Yue - \$14000 (Own Damage) \$28000 (Theft Outside Singapore Cover), \$14000 (Flood Cover)

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

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For 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: ZW CAPITAL 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).

0030305222

G&M PTE LTD - LUXP

20 ANSON ROAD #07-01 TWENTY ANSON

SINGAPORE 079912

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Shu Ting Tan