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SN08235F0005-02 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 15/05/2023 18:16 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 3 (16/05/2023 10:16 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

15/05/2023 18:16 (SGT) Both Policyholder and Actual Driver 14/05/2023 12:15 (SGT) Crawford St, Singapore TOWARDS LAVENDER STREET Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SNB7700R

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No

No KHIEW YONG MENG SXXXX077J meng2707@gmail.com (Phone) +65-96216565

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model Variant

Porsche Boxster

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?

Vehicle Category Transmission

CC

Private use

No - Claiming third party Private car

Auto 2893

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number AIG Asia Pacific Insurance Pte. Ltd. 7220054739

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

KHIEW YONG MENG SXXXX077J 27/07/1979 Indoor



Date Of Driving Pass	07/05/1998
Driving experience	25 YEARS
Gender	Male
	(Phone) +65-96216565
Alt. Phone Number	mana2707@amail.com
Email Address	meng2707@gmail.com 51 KAMPONG BUGIS #17-09
Address	51 KAMPONG BUGIS #17-09
Address complement	
Postcode	338986
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	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
Was any other vehicle of property damaged:	1
Number of Passengers (Including Driver)	3.
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 pnone number	
Translator's email	
Original language used in the statement	-
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was the accident reported to the police? Was notice of intended Prosecution given?	
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?	Yes
DETAILS OF OTH	ER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV167U
Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	-
Vehicle Category	NA / Unknown
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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be <u>completed by the Policyholder and/or the Authorised Driver</u>.
- 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. 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.
- Consent under the Personal Data Protection Act (PDPA)

l 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) w ho 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.
- (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 Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident
on 14.05.2023 at about 12:15hrs, I was foulling dong
CRAWFORD Street Powards Lander street. While heading straight, all of a
andden a which styloty on my left hake a sudden fun and
collided outo mo fout Lt side portion. That's all.

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

Witnessed by Reporting Centre Personnel



Date of Accident	: 14.05.2023 Accident Time: 12:15/11 (24-HR-Format)
Accident Place	: CRAW FORD great Towards Lavonder street
Vehicle. No. (Car Plate No.)	: SNB 7700R Make/Model: POYSCHE BOXSTER POK 2.9LSMT
Insurace Company	: A16 Policy No: 7 220054739
Owner or Company Name /IC No.	: KHIEW YORE NEVE (S7970077J)
Owner or Company Contact No.	:Owner's Hp 96216565 Company Tel
DRIVER'S Name / IC No.	: ram as abae
DRIVER'S Date Of Birth	: 27-07-1979 DRIVER'S License Pass Date 57-05. 1998
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Where
DRIVER'S Address	: 51 Kampone Busis #17-09 s(338986)
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: Meng 2707@gmail.com
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Di	river): My Only
Was there any video Captured by ca Exact purpose for which vehicle was Any Injury (If YES, Pls state):	being used at the time of accident: Private use \ Work purpose
Other P	arty Driver's Particular (if any)
Vehicle. No: SLV 1674	Vehicle. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	

* NEW - Passenger's name & gender:



CERTIFICATE OF INSURANCE

ELITE AUTOPLAN PRIVATE VEHICLE

Name of Policyholder

: Khiew Yong Meng

Period of Insurance

: 29 Jul 2022 To 28 Jul 2023

Engine No.

: B50252

Chassis No.

: WP0ZZZ98ZBS701002

: Named Driver Basis

Vehicle No.

: SNB7700R : 7220054739

Policy No. **Endorsement No.**

Issued Date

: 21 Jul 2022 12:40

ABOUT THE COVER

Make/Model

: PORSCHE BOXSTER 2.9A

Engine Capacity/Tonnage : 2,893.00 CC

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2011

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder

Driver Restriction

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 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 - \$4000 Theft - \$0 Theft Outside Singapore Cover - \$8000 Flood Cover - \$4000

Property Damage - \$0

Windscreen: \$500

Named Driver and Excess (where applicable)

Khiew Yong Meng - \$4000 (Own Damage) \$8000 (Theft Outside Singapore Cover), \$4000 (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: Maybank Singapore 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), Pa t IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0030305650

G&M PTE LTD - CDC (TRF)

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.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	077J
Vehicle Details	
Vehicle No.:	SNB7700R
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Jul 2023
Vehicle Make:	PORSCHE
Vehicle Model:	BOXSTER PDK 2.9L SMT ABS AB 2WD 2DR HID
Primary Colour:	White
Secondary Colour:	Black
Manufacturing Year:	2010
Engine No.:	B50252
Chassis No.:	WP0ZZZ98ZBS701002
Maximum Power Output:	188.0 kW (252 bhp)
Open Market Value:	\$68,082.00
Original Registration Date:	28 Jul 2011
First Registration Date:	28 Jul 2011
Transfer Count:	3
Actual ARF Paid:	\$68,082.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	27 Jul 2031
COE Category:	E - Open Category
COE Period(Years):	10
PQP Paid:	\$57,955.00
COE Rebate Amount:	\$46,660.00
Total Rebate Amount:	\$46,660.00
The information contained herein is correct as at 15 May 2023	

The information contained herein is correct as at 15 May 2023



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: _ Name (as shown in NRIC): KHEW YONG MEMS_ NRIC/FIN/Passport No: ___ (*Vehicle Driver/Policyholder) (*) Please delete as appropriate Singapore (Address: Contact (Tel):_____ Mobile No.: __ Email Address: _ Date of Accident: 14 05 702 _____ Time of Accident: ___ Insurance Company: (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: To CRAWFORD STRUKT ZOWARDS LAUFRIDER ST

Policyholder /	Actual	Driver's	Signature
Date:			

Reporting Centre Personnel's Signature Name (as in NRIC/ID card):

Date: