

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	31/05/2023 13:00 (SGT)
Reported by	Actual Driver
Date of Accident	30/05/2023 21:30 (SGT)
Exact Location of Accident	Scotts Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC5765Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WONG CHIN JUNG (HUANG JINRONG)
NRIC No	SXXXX459I
Email Address	lowtingting@gmail.com
Mobile Phone No	(Phone) +65-98452519
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A5
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	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1800074188-03

DRIVER

Name of Driver	LOW TING TING
NRIC No	SXXXX591J
Date Of Birth	08/10/1981
Occupation	Indoor

Date Of Driving Pass	12/04/2002
Driving experience	21 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-98756587
Alt. Phone Number	-
Email Address	lowtingting@gmail.com
Address	13 HILLCREST ROAD
Address complement	-
Postcode	286731
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 on collision
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)	1
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	SLM3930K
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) -

SKETCH PLAN

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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.

[Signature]
31/5/23

Policyholder's Signature / Date & Time

[Signature]

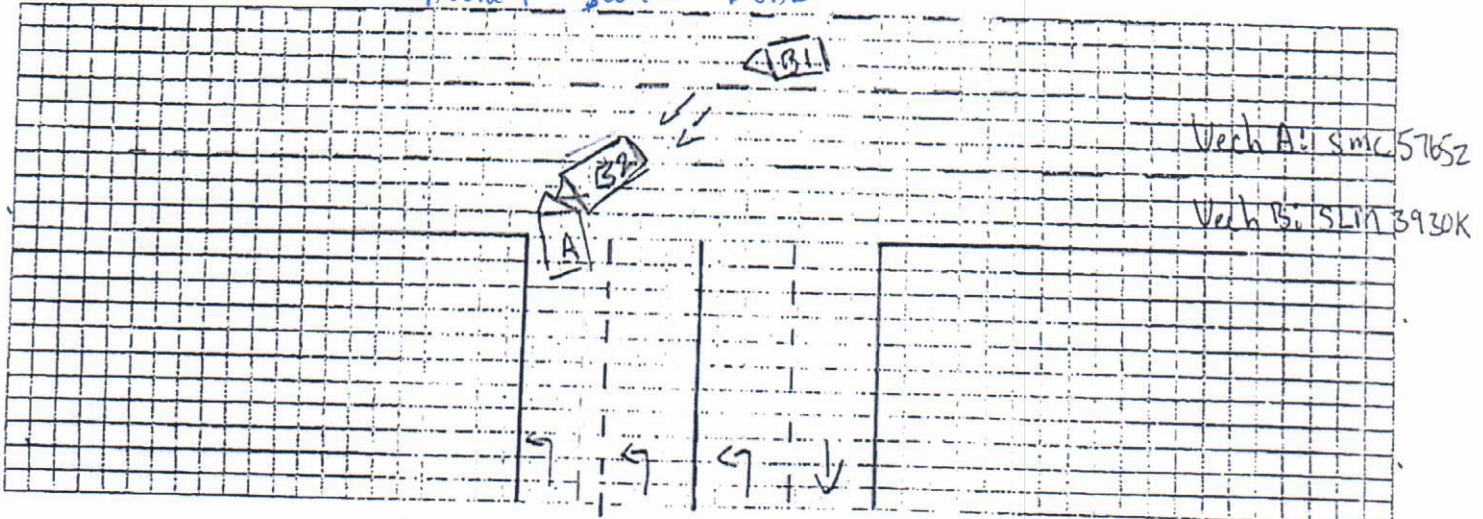
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]
31/05/2023

Witnessed by Reporting Centre Personnel

Sketch Plan

Along Scotts Road




Describe Circumstances of the Accident

On the stated date & time, I was driving to exit on to the main Road (Scott Road), while I was looking out for the traffic on the main Road suddenly a car cut across 3 lane and hit onto my car front partition.

Declaration

We declare the foregoing particulars are true in every respect.

 31/5/23

Policyholder's Signature / Date & Time



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

 31/05/2023

Witnessed by Reporting Centre Personnel

VEHICLE NO: SMC57652

MAKE & MODEL: Audi A5

AUTO / MANUAL

DATE OF ACCIDENT	30 / 05 / 2023	*C.C. 2000
TIME OF ACCIDENT	9:20 AM / (PM)	
LOCATION OF ACCIDENT	Along Scott Road	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Wong Chin Jung	
EMAIL	Seijay@hotmail.com	MOBILE 9845 2519
NRIC	S80164591	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY.	YES / <u>NO</u> ?	
INSURANCE CO.	AIG	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	150007498-03	
NAME OF DRIVER	LAW TING TING	
NRIC	S8178591	
DATE OF BIRTH	08 / 10 / 1981	
ANY PASSENGER	YES / <u>NO</u> :	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	12 / 04 / 2002	
GENDER	Male / Female	
CONTACT NO.	Mobile 98756587	Office
EMAIL	lowtingting@gmail.com	
ADDRESS	13 Hillcrest Road S786731	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No.	INSURER.
RELATIONSHIP	Employee / If No, owner	
WEATHER CONDITION	<u>Clear</u> / Raining / Other.	
ROAD SURFACE	<u>Dry</u> / Wet / Other.	
ANY INJURIES	<u>NO</u> / If yes, Who?	
CONVEYED BY AMBULANCE	<u>NO</u> / If yes, Who?	
POLICE REPORT	<u>NO</u> / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN	NO / IF YES, WHO?	
VEHICLE B NO.	SLM 3930K	Any Passenger.
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 / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES</u> / NO	
Who is Reporting	Driver / <u>Owner</u> / Both	
Original Language Used	English / <u>Mandarin</u> / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	



CERTIFICATE OF INSURANCE



AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : WONG CHIN JUNG (HUANG JINRONG)
Period of Insurance : 10 Jul 2022 To 09 Jul 2023
Engine No. : CVK063155
Chassis No. : WAUZZZF56JA106126

Vehicle No. : SMC5765Z
Policy No. : 1800074188-03
Endorsement No. :
Issued Date : 30 May 2022 22:43

ABOUT THE COVER

Make/Model : AUDI A5 Sportback 2.0TFSI S Tronic (Design)
Engine Capacity/Tonnage : 1,984.00 CC
Driver Restriction : NA
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.

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2018
Insuring with COE/PARF : Yes

You have to pay an additional sum of S\$53,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 35 years old and above

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)

WONG CHIN JUNG (HUANG JINRONG) - \$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: NA

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).

0504125259

PREMIUM LEASING -PSHS

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE
 SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

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