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# SINGAPORE ACCIDENT STATEMENT

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

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

03/07/2023 16:58 (SGT) Both Policyholder and Actual Driver 28/06/2023 21:00 (SGT) 17 Balmoral Rd, Singapore 259803 CAR PARK Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGG5454X 1000年1月1日 · 1000

INSURED/POLICYHOLDER

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

Mobile Phone No Alternative Phone No No ANG YIT BENG , BRENDAN SXXXX565J fullstop423@gmail.com (Phone) +65-96730837

### VEHICLE PARTICULARS

Manufacturer Model 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?

Vehicle Category Transmission CC

Porsche

with the first of the

Private use

No - Claiming third party Private car Auto 3800

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd. 7220147033

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

ANG YIT BENG , BRENDAN SXXXX565J 05/11/1985 Indoor

Date Of Driving Pass 24/02/2004 Driving experience 19 YEARS AND 4 MONTHS Gender Male Mobile Number (Phone) +65-96730837 Alt. Phone Number Email Address fullstop423@gmail.com Address 17 BALMORAL ROAD #06-06 Address complement Postcode 259803 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 SNJ5917D 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

## 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.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:

Reporting Centre Personnel's Signature

auen.

Name:

NRIC/FIN No .:

SKETCH PLAN	17 Balmoral Rd	Cor Park
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SGG S454X SNJ S917D		

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT			
At mentioned Date and I	ine	/ (	Nos
parking at 17 Balmoral Rd car	park	who	en (
taking my vehicle (A), I'm rece	ive	a le,	rer,
vehicle (B) SNJ S917D Owner Soy	Lis	hit	into
my front portions.			
		-	
A	: SGG	5454	X
13?	SNJ	5917D	
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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Personal Particulars of Owner & Driver (Vehicle A)
Date of Accident: 28 / 06/2023 (dd/mm/yy)  Time of Accident: 21: 00 (24-HR-FORMAT)
Vehicle No.: SUG STSTA Vehicle Make & Model: PORCHE 411 (370)
Exact location of Accident: 17 Balmural Rd Car Park
Policyholder's Name: Any Vit Berg I/C/UEN: S\$533565J
Driver's Name / IC No.:(As Above)
Driver's Address:
Email address: Fullstop 423 16g mail Com Insurance Company: A16
Relationship between Owner & Driver: (Please CIRCLE one only)  Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one only)
Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?  Occupation (nature of job)  Indoor/  Outdoor
Private use / Work purpose *No. of Passengers (Including Driver):
Passanger Name: Gender: Male / Female *Passanger
lame.
Weather condition & Road conditions? (On the day of accident)
fame: Gender: Male / Female
Gender: Male / Female  Weather condition & Road conditions? (On the day of accident)  Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:  Vas there any video captured by your Car Camera? Yes / No
Weather condition & Road conditions? (On the day of accident)  Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:  Vas there any video captured by your Car Camera? Yes / No  No No (If YES) Injured Person' Name:  Injuries Sustain:  Injured Person in Which Vehicle:
Gender: Male / Female
Gender: Male / Female
Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)  Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:  Vas there any video captured by your Car Camera? Yes / No  ny Injuries: Yes / No (If YES) Injured Person' Name:  njuries Sustain: Injured Person in Which Vehicle:  Olice Report filed: Yes / No (If YES) Which Police Station:  The Other Party(s) Details:  Driver's Name / IC No: Vehicle No: SW 59/7D  Driver's Contact No: Insurance Company:
Gender:   Male / Female
Gender: Male / Female
Gender:   Male / Female

Email: Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.



## CERTIFICATE OF INSURANCE

## LUXURY PRIME AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Ang Yit Beng, Brendan

Period of Insurance : 08 Feb 2023 To 07 Feb 2024

Engine No.

: MA103D00919

Chassis No. : WP0ZZZ99ZDS145197 Vehicle No.

: SGG5454X

Policy No.

: 7220147033

Endorsement No. : 000000000478350

Issued Date

: 31 Dec 2022 14:13

## ABOUT THE COVER

Make/Model

PORSCHE 911 CARRERA S CABRIOLET

Engine Capacity/Tonnage : 3,800.00 CC Driver Restriction : Named Driver Basis

Sum Insured : 279000 Off Peak Car : No

First Year of Registration : 2013

Insuring with COE/PARF . Yes

Person or Classes of Persons Entitled to Drive\*:

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

Age Condition

: Not Applicable

Mileage Condition

Unlimited Mileage

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 final 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

Limitation as to use\* :

\* Unitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960. Section 95 of the Road Transport Act. 1987 (Malaysia) and Road Transport Act. 1987 (Malays

### 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)

Ang Ya Beng, Brandan - \$4003 (Over Damage) \$5003 (Theft Outside Singapore Cover), \$4000 (Flood Gover), Tan Boi Zhen (Chen Beizhen) - \$4000 (Own Damage) \$8000 (Theft Outside Singapore Cover), \$4000 (Over Damage) \$8000

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

Any accordent repairs to the Vietnide 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 hotime at +65 6338 6200. Altern Mobile App. Simply search and download "AIG SG" from Apple App Store or Google Play Store.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OCBC 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 1960, Part IV of the Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0030305111

EAZY PTE LTD - LUXP (TRF)

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

20 ANSON ROAD #07-01 TWENTY ANSON SINGAPORE 079912

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.