SC20249C0005 / CYCLE & CARRIAGE INDUSTRIES PTE LTD ENTRY DATE & TIME: 12/09/2024 15:58 (SGT) SUBMITTED BY: HO WIE LIH VERSION: 1 (12/09/2024 15:58 (SGT))



#### 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.

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 First Submission12/09/2024 15:58 (SGT)Reported byBoth Policyholder and Actual DriverDate of Accident11/09/2024 11:18 (SGT)Exact Location of AccidentSingaporeAdditional Location InformationCHAI CHEE DRIVECountry/State of LossSingapore

### **DETAILS OF OWN VEHICLE**

Mercedes

C200

Vehicle Registration Number SKZ1550E

#### INSURED/POLICYHOLDER

Is company?

No
Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

(Phone) +65-90055028

Alternative Phone No .....

Manufacturer

#### VEHICLE PARTICULARS

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? Yes Vehicle Category Private car Transmission Auto

ransmission Auto

Vehicle Fuel - 04/01/2016

Chassis no WDD2050422R122169

Effective Date/Time of Ownership ......

#### INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.

Policy Number / Cover Note Number B300915912QMY

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	LIM TAU LIANG TERENCE \$8012724C 19/04/1980 Indoor 06/04/2001 2B/2A & 3 Valid 23 YEARS AND 5 MONTHS Male (Phone) +65-90055028 - terencelim@exporthouse.net 16 IPOH LANE #04-05 - 438620 Yes -
Vehicle Registration Number of Other Vehicle Owned by Driver  Insurance Company of Other Vehicle Owned by Driver	No -
insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Fire, explosion or lightning Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	-
Was the accident reported to the police?	Na
Was notice of intended Prosecution given?  If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACHMENT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised 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
- 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)

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) 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' 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
- (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 invoive 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' 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. DID: 6771 4336 HP . 9181 7717

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date Cus Wilnessed by Reporting Centre

Cycle & Carriage Industries Pie Lid ar loc Centre bandan Food Personnel

Email: chechan.go/ajcyclecarriage.com.sg

Sketch Plan

## Describe Circumstances of the Accident

At about 10.30am I was driving to my office from fullerton hotel
As I was waiting at Siglap road traffic light junction I saw my dashboard prompt temperature heating.

I drove to nearest road side to stop my car, after engine switched off I saw smoke coming out and I used water to splash on the smoke area.

Policeman came and help me to use fire extinguisher.

SCDF came after.

#### Declaration

We declare the foregoing particulars are true in every respect.

Mish Harle Mark

Policyholder's Signature / Date & Time

Go Chee Han

One of the Paramage Com-se

DID: 6771 4336 HP: 9181 7717

DID: 6771 4336 HP: 9181 7717

DID: 6771 4336 HP: 9181 7717

Email: cheekan go@cyclecarriage com-se

Email: cheekan go@cyclecarriage pandan Loop

Email: cheekan go@cyclecarriage pandan Loop

Email: cheekan go@cyclecarriage pandan Loop

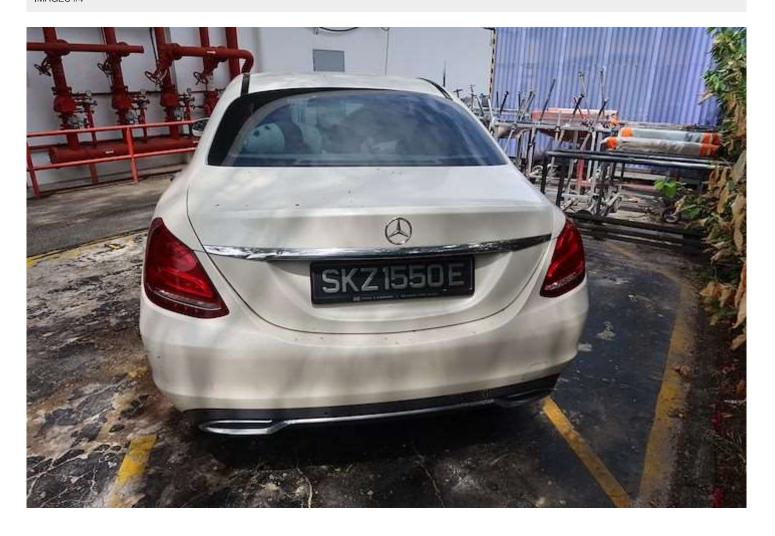
Email: cheekan go@cyclecarriage com-se

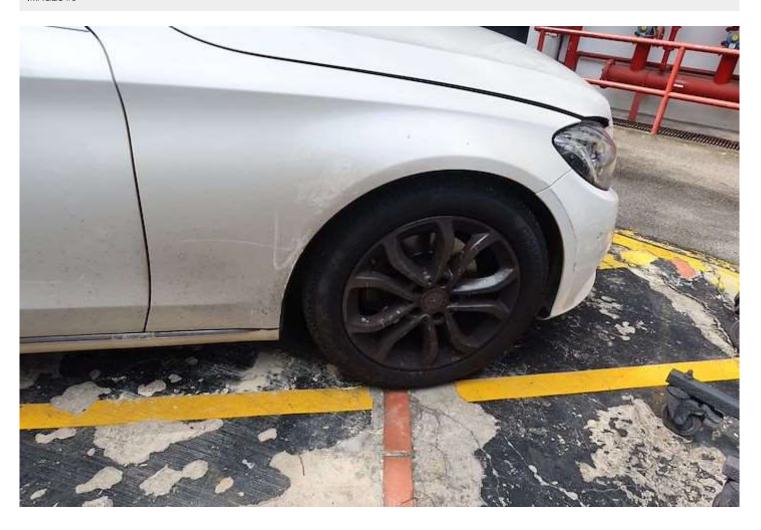
Email: cheekan go@cy



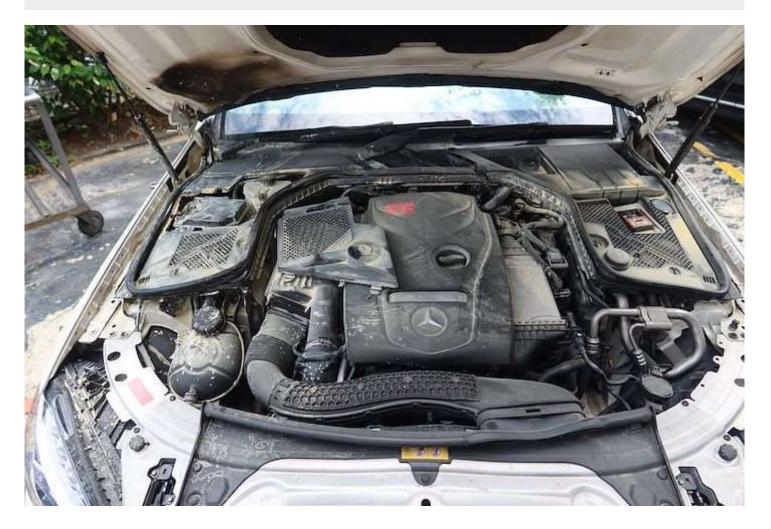




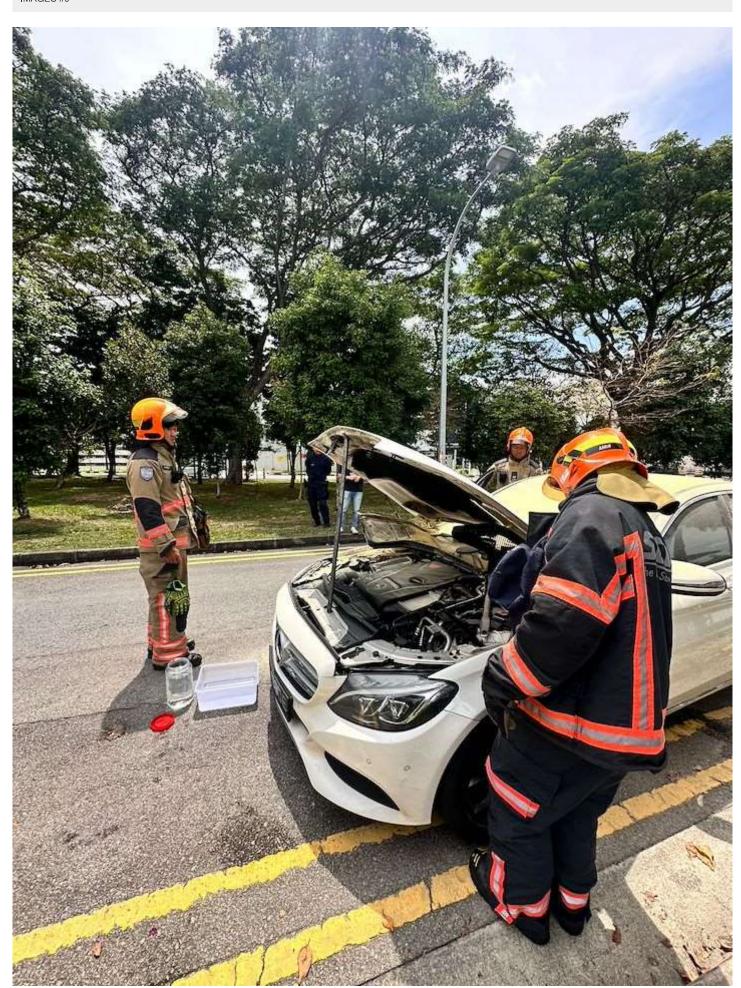














MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 7888 Co.Reg No. 200412212G GST Reg. No. 20-0412212G A Member of MS&AD INSURANCE GROUP

## MOTORMAX PLUS

RENEWAL CERTIFICATE

## POLICYHOLDER INFORMATION

Name

: Lim Tau Liang Terence

Date of Issue

: 18/06/2024

Address

: 16 lpoh Lane

Policy No.

: B 300915912 QMY

#04-05

Account No.

: 81 Period of Insurance: 04/07/2024 to 03/07/2025

Singapore 438620

Premium

: SGD1,922.40

(inclusive of GST)

RISK NUMBER 1

Insured Details

Registration No. Make/Model

: SKZ1550E

: Mercedes Benz C200 AVANTGARDE Capacity

Year of Registration : 2016

: 1991 C.C.

(R17 LED) : 27492030478461

Seating Capacity

: 05 (Incl. Driver)

Engine No. Chassis No.

: WDD2050422R122169

Off-peak Car

: No

Financial Interest

: Toyota Financial Services Singapore Pte. Ltd. as Hire Purchase Owners

Coverage Details

Type of Cover

: Comprehensive

Sum Insured

Windscreen

: Unlimited

Windscreen Excess

: Market Value at the Time of Loss

No Claim Discount

: 50%

**NCD Protector** 

: SGD100

Annual Premium

: SGD1,763.67

**Excess Waiver** 

: Covered : No

Excess

: 5GD750 (Own Damage Excess)

Authorized Driver(s) : Lim Tau Llang Terence

Any other person provided he is driving on the Policyholder's order or with the Policyholder's

Limitations As To Use: Use only for social domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

# Clauses/Endorsements applicable to the above Risk

This Policy extends to include the following endorsements and clauses subject otherwise to the terms conditions and exceptions/exclusions of this Policy:

# Automobile And Medical Assistance Services Endorsement

The Automobile and Emergency Medical Evacuation and Repatriation Assistance Services are arranged by Us through Our appointed assistance company to assist You in an emergency caused by or arising out of the use of the Insured Vehicle within the Geographical Area unless otherwise stated.

The caller will be required to always identify themselves by their full name and Policy number.

MSIG 24 HOUR EMERGENCY HELPLINE