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 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.

- 4. The issue and acceptance of this is form by instrained 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 Submission 13/09/2024 10:10 (SGT) Reported by Date of Accident 12/09/2024 12:10 (SGT) Exact Location of Accident Singapore Additional Location Information 17 PHILLIPS AVENUE S'PORE 546944 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG7203G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MAH YOKE SIM NRIC No S0481011B Email Address yokesim17@yahoo.com.sg Mobile Phone No (Phone) +65-96300028 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Model A180 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? No - Reporting only Vehicle Category Private car Transmission Auto CC 1595 Vehicle Fuel First Regisration Date 12/10/2016 Chassis no WDD1760422J474268 Effective Date/Time of Ownership 12/10/2016 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2100485523-07

DRIVER

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 Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	SUNG SIO MA S1842259Z 06/09/1942 Indoor 17/05/1968 3 Valid 56 YEARS AND 4 MONTHS Male (Phone) +65-98221717 - sungsim@singnet.com.sg 17 PHILLIPS AVENUE - 546944 No Spouse No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear 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	-
DETAILS OF POLICE ACTION	
Was the accident reported to the police? 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
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vahiola Bagistration Number	ONDIGICAL

SNP1219E Toyota

Vehicle Registration Number
Vehicle Manufacturer

-
-
-
Private car
-
-
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-
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-
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SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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
- 5. Any false reporting may be referred to the Police for investigation.
- 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
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/for 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' lawyera/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - 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
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the
- 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 (b)
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed;
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time 12 56 1784

4pm

Reporting Centre Personnel's

Name:

Cycle & Carriage Industries Pte Ltd

Version 1.3 | Updated 02 DEC 2020

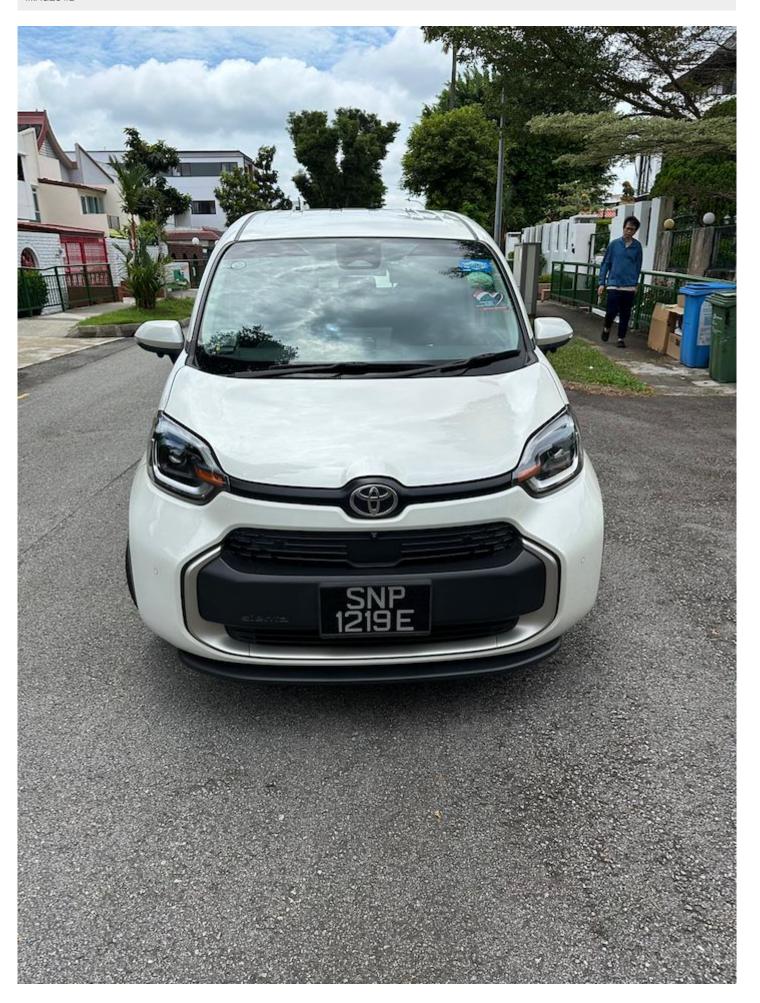
SKETCH PLAN HOME 17 PHILE 1905 AVE SLG 7203 G (Reverse) PHILLIPS AVENUEC DESCRIBE CIRCUMSTANCES OF THE ACCIDENT FOR PASSENGERS On 12 Sept at about 12-10 pm, 9 was reversing into Phillips Avenue through my front go to.
I stopped and seeing no traffic toming

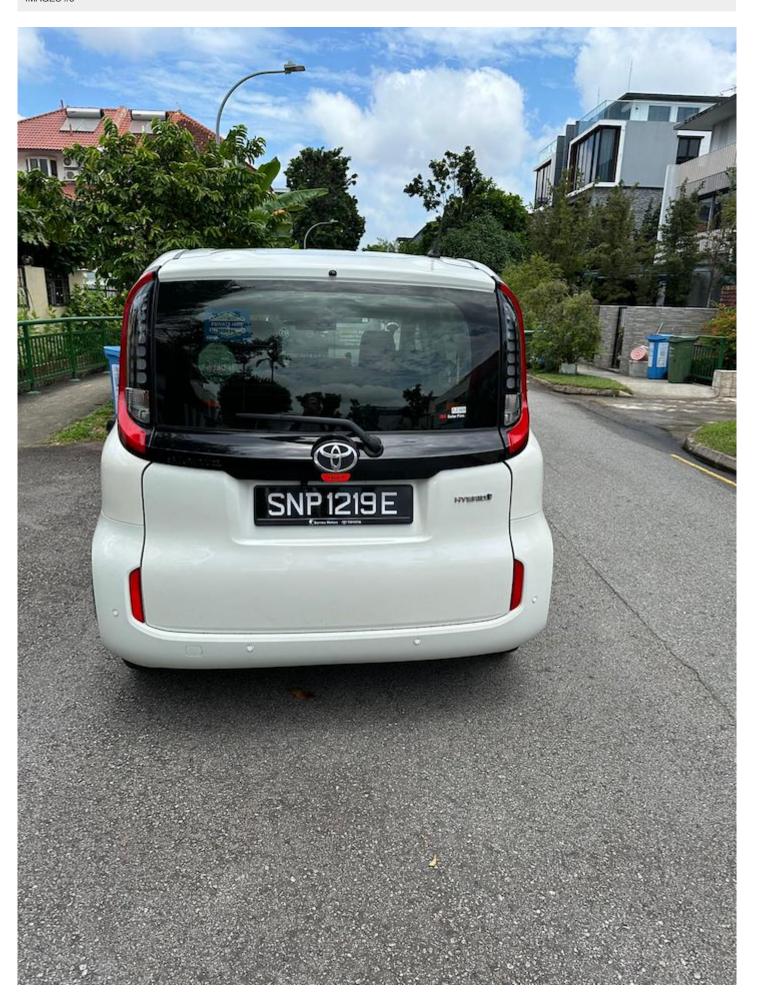
" continued and suddenly heard a

Bang". Then or realized that the car which

end stationary kit. Dothe driver get down,
and I asked the other male driver why poped in the middle of the road. He was dropping parrengerator the driver disapposed red with out Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, particular your insurance company will not allow nor accept the claim. (Please contact your insurance company for any further details) Policyholder's Signature Driver's Signature Date & Time Reporting Centre Personnel's (If driver is not the policyholder) Name: Date & Time /2/9/2024 Cycle & Carriage Industries Pte Ltd Version 1.3 | Updated 02 DEC 2020







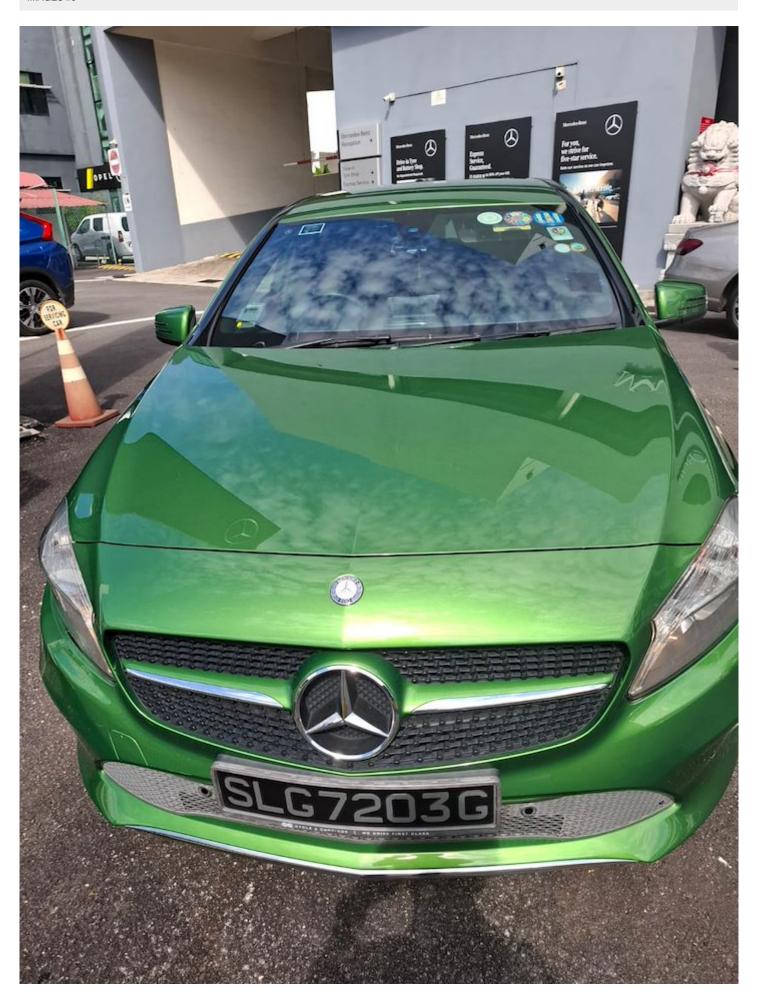












CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Mah Yoke Sim

Period of Insurance Engine/Motor No.

: 12 Oct 2023 To 11 Oct 2024

Chassis No.

: 27091030991018 : WDD1760422J474268 Vehicle No.

: SLG7203G

Policy No.

: 2100485523-07

Endorsement No. Issued Date

: 28 Aug 2023 14:56

ABOUT THE COVER

Make/Model

: MERCEDES BENZ A180 BE STYLE

Engine Capacity/Tonnage : 1,595.00 CC

Sum Insured : Market Value

Driver Restriction : NA

Off Peak Car : No

First Year of Registration : 2016

Insuring with COE/PARF : Yes

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.

You have to pay an additional sum of \$\$\$3,000 as "Young and/or inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less

: All Age Condition

Mileage Condition

: Unlimited Mileage

Limitation as to use* :

Use only for social coverage.

Use only for social contests and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving tustion, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with Motor Trade.

* Limitations rendered insperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, Section 95 of the Road Transport Act, 1967 (Malaysia) and Road Transport Act, 1967 (Malay

EXCESS

Section 1 Fire - \$0 Own Damage - \$1800 Theft - \$0 Flood Cover - \$1800

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Mah Yoke Sim - \$1800 (Own Damage), \$1800 (Flood Cover)

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

1. Cycle & Carriage Euros Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818
2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128378 62061818

For other Approved Reporting Centres/AliG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AliG website www.aig.sg or AliG SG Mobile App. Simply search and download "AliG SG" from Apple App Store or Google Play Store.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Mercedes-Benz Financial Services Singapore Ltd.

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 Act, 1967 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia).

0504380210

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2019

CYCLE & CARRIAGE - CHRISL

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature,