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 22/11/2024 10:34 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 21/11/2024 18:15 (SGT) Exact Location of Accident Singapore Additional Location Information MOUNT ELIZABETH Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

28/03/2024 00:00 (SGT)

Vehicle Registration Number **SLK2112Y**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner WONG CHIUNG ING NRIC No S7482723C Email Address ciwong@hotmail.com Mobile Phone No (Phone) +65-96623112 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Model GLC300 Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to Yes your vehicle? Vehicle Category Private car Transmission Auto CC 1999 Vehicle Fuel First Regisration Date 28/03/2024 Chassis no W1N2543472F1094951

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7240046317

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 complement Postcode Is the driver the policyholder?	WONG CHIUNG ING \$7482723C 05/08/1974 Indoor 30/11/2002 3 Valid 22 YEARS Female (Phone) +65-96623112 - ciwong@hotmail.com 977 BUKIT TIMAH RPAD #08-35 - 589626 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 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? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No -
REFER TO ATTACHMENT	
ATTACHMENT(S)	
Are accident photos available for attachment?	Vec

Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMR5479X
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Attrage
Vehicle Variant	-
Vehicle Colour	Black
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

- Please report <u>correctly</u> 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
- 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.
- 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 ladgement 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 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
- (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. Go Chee Han DID: 6771 4336 HP: 9181 7717

Policyholder's Signature / Date & Time

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

Email: cheehan.go@cyclecarriage.com.sg Email: cheehan.go@cyclecarriage.com.ss

Email: cheehan.go@cyclecarriage.com.ss

Cycle & Carriage Industries Pte Ltd

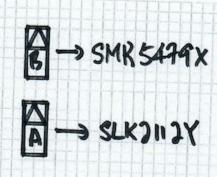
Cycle & Carriage Centre - Pandan Leep

Cycle & Service Centre - Pandan Leep

Witnessed by Reporting Centre

Personnel

Sketch Plan



Describe Circumstances of the Accident	
REFER TO POLICE REPORT: T/20241121/71	50
3	
claration	
declare the foregoing particulars are true in every respect.	Han , 7717
A second and the in every respect.	Go Chee Han ODD: 6771 4336 HP: 91817717 DID: 6771 4336 HP: 9181 Pte Ltd Email: cheehan.go@cyclecarriage.com.sg Cycle & Carriage Industries Pte Ltd Cycle & Carriage Centre - Pandan Leep Customer Service Centre - Pandan Leep
142	DID: 6711 chechan.go@cycleres pandan Lamp
000	Cycle & Carrie Centre
yholder's Signature / Date & Driver's Signature (if driver is no	t the policyholder) / Date Wilnessed by Reporting Centre







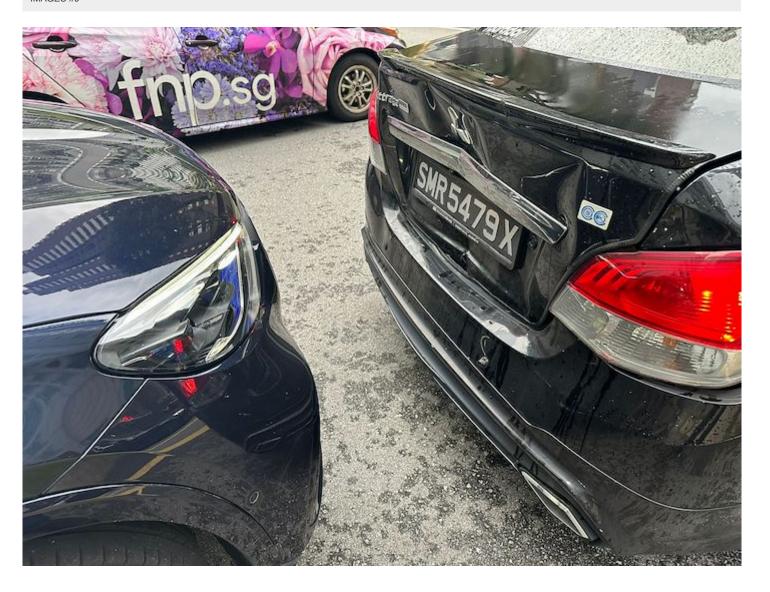
















T/20241121/7150

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4 Report No. T/20241121/7150

Date/Time Report Made: 21/11/2024 23:37			Vide	Report No.:					Station Diary No.:	
Informant's Particulars									otation biary No	
Name of I										
Wong Chi	ung Ing			Addr 977 E		Roa	d #08-3	35 Floridian	SING	APORE 589626
ID Type / ID No.; NRIC NO / S7482723C			Cont	act No.: e/Office:						
Nationality: SINGAPORE CITIZEN			Email: ciwong@hotmail.com							
Sex: Female	Age:		ate of Birth: 5/08/1974		of Informant					
Race: Chinese	0.50		0.00/10/4	Langu	uage:					
				Englis	sh					
Occupation: Medical oncologist			Driving Licence Information: Class: Date of Expiry:							
ype of Accident: Non-Injury Others				Drink Drive: Date/Time of Accident: No 21/11/2024 18:15				dent:	Type of Location Exit gantry moun Elizabeth Hospita	
Veather:	ZABET	Н		Road S	Surface:					
raffic Flow:					Control:					
One Way Not Controlled Type of Collision:						Traffic Volume: Light				
Setween Moving Vehicles - Head To Rear					Anyone conveyed to ambulance:			ne conveyed by lance:		
etails of Ve	hicle Inv	rolved								
ehicle No.	Type		Make	8.6	odel					
K2112Y	Motor	car	MERCEDE	1000	LC300 4M	Blue	Color Conditio		lition	No of Passenger
			BENZ	C	COUPE AMG		-			0

	nicle Insurance			
Vehicle No.	Insurance Company	Income a N		
SLK2112Y AIG ASIA PACIFIC INSURANCE PTE. LTD.	Insurance No	Effective Date	Expiry Date	
	7240046317	28/03/2024	27/03/2026	



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



2 of 4

Report No. T/20241121/7150

CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No	SPREAM				
No. of Pedestria	ns Injured: NII					
Driver	Use of Pe	edestria	n Cross	ing: NA		
Name	Wong Chiung Ing					
	World Chlung Ing		ID No.		S7482723C	
Related Vehicle	SI KOMMON AND					
Tornoto	SLK2112Y (Motor car)			tact No.	96623112	
Hospital/Clinic	NIL					
opinos opinio	NIL			ss of	Class: NIL	
			Driv		Date of Expiry: NIL	
			Licence & Expiry Date			
Date Treatment	NIL			ry Date		
	ed Medical Leave (MC) NIL	Date Disc	harge	NIL		
Driver	- Micarda Coave (MC) NIL	Degree of	of Injury NIL			
Name	WONG CHIUNG ING					
	TOTO CLIIONG ING		ID No.		S7482723C	
Related Vehicle	SLK2112Y (Motor car)					
	OCIVETTET (Motor car)		Contact No.		96623112	
Hospital/Clinic	NIL					
A COLUMN TO THE PARTY OF THE PA	1112		Class		Class: 3	
			Driving Licence & Expiry Date		Date of Expiry: NIL	
Date Treatment	NIL	ID (D)	Contract of the Contract of th			
lo. of Days grante	d Medical Leave (MC) NIL	Date Disch	e Discharge NIL			
Driver	TAIL (IIIO)	Degree of	Injury	NIL		
Vame	WONG CHIUNG ING		15.			
			ID No		S7482723C	
Related Vehicle	d Vehicle SLK2112Y (Motor car)		Contact No.			
					96623112	
ospital/Clinic	NIL					
, The					Class: 3	
			Driving [Date of Expiry: 06/08/2025	
			Expiry			
ate Treatment	NIL	Date Discha				
-10	Medical Leave (MC) NIL	Date Discha	arde	NIL		



Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

3 of 4 Report No. T/20241121/7150

CONTINUATION OF REPORT

Driver						
Name	WONG CHIUNG ING SLK2112Y (Motor car)		ID No. Contact No.		S7482723C 96623112	
Related Vehicle						
Hospital/Clinic	NIL			Class Drivin Licen Expin	ng	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disele	0.000	1.00	
No. of Days grante	ed Medical Leave (MC)	NIL	Date Disch Degree of		NIL	

Brief Details.

Accident happened at the exit gantry of Mount Elizabeth hospital. I hit the rear of the vehicle in front of me who was planning to turn right, and I was about to turn left.

There were 2 people in the other car - private hire drive rand a female passenger. The driver got out, unhurt, and we took pictures of the accident scene. We then drove off to another location as our cars were blocking traffic. As we were still exchanging information, the female passenger got out of the car, and decided to walk off to find alternative transport arrangements. She was alert, and did not seem hurt physically.

I was told later by the driver that she was going to get herself checked in the hospital. I asked the driver about her condition (as I did not have her number), and let me know if she was issued MC for more than 3 days. There was no reply from her, and hence this police report is submitted. (in case she was hurt, and given more than 3 days MC) I have video footage of the accident and footages of the female passenger getting out of the car and walking away if



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



4 of 4

Report No. T/20241121/7150

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/11/2024 23:37
Officer In Charge Of Case: TP / AEIT / CHUA SOON KEONG Contact No.: 65476030	Classification Of Case:
NP168	



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder

: WONG CHIUNG ING

Period of Insurance

: 28 Mar 2024 To 27 Mar 2026

Engine/Motor No. Chassis No.

: 254920V0417341 : W1N2543472F109495 Vehicle No.

: SLK2112Y

Policy No.

: 7240046317

Endorsement No.

Issued Date

: 25 Mar 2024 13:10

ABOUT THE COVER

Make/Model

: MERCEDES BENZ GLC300 4MATIC

Engine Capacity/Tonnage : 1,999.00 CC Driver Restriction

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2024 Insuring with COE/PARF : Yes

: 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.

You have to pay an additional sum of S\$\$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 than 2 years' driving experience.

Age Condition

: All Age Condition

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 fution, 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 2000cc

* Umitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Fire - \$0 Own Damage - \$800 Theft - \$0 Theft Outside Singapore Cover - \$0 Flood Cover - \$800

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

WONG CHIUNG ING - \$800 (Own Damage), \$800 (Flood Cover)

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

1.Cycle & Carriage Euros Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408550 62061818
2.Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128378 62061818

For other Approved Reporting Centres/AKG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AKG website www.sig.sg.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

IWe 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).

CYCLE & CARRIAGE - EVELYN

239 ALEXANDRA ROAD

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.