

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 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 ability.
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 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 Report	27/11/2017 16:45
Date Of Accident	25/11/2017 19:00
Exact Location Of Accident	SCOTTS ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLK2221R
Insured/Policyholder	
Name Of Registered Owner	MELISSA LYNN REZEL
NRIC No	S8123120F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90305397
Alternative Phone No	OFFICE-90305397
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	SLK200
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
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	210049159
Cover Note Number	
Driver	
Name of Driver	MELISSA LYNN REZEL
NRIC No	S8123120F
Date Of Birth	06/08/1981
Occupation	INDOOR
Date Of Driving Pass	25/02/2003
Driving Experience	14 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90305397
Fax Number	
Contact Number	OFFICE-90305397
EEmail Address	NOEMAIL

Address	173 TANJONG RHU ROAD TOWER C #05-07
Postcode	436932
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM9907P
Vehicle Make/Model/Colour	OPEL ASTRA
Details Of Properties	
Name of Driver	LEONARD GOH SHIAW WEI
NRIC/Passport Number	S7737035H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

SKETCH PLAN

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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

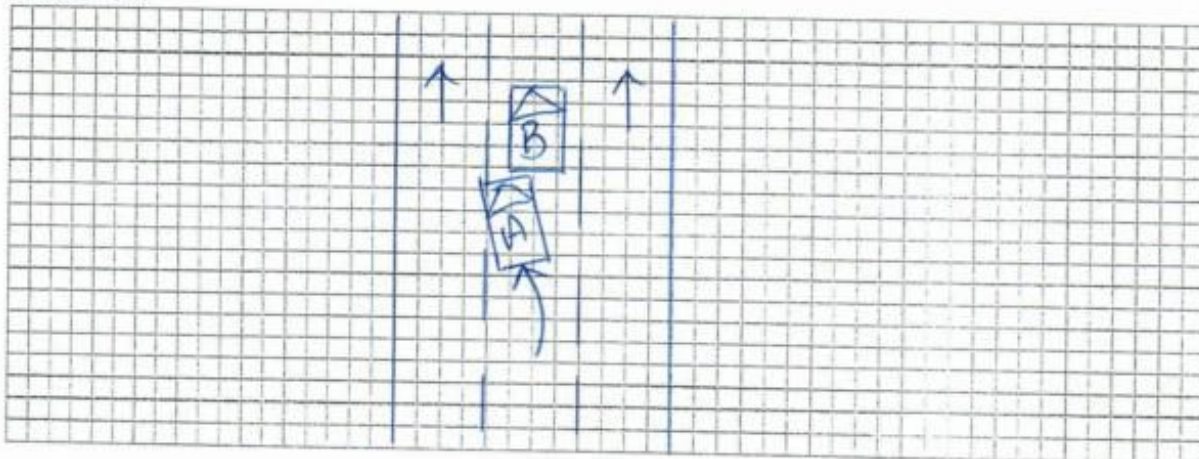
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Yik Chan Hoe
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
HP: 9186 5109 Fax: 6872 1272
DID: 8771 4777
Email: claims@cyclecarriage.com.sg
Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2

Describe Circumstances of the Accident


When I was changing lane from the center lane to the left lane, Car B braked suddenly and I knocked into the left rear side of Car B.

Declaration

I/We declare for foregoing particulars are true in every respect.

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)


Policyholder's Signature
Date & Time

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

Yik Chan Hoe
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
DID: 6771 4353 HP: 9186 5109 Fax: 6872 1272
Email: chanhoe.yik@cyclecarriage.com.sg
Witnessed by Reporting Centre
Personnel



CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : MELISSA LYNN REZEL
Period of Insurance : 19 Nov 2017 To 04 Oct 2018
Engine No. : 27186130296610
Chassis No. : WDD1724482F017855

Vehicle No. : SLK2221R
Policy No. : 2100491759-01
Endorsement No. :
Issued Date : 04 Oct 2017

ABOUT THE COVER

Make/Model : MERCEDES BENZ SLK200 CGI ROADSTER
Engine Capacity/Tonnage : 1,796.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2011
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 than 2 years' driving experience.

Age Condition : All Age Condition

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 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$2000 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

MELISSA LYNN REZEL - \$2000 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)
 Any accident repairs to the Vehicle 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 hotline at +65 6338 8200. Alternatively, you may refer to AIG website www.aig.com.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: MERCEDES-BENZ FINANCIAL SERVICES (S) 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 (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1999 (Malaysia).

0358011000

EDMUND WILFRED REZEL
 26 BAYSHORE ROAD #03-05 TOWER 1A, THE BAYSHORE
 SINGAPORE 469972

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. J. J. J.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

20160101

Sketch Plan #4

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S 8 1 2 3 1 2 0 F**
Name: **MELISSA LYNN REZEL**
Birth Date: **06 Aug 1981**
Issue Date: **04 Aug 2003**

000716632K

FOR C&C USE ONLY

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Feb 2003

NP 428A

Licence No: S8123120F

FOR C&C USE ONLY

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

