MCC418010332 / Cycle & Carriage Industries Pte Ltd - Pandan Loop ENTRY DATE & TIME: 22/01/2018 11:03 SUBMITTED BY: Lim Xin Yi

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 $\underline{\text{completed by the Policyholder and/or the Authorised Driver.}}$
- 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 ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policyliability 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 consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	22/01/2018 11:03
Date Of Accident	19/01/2018 18:15
Exact Location Of Accident	33 PARK CRESCENT MSCP
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW8678C
Insured/Policyholder	
Name Of Registered Owner	KONG LINGLI
NRIC No	S6960578H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93891859
Alternative Phone No	Office-93891859
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200
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	1700034166
Cover Note Number	
Driver	
Name of Driver	TIAN YUAN
NIDIC No.	569646221

NRIC No S6861622J Date Of Birth 25/07/1968 Occupation **INDOOR** Date Of Driving Pass 17/11/2011

Driving Experience 6 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98199525

Fax Number

Contact Number

EMail Address NOEMAIL Address 30 PHONIX RD 668183

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured SPOUSE

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 RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I WAS COMING OUT FROM THE 33 PARK CRESCENT MSCP. I WAS STATIONARY IN THE YELLOW BOX DUE TO HEAVY TRAFFICE. VEHICLE B (SHB6769B) CAME AND HIT INTO MY CAR FRONT PORTION.

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 SHB6769B

Vehicle Make/Model/Colour TRANS CAB-RED

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number 96891678

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly 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 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 companies.
- 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 interested parties.
- 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 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 My insurer, my workshop and the General Insurance Association or singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/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 (lawyersflaw 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 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/faw firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- 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.
- (d) 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:

10.25 am

 (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or enforcement and government agencies as reasonably required for the purposes stated, or amagino fraud, regulators, law

(ii) for complying with requirements under any regulations, laws or court of ders.

Policyholder's Signature

Date & Time

Driver's Signature

(If driver is not the policyholder)

20/01/16

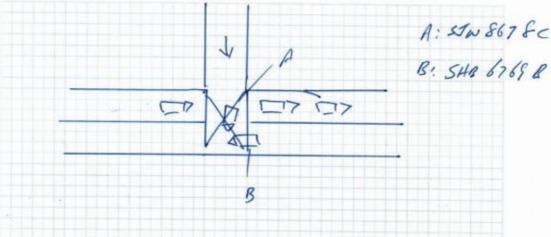
Date & Time

10: 25am Reporting Centre Personnel's

Name:

NRIC/FIN No.:





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was coming out from the 33 Peria Crescent MSCP. I was stationary in the Yellow Box due to heavy traffic. Vehicle B comes and his into my weliche front portion

DECLARATION

I/We declare the 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)

20/01/12 10.250

Policyholder's Signature

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnels

Name:

NRIC/FIN No.:









Sketch Plan #4



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

 Name of Policyholder
 : KONG LINGLI

 Period of Insurance
 : 04 Aug 2017 To 03 Aug 2018

 Engine No.
 : 27492030988466

 Chassis No.
 : WDD2130422A223125
 Chassis No.

Vehicle No.

: SJW8678C

Policy No.

: 1700034166

Endorsement No. : Issued Date

: 15 Aug 2017

ABOUT THE COVER

Make/Model

: MERCEDES Benz E200 Sedan Exclusive

Engine Capacity/Tonnage : 1,991.00 CC Driver Restriction

: NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2017

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 heisthe meets the specified age condition.

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

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 neward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples 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 (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Molaysia), are not to be

Section 1 Fire - \$0 Own Damage - \$500 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

KONG,LINGLI - \$800 (Own Damage)

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

Euros Senice Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408856 67412338
 Pendan Loop Service Center – Body Care & Repair (For accident repair & accident reporting). Add: 188 Pandan Loop Singapore 125378 67778388

For other: Approved Reporting Centres/AIG Authorised Repairers, please contact pur 24-hour accident emergency hotline at +65 5338 8200. Alternatively, you may refer to AIG website www.sig.com.ag or AIG-8G Mobile App. Simply search and download "AIG-8G" from l'Tunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MERCEDES-BENZ FINANCIAL SERVICES (S) LTD

Whe hareby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Notor Vehicles (Third Party Risks and Compensation) Act (Cap. 189). Part IV of Street Compensation (Cap. 189). Part IV of Street Cap. 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1859 (Malaysia).

0504612204

CYCLE & CARRIAGE - ANDYTH 239 ALEXANDRA ROAD SINGAPORE 159930

Sketch Plan #5

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

EFFECTIVE DATE

Motor Cars =< 3000kg with =<7 passengers, exclusive 17 Nov 201: of the driver; and other motor vehicles =< 350nkg

NP 428A













Accident Photo













