

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 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 | 02/02/2018 18:01 |
| Date Of Accident | 02/02/2018 13:30 |
| Exact Location Of Accident | NEWTON ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SJB1068U |
|-----------------------------|----------|

Insured/Policyholder

| | |
|--------------------------|----------------------|
| Name Of Registered Owner | TAY KHENG LAM |
| NRIC No | S1148752A |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96180212 |
| Alternative Phone No | Office-96180212 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|----------------|
| Manufacturer | MERCEDES-BENZ |
| Model | C180 |
| 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 |
| If No, Please state action to be taken | REPORTING ONLY |
| 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 | 2100320810-05000 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TAY KHENG LAM |
| NRIC No | S1148752A |
| Date Of Birth | 03/07/1955 |
| Occupation | INDOOR |
| Date Of Driving Pass | 16/04/1980 |
| Driving Experience | 37 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96180212 |
| Fax Number | |
| Contact Number | OFFICE-96180212 |
| EMail Address | NOEMAIL |

| | |
|-----------------------------------------------------|----------------------|
| Address | 39 AMBER ROAD #15-26 |
| Postcode | 439947 |
| 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 | SIDE SWIPE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---------------------------------------------------------------------------------------------|-------------------------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | 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) | 4 |
| Passenger 1 | Name: : UNKNOWN Gender: : Female |
| Passenger 2 | Name: : UNKNOWN Gender: : Male |
| Passenger 3 | Name: : UNKNOWN Gender: : Female |

Details of Police Action

| | |
|-------------------------------------------|-----------------------------------------------------------------------------------------------|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | MARINE PARADE NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 74 MARINE DRIVE #01-35 , POSTCODE: 440074 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4409999 - FAX NO: 64474182 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER POLICE REPORT NO: T/20180202/2106

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 | SLP4245H |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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 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 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.
- (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:
 - (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

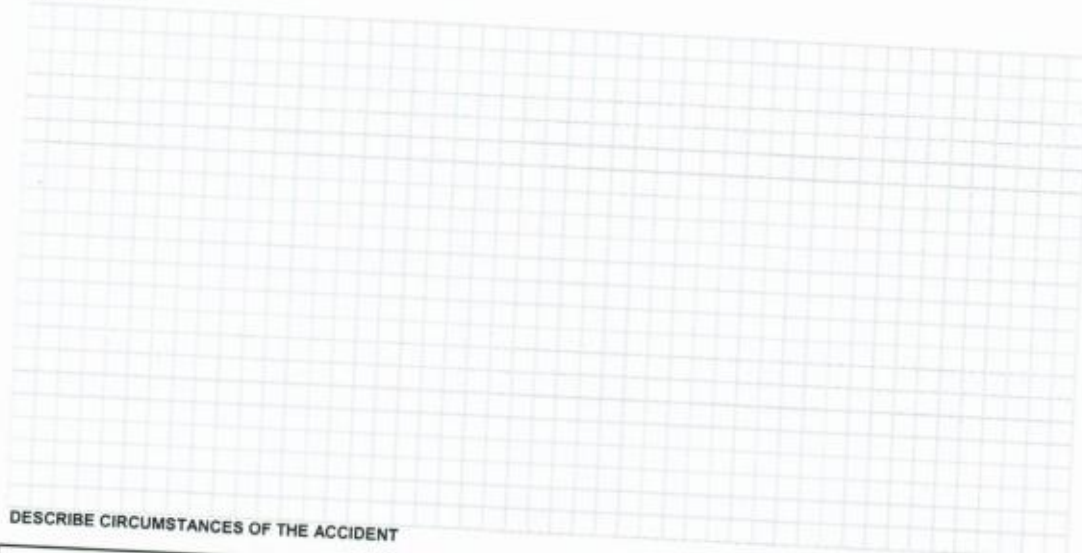
Driver's Signature
(if driver is not the policyholder)
Date & Time

Eric Lee Ming Hui
DID : 6771 4336 HP : 9181 7717
Email : eric.lee@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop

Reporting Centre Personnel's
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT: T/20180202/2106

Large empty box for describing the circumstances of the accident.

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)


Policyholder's Signature

Date & Time

Driver's Signature
(if driver is not the policyholder)

Date & Time

Eric Lee Ming Hui
DID : 6771 4336 HP : 9181 7717
Email : eric.lee@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop

Reporting Centre Personnel's

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180202/2106

Police Station Of Origin:
Marine Parade NPP
74 Marine Drive #01-35 SINGAPORE 440074
Tel No: 1800-4409999

1 of 5

Report No. T/20180202/2106

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--------------------------------------------|------------------|--------------------------|
| Date/Time Report Made: 02/02/2018 15:39 | Vide Report No.: | Station Diary No.: 15 |
|--------------------------------------------|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|------------------------------------------|------------|------------------------------|---------------------------------------------------------------------|--|----------------------------|
| Name of Informant: TAY KHENG LAM | | | Address: 39 AMBER ROAD #15-26 SINGAPORE 439947 | | |
| ID Type / ID No.: NRIC NO / S1148752A | | | Contact No.: Home/Office: Mobile: 96180212 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 62 | Date of Birth: 03/07/1955 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: OPS MANAGER | | | Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry: | | |

General Information of the Accident

| | | | |
|---------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------|-------------------------------------|
| Type of Accident: Non-Injury Others | Drink Drive: No | Date/Time of Accident: 02/02/2018 13:30 | Type of Location: Bend |
| Location: Along Road 1 NEWTON ROAD ALONG NEWTON ROAD TOWARDS THE DIRECTION OF THOMSON ROAD | | | |
| Weather: Cloudy | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|---------------|----------------------|-------|------------------|-----------------|
| SJB1068U | Car | MERCEDES BENZ | C 180 BLUEEFFICIENCY | Grey | Slightly Damaged | 3 |
| SLP4245H | Car | TOYOTA | VIOS 1.5E CVT | Grey | Slightly Damaged | 1 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|---------------------------------|---------------|------------|-------------|
| SJB1068U | AIG ASIA PACIFIC INSURANCE PTE. | 2100320810-05 | 07/11/2017 | 06/11/2018 |

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180202/2106

Police Station Of Origin:
Marine Parade NPP
74 Marine Drive #01-35 SINGAPORE 440074
Tel No: 1800-4409999

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Report No. T/20180202/2106

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|----------------------|----------------------------------------|-----------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Passenger | | | |
| Name | NG LAUNG MUI SUSIE | ID No. | S1426120F |
| Related Vehicle | SJB1068U (Car) | Contact No. | 97327133 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Passenger | | | |
| Name | TAY HIAN SWEE WILSON | ID No. | S8419971J |
| Related Vehicle | SJB1068U (Car) | Contact No. | 97354003 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | TAY KHENG LAM | ID No. | S1148752A |
| Related Vehicle | SJB1068U (Car) | Contact No. | 96180212 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20180202/2106

Police Station Of Origin:
Marine Parade NPP
74 Marine Drive #01-35 SINGAPORE 440074
Tel No: 1800-4409999

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Report No. T/20180202/2106

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------------|----------------------------------------|-----------------------------------|
| Passenger | | | |
| Name | LOW KAI LIN VIVIENNE | ID No. | S8538132F |
| Related Vehicle | SJB1068U (Car) | Contact No. | 90176130 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | LER HOCK POH | ID No. | S1166164E |
| Related Vehicle | SLP4245H (Car) | Contact No. | 90476372 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

I am the driver and the registered vehicle owner of a grey in colour Mercedes C180 bearing vehicle plate number SJB1068U.

On the 02/02/2018 at about 1330hrs, I was driving my vehicle (SJB1068U) along Newton Road towards the direction of Thomson Road with three passengers who were my family members. I was in the second lane out of the three lanes. I signalled my intention to filter left and checked my blind spot. I did spot a dark grey Toyota Vios vehicle bearing vehicle plate number SLP4245H which was approaching fast. The said vehicle (SLP4245H) did appeared as if it was about to enter the slip road on the left due to the bend, however it remained in its lane, in the third lane. As such to avoid a collision I applied my emergency brakes causing my vehicle (SJB1068U) to be stationary. The vehicle (SLP4245H) however did not managed to stop in time and the right portion of its vehicle (SLP4245H) collided with my vehicle's (SJB1068U) left portion. I then alighted to make a check.

The driver of SLP4245H and I exchanged particulars. We have not decided whether for private settlement or insurance claim. There are damages to the vehicle (SJB1068U) left portion and vehicle (SLP4245H) right portion. There were no injuries to any party.

There were no attendance by Traffic Police or Ambulance.

I wish to state that I do not have an in car camera in my vehicle. I have taken photos using my mobile phone at the accident scene. I am lodging this report for record purposes.

Sketch Plan #6



**SINGAPORE
POLICE FORCE**



T/20180202/2106

Police Station Of Origin:
Marine Parade NPP
74 Marine Drive #01-35 SINGAPORE 440074
Tel No: 1800-4409999

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Report No. T/20180202/2106

CONTINUATION OF REPORT

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20180202/2106

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Report No. T/20180202/2106

Police Station Of Origin:
Marine Parade NPP
74 Marine Drive #01-35 SINGAPORE 440074
Tel No: 1800-4409999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

| | |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Signature Of Officer Recording The Report: G / Sgt 2 MOHAMED ZAMIL BIN MOHAMED ANIS | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 02/02/2018 15:39 |
| Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430 | Classification Of Case: |
| Authentication Stamp NP168 | |



Accident Sketch Plan



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Tay Kheng Lam
Period of Insurance : 07 Nov 2017 To 06 Nov 2018
Engine No. : 27491030023461
Chassis No. : WDD2040312A789353

Vehicle No. : SJB1068U
Policy No. : 2100320810-05
Endorsement No. :
Issued Date : 17 Oct 2017

ABOUT THE COVER

Make/Model : MERCEDES BENZ C180 CGI BE 1.6
Engine Capacity/Tonnage : 1,595.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2012
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, piece-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 20000p

* Limitations rendered inoperative by Section 3 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 186) 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 - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Tay Kheng Lam - \$800 (Own Damage)

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

1. Eunice Service Center (For accident reporting only): Add: 330 Ubi Road 3 Singapore 408650 67412358
2. Pandan Loop Service Center - Body Care & Repair (For accident repair & accident reporting): Add: 188 Pandan Loop Singapore 128378 67778388
For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6358 6206. 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: MayBank

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. 186), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia).

0500660050

CYCLE & CARRIAGE - CORPORATE
239 ALEXANDRA ROAD
SINGAPORE 159930 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Mobile

AIG Asia Pacific Insurance Pte. Ltd.

Accident Sketch Plan

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1148752A

Name:

TAY KHENG LAM

Birth Date: 03 Jul 1955

Issue Date: 04 Oct 2003



000888053E

FOR C&C USE ONLY

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

| | | PASS DATE |
|----------|------------------------------------------------------------------------------------------|-------------|
| Class 2B | Motorcycles not exceeding 200 cc | 01 Dec 1978 |
| Class 2A | Motorcycles between 201 cc and 400 cc | 01 Dec 1978 |
| Class 2 | Motorcycles exceeding 400 cc | 01 Dec 1978 |
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 16 Apr 1980 |

FOR C&C USE ONLY

NP 428A



Licence No: S1148752A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

