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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 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 policy liability on the part of the insurance companies.

- The issue and acceptance of this report of the Police for investigation.
 Any false reporting may be referred to the Police for investigation.
 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.

The state of the s	ACCIDENT STATEMENT				
Date Of Report	12/02/2018 10:18				
Date Of Accident	11/02/2018 01:10				
Exact Location Of Accident	TAN TYE PLACE(SHANGHAI DOLLY)				
Country/State of Loss	SINGAPORE				
D	ETAILS OF OWN VEHICLE				
Vehicle Registration Number	SGM6325Y				
Insured/Policyholder					
Name Of Registered Owner	HENG TEIK KHOON				
NRIC No	S2704799H				
Email Address	LUCKYKHOON6325@GMAIL.COM				
Mobile Phone No	(LOCAL) +65-96343231				
Alternative Phone No	OTHERS-96343231				
Vehicle Particulars					
Manufacturer	MERCEDES-BENZ				
Model	S320L SEDAN				
Exact Purpose for which vehicle was being used at time of accident	PASS THE VEH TO GN VALET TO PARK				
Are you claiming under your own insurance policy	NO				

for repair to your vehicle?

REPORTING ONLY

If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

AIG ASIA PACIFIC INSURANCE PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

2100489816-01 Policy Number

Cover Note Number

Driver

HENG TEIK KHOON Name of Driver

S2704799H NRIC No 16/09/1967 Date Of Birth INDOOR Occupation 18/01/1995 Date Of Driving Pass

23 YEARS AND 0 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-96343231 Mobile Number

Fax Number

OTHERS-96343231 Contact Number

LUCKYKHOON6325@GMAIL.COM EMail Address

BLK 221B BEDOK CENTRAL

#10-80

462221 Postcode

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

NO

NO

NO

NO

CLEAR Weather Conditions DRY Road Surface

Other Information

Address

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by NO ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance. 0

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

AT ABT 00:10HRS I DRIVE MY VEH TO TAN TYE PLACE(SHANGHAI DOLLY) THAN I PASSED OVER TO THE GN VALET TO PARK MY VEH AND I WENT OF TO SHANGHAI DOLLY AT ABT 01:10 THE VALET DRIVER DRIVE THE VEH TO ME OUTSIDE SHANGHAI DOLLY THAN I SAW THERE WAS DAMAGE ON MY VEH. I ASK THE VALET WHAT HAPPEN TO MY VEH, THAN THEY CALLED THEIR MANAGER WHEN THE MANAGER COME, HE ASKED THE VALET DRIVER AND NOBODY KNOW WHAT HAD HAPPENED THAN THE MANAGER SAID THAT HE WILL PAY FOR THE DAMAGES.

Attachment(s)

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

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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 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.
- 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)
 - (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
- 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

12-02-2018 Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN

IN FRONT OF SUMMORIAN

OOCCY

B-VALET DRIVER

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls	refr	do	He	state	ement	' .	

DECLARATION

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

Policyholder's Signature

Date & Time: (2-02-20)8

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Paul Li

Site Manager Mobile: 9185 9080 Email: paul@gnvalet.com



GN VALET

PRECISION PARKING

GN Valet Pte Ltd 135 Middle Road #02-28 Bylands Building Singapore 188975 Email: info@gnvalet.com Website: www.gnvalet.com Admin contact: 9173 3933



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S2704799H





HENG TEIK KHOON

方Race

MALAYSIA

CHINESE Date of birth 16-09-1967 Country/Place of birth

M



5536030

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSICS

PASS DATE

Class 2B Motorcycles not exceeding 200 cc
Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

27-11-2015

APT BLK 221B BEDOK CENTRAL #10-80 SINGAPORE 462221



CERTIFICATE OF INSURANCE

MERCEDES BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder

: Heng Teik Khoon

Period of Insurance Engine No. Chassis No.

: 15 Nov 2017 To 14 Nov 2018

: 27682430464370 : WDD2221622A291970 Vehicle No.

: SGM6325Y : 2100489816-01

Policy No. Endorsement No.

Issued Date

: 11 Oct 2017

ABOUT THE COVER

MERCEDES Benz S320L Sedan

Engine Capacity/Tonnage : 2,996.00 CC

Sum Insured : Market Value ·

First Year of Registration : 2016 :

Driver Restriction

- NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

Make/Model

a) the noncyntiquer
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" ("YIOR") 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

Use only for social, domestic and pleasure ourposes 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 2000cc

* Limitations randared 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 - \$800 Theft - \$0 Flood Cover - \$0

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Heng Teik Khoon - \$800 (Own Damage)

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

1 Euros Service Center (For accident reporting only). Add: 330 Ubi Road 3 Singapore 409650 97412338

2 Pandan Loop Service Center - Body Care & Repair (For accident repair & accident reporting). Add, 186 Pandan Loop Singapore 128378 67778388

For other: Approved Reporting Centres/AIG Authorised Repairers, please confact our 24-hour accident emergency hotine at +65 6338 5200. 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

I/We hareby 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, 1907 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1939 (Malaysia)

0504380233

CYCLE & CARRIAGE - JULI 239 ALEXANDRA ROAD

SINGAPORE 158930

Underwritten by AIG Asia Pacific insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE