

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 | 18/06/2018 11:29 |
| Date Of Accident | 15/06/2018 11:30 |
| Exact Location Of Accident | ZOO OPEN CARPARK |
| Country/State of Loss | SINGAPORE |

| DETAILS OF OWN VEHICLE | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SFK279J |
| Insured/Policyholder | |
| Name Of Registered Owner | JACOB THEKKEKARA JACOB |
| NRIC No | S2726980Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-93367467 |
| Alternative Phone No | Office-93367467 |

| | |
|--|---------------|
| Vehicle Particulars | |
| Manufacturer | MERCEDES-BENZ |
| Model | E200 |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| 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 | 2100485381-01 |
| Cover Note Number | |

| | |
|----------------------|------------------------|
| Driver | |
| Name of Driver | JACOB THEKKEKARA JACOB |
| NRIC No | S2726980Z |
| Date Of Birth | 04/07/1963 |
| Occupation | INDOOR |
| Date Of Driving Pass | 30/04/2004 |
| Driving Experience | 14 YEARS AND 1 MONTH |

| | |
|---|----------------------------------|
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93367467 |
| Fax Number | |
| Contact Number | OFFICE-93367467 |
| EMail Address | NOEMAIL |
| Address | 214 DEPOT ROAD #16-68 S (109701) |
| Postcode | 109701 |
| 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 | RAINING |
| Road Surface | WET |

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? | |
| 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

REFER TO ATTACHED

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 | SHD9317L |
| 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

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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.

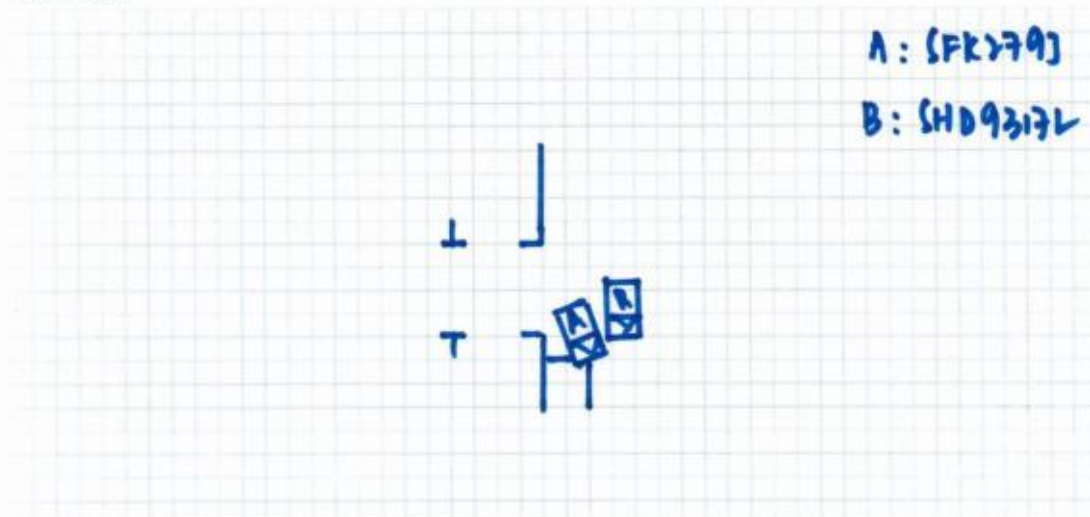
Policyholder's Signature
Date & Time 16/06/2018 1026

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

Kerlyn Ong Kai Li
DID : 6771 4420 HP : 9186 5113
Email : kerlyn.ong@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING MY CAR (SFK279J) AND WAS TURNING RIGHT AT THE ZOO OPEN SPACE CARPARK. AS I WAS TURNING RIGHT, VEHICLE B (SHD9317L) CAME FROM THE ENTRANCE DID NOT SLOW DOWN AND HAD COLLIDED ONTO MY LEFT 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)

Policyholder's Signature

Date & Time 16/06/2018 1026

Driver's Signature

(If driver is not the policyholder)

Date & Time

Kerlyn Ong Kai Li

DID : 6771 4420 HP : 9186 5113

Email : kerlyn.ong@cyclecarriage.com.sg

Cycle & Carriage Industries Pte Ltd

Customer Service Centre, 100, Upper Macao Road, Singapore

Name: KERLYN

NRIC/FIN No.:



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Jacob Thekkakara Jacob
Period of Insurance : 08 Oct 2017 To 05 Oct 2018
Engine No. : 27492030724426
Chassis No. : WDD2130422A046583

Vehicle No. : SFK279J
Policy No. : 2100485381-01
Endorsement No. :
Issued Date : 15 Sep 2017

ABOUT THE COVER

Make/Model : MERCEDES Benz E200 Sedan AMG Line

Engine Capacity/Tonnage : 1,991.00 CC

Driver Restriction : NA

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2016
Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

The Policyholder

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.

Policyholder must 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*

This Policy is 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.

Engine Capacity : 2000cc

Provisions 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

\$ - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Third Party Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Jacob Thekkakara Jacob - \$800 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS REPAIR AND REPAIRS)

Accident Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 67412338

Pandan Loop Service Center - Body Cars & Repair (For accident repair & accident reporting) Add: 188 Pandan Loop Singapore 126376 67779388

Other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6036 6200. 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

1. Purchase Company/Employer's Loan: DBS BANK LTD

Policyholder hereby certifies 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, 1959 (Malaysia).

30202

1. & CARRIAGE - ANDREA
EXANDRA ROAD
PORE 159930

Mobile

AIG Asia Pacific Insurance Co. Ltd

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S2726980Z**
Name: **JACOB THEKKEKARA JACOB**

Birth Date: **04 Jul 1963**
Issue Date: **30 Apr 2009**

 0017369298

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2726980Z



Name: **JACOB THEKKEKARA JACOB**

Race: **INDIAN**
Date of Birth: **04-07-1963** Sex: **M**
Country of birth: **INDIA**



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

PASS DATE

| Class | Description | Pass Date |
|----------|--|-------------|
| Class 2B | Motorcycles <= 200 cc | 30 Apr 2004 |
| Class 3 | Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg | 30 Apr 2004 |

NP 428A

 Licence No: S2726980Z

 4883610

 **S2726980Z**

Date of issue: **13-09-2012**

214 DEPOT ROAD #16-68
SINGAPORE 108701

NRIC No: **S2726980Z** Date: **17/04/2016**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

