SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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.
- 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 conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	25/06/2018 18:07
Date Of Accident	22/06/2018 19:00
Exact Location Of Accident	ALONG ALEXANDRA ROAD SLIP ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJA9933A
Insured/Policyholder	
Name Of Registered Owner	GOH NGUANG CHIAN
NRIC No	S2702440H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81002233
Alternative Phone No	Office-81002233
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C43
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	1700064971
Cover Note Number	
Driver	
Name of Driver	GOH NGUANG CHIAN
NRIC No	S2702440H
Date Of Birth	18/08/1960

INDOOR

19/04/2001

17 YEARS AND 2 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-81002233

Fax Number

Contact Number OFFICE-81002233

EMail Address NOEMAIL

Address 116 KIM SENG ROAD #09-05

Postcode 239434 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 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver)

Passenger 1 Name: : UNKNOWN Gender: : Female

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

I WAS EXITING THE SLIP ROAD WHEN SUDDENLY I FELT AN IMPACT. I HAD ACCIDENTALLY COLLIDED INTO CAR B (SLS4422Y).

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

SLS4422Y Vehicle Registration Number AUDI Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

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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- 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.
- 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.
- 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 times, 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, involces, 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
 - (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:

D

 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.

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

Policyholder's Signature

Date & Time

Driver's Signature

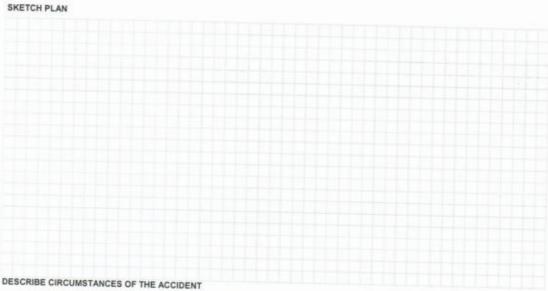
(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's

Name:

NRIC/FIN No.:



I WAS EXITING THE SLIP ROAD WHEN SUDDENLY I FELT AN IMPACT. I HAD ACCIDENTALLY COLLIDED INTO VEH B (SLS4422Y).

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.:



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : GOH NGUANG CHIAN Period of Insurance : 17 Oct 2017 To 16 Oct 2018

Engine No. Chassis No.

: 27682330699047 : WDD2130642A323023

Vehicle No. Policy No. : SJA9933A : 1700064971

Endorsement No. Issued Date

: 30 Oct 2017

Make/Model : MERCEDES Benz E43AMG

Engine Capacity/Tonnage : 2,995.00 CC Driver Restriction

: Age/DE Condition

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 Poblyviolate bit Arts other person who is drawing on the Poblyholder's order or with higher permission. This Pobly will indemnify the Poblyholder or any summitted driver only if heigher meets the specified age consistent.

Any driver who is helpe 26 years ald or above 60 years old analor with driving expensive of less than 3 years is not bovered under this Policy unless such driver is named in this Policy.

Age Condition

: Driver Restriction applies-Refer to T&C

Limitation as to use* :

Case only for social, dominate and pleasure purposes and far the Policyholder's butuness.
This Policy does not cover use for here or resized, shiring faction, driving that, sportly, pace-making, reliability trial or speechasting, the camage of goods other then samples in connection with large trade or further or use far any puspose in connection with Motor Trade.

Loss of Use 2000cc

* Limitations randered inoperative by Bection 8 of the Moon Vehicles (Thirs-Party Rinks and Compensation) Act (Cap. 189) and Section 65 of the Road Transport Act, 1997 (Mildwitz) are not to be instuded under those beadings.

Section 1 Fire - 80 Own Damage - \$3000 Thirlf - 50 Flood Cover - 50

Section 2 Properly Damage - 50

Windscreen: \$100

Named Driver and Excess (where applicable)

GOH NGUANG CHEAN - \$3000 (Own Damage)

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

1. Euros Service Center (For accident reporang orly). Add. 330 Uts Rose 3. Singapore 406650 67472538. 2. Pandan Lorgi Service Center — Body Cene & Repair (For accident repair \$ accident reporting). Add. 168 Pandan Loup Singapore 128376 67778368

For other Approved Reporting Contracted Automobil Reparture, placed contact our Service accident emergency fromthe at +55 6356 6250. Alternatively, you may refer to AIG withole were aug comissy or AIG 50 Mobile App. Simply search and download AIG 50° from Funes or Google Place.

IMPORTANT NOTES

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

0504612233

CYCLE & CARRIAGE - JULI 239 ALEXANDRA ROAD

SINGAPORE 159900

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 2 7 0 2 4 4 0 H

Name:

GOH NGUANG CHIAN

Birth Date: 18 Aug 1960 Issue Date: 12 Jul 2004

PACUSE ON .

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

PASS DATE

Class 3

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

19 Apr 2001









Accident Photo





Accident Photo



Accident Photo









