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 <u>truthful and accurate</u> 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	02/07/2018 09:24
Date Of Accident	29/06/2018 19:25
Exact Location Of Accident	COLLYER QUAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDU7371A
Insured/Policyholder	
Name Of Registered Owner	LIM HUEY YONG
NRIC No	S7636831G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96704779
Alternative Phone No	Office-96704779
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLA180
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	1700088846
Cover Note Number	
Driver	
Name of Driver	NG HONG WEE
NRIC No	S7203881I
Date Of Birth	07/02/1972
O compation	NDOOD.

INDOOR

04/03/2008

10 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96372545

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 71 PASIR RIS GROVE #08-17

Postcode 518205 Was driver an employee of the Insured's Company NO

If N = Deletion which of the Deletion with the beautiful OMA

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own Vehicle

ehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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?

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

Was any other material or property damaged? YES

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 DRIVING ALONG COLLYER QUAY. JUST OUTSIDE ONE MARINA BOULEVARD WHEN I CHANGE LANE TO THE LEFT, MY CAR COLLIDED WITH CAR B (SHD3105X, TAXI). THIS HAPPENED AT 7.05PM, ON 29 JUNE 2018. THERE WAS NO PHYSICAL INJURY TO ANY PERSON INVOLVED AND THERE WAS NO PASSENGER INSIDE THE CAR B.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: REFER CSE ALAN QUEK

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD3105X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver MUHAMMAD REDUWAN BIN OSMAN

NRIC/Passport Number

Contact Number

87499282

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow
- 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
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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
 - (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
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- 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.
- 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

Policyhold

Date & Time

30 6 2018

Driver's Signature

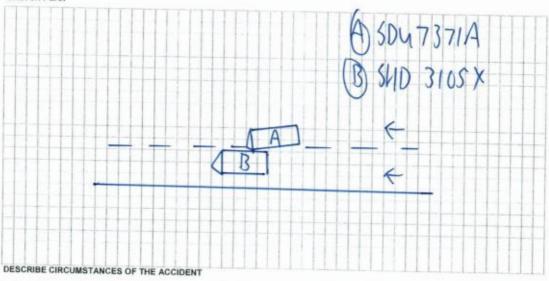
(If driver is not the policyholder)

ne

Date & Time 30/6/2018

Reporting Centre Personnel's Name: Alan Que

NRIC/FIN No.



I was driving along Collyer Quay. Just owlfide One Maring Borderwood when I change lane to the left, the car collided with taxi (SHO JIUSX). This hoppened at 7.05 pm, 29 June 2019. There was no physical injury to any posson involved and there was posson inside the taxi other than the taxi driver (Muhammad Reduwan Bin dsman).

DECLARATION

I/VVe 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

30/6/2010

Driver's Signature

(If driver is not the policyholder)

Date & Time

30/6/2018

Reporting Centre Personnel's

Name:

NRIC/FIN No.:



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : LIM HUEY YONG

Period of Insurance : 27 Dec 2017 To 26 Dec 2018
Engine No. : 27691031466871 Vehicle No. : SDU7371A : 27691031466871 Policy No. : 1700088846 Chassis No. Endorsement No.

: WDD1173422N590085

Issued Date : 03 Jan 2018

ABOUT THE COVER

Make/Model : MERCEDES Benz CLA180 Coupe

Engine Capacity/Tonnage : 1,595.00 CC Sum Insured : Market Value Driver Restriction First Year of Registration : 2017 : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*;

a) The Policyholder
 b) Any office 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 halve 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 (harned 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 reward, driving tation, diving 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 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, 1967 (Malaysia), are not to be included under these headings. EXCESS

Section 1 Fire - S0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

LIM HUEY YONG - \$800 (Own Damage)

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

Euroos Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408850 67412338
 Pandan Loop Service Center – Body Care & Repair (For accident reporting) Add: 188 Pandan Loop Singapore 128378 87778388

For other Approved Reporting Centres/AIG Authorised Repairers, presse contact our 24-hour accident emergency hotline at +65 6336 5200. Attemptively, you may rafer to AIG website www.aig.com.sq or AIG SG Mobile App. Simply search and download 'AIG SG' from (Tunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

I/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. 189), Part IV of Section 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules. 1989 (Malaysia).

0504812245

CYCLE & CARRIAGE - STANLE 239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE



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

PASS DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

04 Mar 2008

FOR C&C USE ONLY

NP 4284



