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	13/07/2018 13:11
Date Of Accident	12/07/2018 15:00
Exact Location Of Accident	LAVENDER ST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT113Y
Insured/Policyholder	
Name Of Registered Owner	KOK WAI LING
NRIC No	S7000614F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97301348
Alternative Phone No	Office-97301348
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?	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	2100427117-02
Cover Note Number	
Driver	
Name of Driver	KOK WAI LING
NRIC No	S7000614F
Date Of Birth	04/01/1970

INDOOR

31/01/1992

26 YEARS AND 5 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-97301348

Fax Number

Contact Number OFFICE-97301348

EMail Address NOEMAIL

Address BLK 12 NORTH BRIDGE RD #08-3960

Postcode 190012 Was driver an employee of the Insured's Company NO **OWNER**

If No, Relationship of the Driver with the Insured

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 NO ambulance? YES Was any other material or property damaged?

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 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

MY CAR WAS FILTERING OUT OF LINE 2. HAVE CHECKED WING MIRROR THAT NO CARS WAS APPROACHING FROM LANE 3. THE OTHERS CARS WAS DRIVING BETWEEN 2 LANE IN LANE 3 AND LANE 4. FROM THE DISTANCE, JUDGEMENT WAS THE DRIVER WILL HAVE FILTER TO LANE 4.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFS301K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR WAN YEN JIUN Name of Driver S7704011J NRIC/Passport Number

Contact Number

Address

BLK 168 STIRLING RD #06-1195

Postcode

141168

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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 GtA Records Management Centre established by the General Insurance Association of Singapore (GtA) 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
- 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
 - (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")
- 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. (c)
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and
- the information so collected under (d) above may be shared / disclosed:
- Personal Information was an additional future claim.

 Information so collected under (d) above may be shared / disclosed to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or management and government agencies as reasonably required for the purposes stated, or adding with requirements under any regulations, laws or court orders. (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law

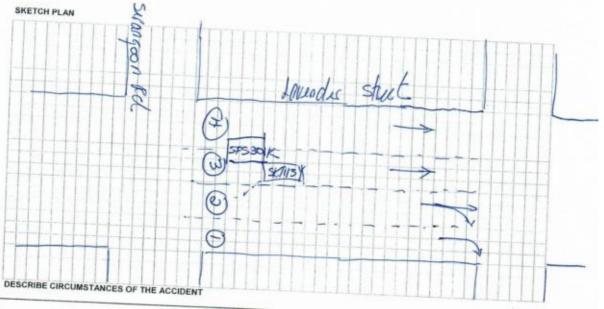
(ii) for complying with requirements under any regulations, laws or court orders

Policyholder's Signature BWWF (If driver is not the policyholder)

Reporting Centre Personnel's

Name:

NRIC/FIN No.:



My car was filtery out of line a. How thecked was missor that no rar was approaching from line 3. The other car was dring between a laws is. 3: 4). From the distance, judgment was the distance will have jules to line 4).

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

//: Ocompriver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Pers Name:

NRIC/FIN No.:



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE Name of Policyholder : Kok Wai Ling

Period of Insurance : 08 Sep 2017 To 07 Sep 2018

Chassis No.

: 27491030388245 : WDD2050402R073283 Vehicle No.

: SKT113Y

Policy No.

: 2100427117-02

Endorsement No.

Issued Date

: 16 Aug 2017

ABOUT THE COVER

Make/Model

: MERCEDES BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE

Engine Capacity/Tonnage : 1,595.00 CC

Sum Insured : Market Value

First Year of Registration : 2015

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

a) The Posicyholder b) Any other person who is driving on the Posicyholder's order or with his/her permission. This Posicy will indemnify the Posicyholder 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 Age Condition

: All Age Condition

Limitation as to use* :

Lithitiation as to use:

Use only for social, donesic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tasting, driving tast, racing, pace-making, reliability trial or speed-feating, 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, 1987 (Maleysia), are not to be included under these headings. EXCESS

Section 1 Fire - \$0: Own Damage - \$800 Thet - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Kok Wai Ling - \$800 (Own Damage)

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

1. Euros Service Center (For accident reporting only). Add: 330 Utsi Road 3 Singapore 408650 67412338.

2. Pandan Loop Service Center – Body Care & Repair (For accident repair & accident reporting). Add: 188 Pandan Loop Singapore 128376 67778368.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 8338 6200. Attematively, you may refer to AIG website www.aig.com.ag

IMPORTANT NOTES

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

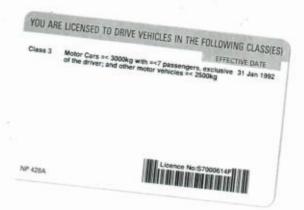
I/We haveby dentify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189), Part IV of grant (Malaysia) and Motor Vehicles (Third Party Risks), Rules, 1959 (Malaysia).

0500880435

CYCLE & CARRIAGE - SSHEN 239 ALEXANDRA ROAD SINGAPORE 159930 ANSP-MOTOR

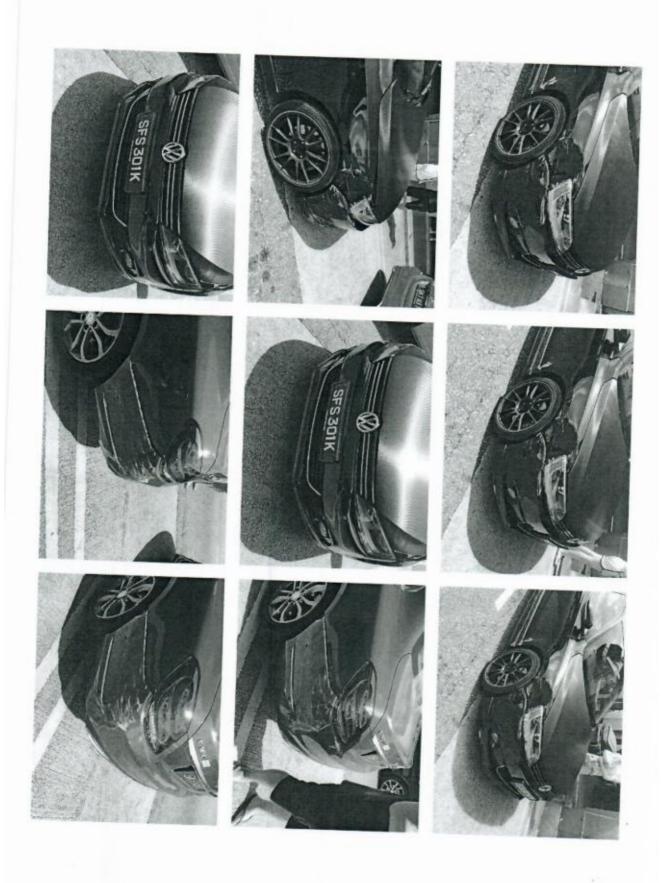
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE



FOR C&C USE ONLY





Accident Sketch Plan









Accident Photo

