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 conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	14/08/2018 17:29	
Date Of Accident	14/08/2018 15:40	
Exact Location Of Accident	AYE TWDS CTE AFTER ALEXANDRA RD EXIT	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLD2153R	
Insured/Policyholder		
Name Of Registered Owner	POH WEI LING, AGNES	
NRIC No	S8017352J	
Email Address	AGNES.POH@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-96950745	
Alternative Phone No	Office-96950745	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	A180	
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	2100469635-02	
Cover Note Number		
Driver		
Name of Driver	CHIA WENBAO, JERICH	
NRIC No	S8240387F	
Date Of Birth	03/12/1982	

INDOOR

15/03/2002

16 YEARS AND 4 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-98324942

Fax Number

Contact Number

EMail Address JERICHMALCOLM@GMAIL.COM

Address 3 KOVAN RD #11-12

Postcode 544917 Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **CHAIN COLLISION**

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 4

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.

Number of Passengers (Including Driver)

Passenger 1 Name: : EDWIN YEAP

> Gender: : Male

Passenger 2 Name: : HAZMEL BIN ABDUL RAHMAN

> Gender: : Male

Passenger 3 : MUHAMMAD IRWAN BIN HUSSIN Name:

> Gender: : Male

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

CAR B (SJK7862G) INFRONT OF ME BRAKE AND I THEREFORE BRAKED. I HEARD A LOUD SOUND FROM THE BACK OF MY CAR. THE BEHIND CAR C (SJV904H) DID NOT MANAGE TO BRAKE IN TIME AND HIT MY CAR. MY CAR MOVED FORWARD AND HIT CAR В.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJK7862G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver RAJAVEL VAITHIYANATHAN

NRIC/Passport Number S7385823B Contact Number 81135764

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

HONDA

Vehicle Registration Number SJV904H Vehicle Make/Model/Colour VW

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver KRYSTAL LEE YING YING

NRIC/Passport Number S9404830C Contact Number 82888773

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLZ6336M

Vehicle Make/Model/Colour HYUNDAI

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver ZHANG WEIYUAN

NRIC/Passport Number \$8526390J Contact Number 97642168

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- 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 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:
 - 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")
- (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:
 - 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

14/8/

Driver's Signature

(If driver is not the policyholder)

Date & Time

Name:

NRIC/FIN No.:

Reporting Centre Personnel's

The front car (SJK 78626) BRAK bake and I thurstone bake. I mad a loud sour my vehicle. The behind car (SJV 9044) dis bake in time and hit my vehicle. The	d not managed to
forward and hirt the front car (SJK 7	8626). BSJK 78626
 	A SLD 2153 R
- LECBCPCB	C SJV904H
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	D SLZ 6336 M

440 CAR

NAME: ZHANG WELYUAM

CAR MAICE: HYUNDAI ELANTRA / SILVER

VEHICLE REG NO: SLZ 6336 M

NAC : S8526390J CONTACT: 97642168

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)

Date & Time 14818

Driver's Signature

(If driver is not the policyholder)

Date & Time 14/8/18

Reporting Centre Personnel's

Name:

NRIC/FIN No .:



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Poh Wei Ling, Agnes Period of Insurance

: 08 Jun 2018 To 07 Jun 2019

Vehicle No. Policy No. : SLD2153R : 2100469635-02

Engine No. Chassis No.

: 27091030912022 : WDD1760422J445385

Endorsement No. Issued Date

: 23 May 2018

ABOUT THE COVER

Make/Model

: MERCEDES BENZ A180 BE STYLE

Engine Capacity/Tonnage : 1,595.00 CC

Sum Insured : Market Value

First Year of Registration : 2016

Driver Restriction

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

I The Policyholder

b) Any other person who is driving on the Policyholder's order or with his/her permission.

This Policy will indemrify the Policyholder or any authorised driver only if heishe meets the specified age condition.

This Policy will indemrify the Policyholder or any authorised driver only if heishe meets the specified age condition. You have to pay an additional sum of \$3,000 as "inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition

: 30 years old and above

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 fultion, driving test, racing, pace-making, reliability trial or speed-lesting, 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 (Malaysia), are not to be included under these headings.

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

Section 2 Property Damage - \$0

Named Driver and Excess (where applicable)

Poh Wei Ling, Agnes

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

Cycle & Carriage Euros Service Center (For accident reporting crity). Add: 330 Ubi Road 3 Singapore 408850 62061818.
 Cycle & Carriage Pandan Loop Service Center - Body Care & Repair. Add: 188 Pandan Loop Singapore 128378 62061818.

For other: Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine at +85 6338 6200, Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App, Simply search and download "AIG SG" from (Tunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asia Pacific Ltd

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 the Road Transport Act, 1987 (Malleysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malleysia).

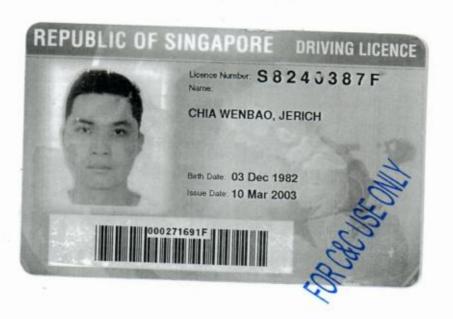
0500660777

CYCLE & CARRIAGE AUTOMOTIVE 239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

ton Way #07-18 AIG Building 9079120 | Ti-65 6419 2000 | F.+65 6415 3720 | www.nig









Accident Photo





