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.
- 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

	ACCIDENT STATEMENT
Date Of Report	20/08/2018 17:39
Date Of Accident	18/08/2018 13:30
exact Location Of Accident	TAMPINES EXPRESSWAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SLA6389S
nsured/Policyholder	
Name Of Registered Owner	PRISCILLA TAN LAY HONG
IRIC No	S7601710G
mail Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90686332
Alternative Phone No	Office-90686332
/ehicle Particulars	
<i>M</i> anufacturer	MERCEDES-BENZ
Лodel	CLA180
exact Purpose for which vehicle was being used at ime of accident	
are you claiming under your own insurance policy or repair to your vehicle?	YES
f No, Please state action to be taken	
/ehicle Category	PRIVATE CAR
nsurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
ype Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100454906-02
Cover Note Number	
Driver	
lame of Driver	PRISCILLA TAN LAY HONG
IRIC No	S7601710G
Date Of Birth	19/01/1976

INDOOR

13/05/2002

16 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-90686332

Fax Number

Contact Number OFFICE-90686332

EMail Address NOEMAIL

Address BLK 273B COMPASSVALE LINK #08-154

Postcode 542273
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 -

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 5

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

YES

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)

Passenger 1 Name: : CHANIELLE BOON XUEEN

Gender: : Female

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Police Station Name SENGKANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE, POSTCODE: 545025,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800 - 3438999 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20180819/2033. SENGKANG NPC.

Attachment(s)

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

Remarks/ Reasons: REFER CSE KO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHD4504X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver CHONG BOON KIAT

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLM7706R

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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SGS9696A

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)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLJ8181M

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

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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
- 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 my insurer, my workship 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 referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government
 - (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")
- (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
- (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 20/08/2018 1601

Driver's Signature

(If driver is not the policyholder)

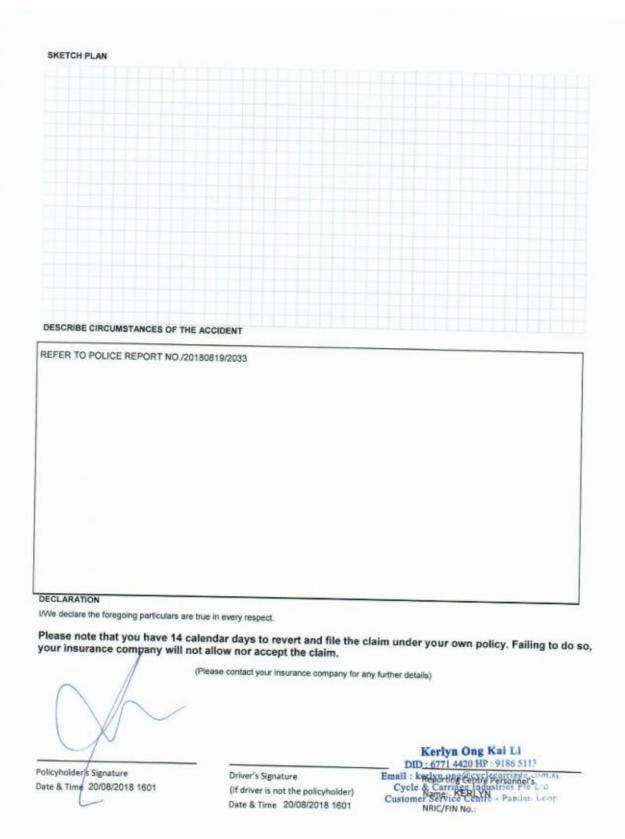
Date & Time 20/08/2018 1601

Kerlyn Ong Kai Li DID: 6771 4420 HP: 9186 5113

Email : kerlyn.ong@cyclecarriage.com.eg

Cycle & Carriage Industrie er Ponderts
Customer S. Reporting Centre - Pandan Loo Name: KERLYN andan Loop

NRIC/FIN No.:







1 of 5 *

Report No. T/20180819/2033

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/08/2018 11:20		Made:	Vide Report No.: F/20180818/0191	Station Diary No.:			
Informar	t's Partic	ulars					
Name of PRISCILI	Informant: _A TAN LA		Address: APT BLK 273B COMPASSVA 542273	ALE LINK #08-154 SINGAPORE			
ID Type / ID No.: NRIC NO / S7601710G			Contact No.: Home/Office: Mobile: 90686332				
Nationality: SINGAPORE CITIZEN		EN	Email:				
Sex: Age: Date of Birth: Female 42 19/01/1976		Date of Birth: 19/01/1976	Type of Informant: Driver				
Race: Chinese			Language:	Institution / School Name:			
Occupation: SALES EXECUTIVE			Driving Licence Information: Class:	Date of Expiry:			

Type of Accident:	Injury Conveyed By Ambulance		rink rive: lo	Date/Time of Accident: 18/08/2018 13:3		Type of Location: Straight Road
Location: Along Road 1 TAMPINES E TPE 7.7km tw	XPRESSWAY					
Weather: Clear	US SLE	Road Sur Dry	rface:			d Speed Limit:
Traffic Flow: Traffic			ontrol: n Contro	illed	80 K Traff Light	ic Volume:
	ion:		-		-19111	KC.

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGS9696A				00101	Condition	
						0
SHD4504X						0
SLA6389S	Car	MERCEDES	CLA180	Grey	_	•
		BENZ	(R18 BI)	Gley		0
SLJ8181M			(IVIO DI)			0
SLM7706R		_				
	1					0





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

2 of 5 Report No. T/20180819/2033

Tel No: 1800-343 8999

CONTINUATION OF REPORT

ALL RESIDENCE TO SECURITY DO	ehicle Insurance		光安性 医生物产权	STOLENS OF THE PERSON NAMED IN
SLA6389S AIG ASIA PACIFIC INSURANCI	modratios Company	Insurance No	Effective	Expiry Date 09/03/2019
	AIG ASIA PACIFIC INSURANCE PTE.	2100454906-02	10/03/2018	

No. of Pedestri	Involved: No ans Injured: NIL					
Passenger	ans injured. NIL		Use of P	edestria	n Cros	ssing: NA
Name	CHANIELLE DOG				19083	THE RESERVE OF THE PARTY OF THE
ranio	CHANIELLE BOO	CHANIELLE BOON XUE EN			0.	T0520903F
Related Vehicle	NIL					
7 0111010	NIL			Contact No.		90686332
Hospital/Clinic	NIL					
	1000			Class	of	Class: NIL
				Drivir	ng _	Date of Expiry: NIL
_				Licence & Expiry Date		
Date Treatment	NIL Date Di			charge	NIL	
No. of Days gran	nted Medical Leave NIL Degree		Degree o	of Injury	NIL	
Driver		建筑大学	MA TO STATE OF	and the same	IAIL	
Name	LEE CHEE KOON			ID No		S79154600A
Related Vehicle	1					3791346UUA
Related Venicle	NIL			Contact No.		91129595
Hospital/Clinic	No.					31128383
103pital/Cliffic	NIL			Class	of	Class: NIL
				Driving	9	Date of Expiry: NIL
				Licence &		
Date Treatment	NIL	-	D-/ D-	Expiry		
No. of Days gran	ted Medical Leave	NIL	Date Disc	harge	NIL	
Inver		Children of the Control	Degree of	injury	NIL	
Name	PRISCILLA TAN LA	Y HONG		10 11		EARLY STATE OF THE
				ID No.		S7601710G
Related Vehicle	NIL			Control		
				Contact No.		90686332
lospital/Clinic	NIL			Class of		Ol- till
				Driving	37	Class: NIL
				Licence	8	Date of Expiry: NIL
ate Treatment	NIII			Expiry		
o of Dava array	NIL		Date Disch	narge T	NIL	
y. or Days grante	ed Medical Leave	NIL	Degree of	Injuny	NIL	







T/20180819/2033

3 of 5 Report No. T/20180819/2033

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE Tel No: 1800-343 8999

CONTINUATION OF REPORT

Driver			1000	AL SER	Company of the state of
Name	TAN TECK SAI				S1711503J
Related Vehicle	NIL		Contact No.		0000000
			Contact No.		96838885
Hospital/Clinic	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment					
	anted Medical Leave NIL Degree of				
Driver			120 (19)	BANKS.	
Name	TAN TAI JIA		ID No.		S84124249F
Related Vehicle	NIL		Contact No.		98206310
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			NIL	
	ed Medical Leave NIL	Degree of I			
Driver					
Name	CHONG BOON KIAT		ID No.		S7104795D
Related Vehicle	NIL		Contact No.		93886101
Hospital/Clinic	NIL			of g e & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			NIL	
Pare Headinging					

Brief Details.

On 18/8/2018 at about 1330hours, I was driving my vehicle SLA6389S along TPE 7.7km twds SLE on the first lane going at about 80km/hr. The vehicle infront of me stopped so I came to a complete stop. After stopping for about 2 seconds, I suddenly felt an impact from the rear of my vehicle. The impact caused my vehicle to surge forward and the front of my vehicle hit the rear of the vehicle (SGS9696A) infront of me. I then alighted and exchanged particulars with the rest of the drivers. I then found out that it was a chain collision involving 5 vehicles. The first vehicle SLJ8181M, followed by SGS9696A, followed by my vehicle, and followed by SHD4504X, and lastly SLM7706R.

After the accident, I felt pain in the shoulders, arms and lower back. My daughter, who was my passenger, feels pain at the lower back and neck area. After the accident, I went to seek medical attention at Mount Alvernia and we received outpatient treatment and mc for 6 days from 18/8/2018 -





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999

4 of 5 Report No. T/20180819/2033

CONTINUATION OF REPORT

23/8/2018.







Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

5 of 5 Report No. T/20180819/2033

Tel No: 1800-343 8999 CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Rec F / Sgt 1 RAY ONG YONG	// ^		Signature Of Informant:
Signature Of Interpreter: Not applicable			Date/Time: 19/08/2018 11:20
Officer In Charge Of Case: TP / GIT / Sgt 2 LIM HONG LEE			Classification Of Case:
Contact No.: 65476438	New Y.	d	SN 085
Authentication Stamp NP168	Signature Singapore Police		се



POLICY SCHEDULE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Policy No. : 2100454906-02

Period of Insurance : 10 Mar 2018 to 09 Mar 2019 Issued Date : 22 Jan 2018

ABOUT THE POLICYHOLDER

Name of Policyholder

: Priscilla Tan Lay Hong (Priscilla Chen Lifeng)

Address

: 273B Compassvale Link

#08-154

SINGAPORE 542273

Occupation/Nature of Business: Executives

ABOUT THE VEHICLE

Registration No. : SLA6389S

Chassis No. ; WDD1173422N309170

Seating Capacity: 5 First Year of Registration : 2016

Make/Model : MERCEDES BENZ CLA180 URBAN

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

ABOUT THE COVER

Sum Insured

: Market Value

Off Peak Car

Engine No.

Body Type

: Sedan

: 27091030849697

Driver Restriction

: NA

Insuring with COE/PARF : Yes

Engine Capacity/Tonnage: 1,595.00 CC

Person or Classes of Persons Entitled to Drive :

a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indernrify the Policyholder 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 than 2 years' diving experience.

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 tuition, driving test, racing, pace-melting, reliability station or speed-lessing, the carriage of goods other than samples in connection with any trade or business or use for any purpose is connection with Motor Trade.

Other Key Policy Benefits:

Act of God, Dealer + AIG Authorised Warishops, New For Cld (36 months), Lose of Use 2000cc, Strike. Rich and Cavil Commotions, PA to Authorised Criver / Unsumed Passengers-\$10000, PA Insured-\$100000, Fadure and Accessories (Cosmerci-\$50000, Solar Film, \$1150, In-Car Centera Excess Walver, Glass Roof Noon Roof Sun Roof Penatorisis Class Roof, NCD Protector

EXCESS	PREMIUM
Section 1 Fire - S0 Own Damage - \$800 Theft - S0 Flood Cover - \$0 Section 2 Property Damage - \$0	Premium : \$ 1,324.85 GST (7%) : \$ 92.74
Windscreen: \$100 Named Driver Prizoita Tan Lay Hong (Prisoita Chen Lifeng) - \$800 (Own Damage)	Total : \$ 1,417.59 Your Premium includes the following discount(s): Safe Driver Discount - 5.00%. No Claim Discount - 50%

1000751372/AC4



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7601710G





PRISCILLA TAN LAY HONG (PRISCILLA CHEN LIFENG)

陈丽凤

CHINESE

19-01-1976 F

675817100

SINGAPORE

FOR C&C USE ONLY

3867812

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

NF 428A

FOR CACUSE ON

Licence No: \$7601710G

19-04-2006

APT BLK 2738 COMPASSVALE LINK #08-154 SINGAPORE 542273

NRIC Nei 57601710G

Date: 01/01/2009 No: 6090966

S7601710G















Accident Photo













Accident Photo

