SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report correctly 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 liability.
- 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 inont to the ort at the

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	11/10/2018 14:26
Date Of Accident	10/10/2018 19:15
Exact Location Of Accident	GUILLEMARD ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKL7429H
Insured/Policyholder	
Name Of Registered Owner	JIANG SHIMIN
NRIC No	S2704808J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97635635
Alternative Phone No	Office-97635635
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200
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	2100359678
Cover Note Number	
Driver	
Name of Driver	JIANG SHIMIN
NRIC No	S2704808J
Date Of Birth	05/07/1967

INDOOR

30/11/2002

15 YEARS AND 10 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-97635635

Fax Number

Contact Number OFFICE-97635635

EMail Address NOEMAIL

Address 76 BAYSHORE RD #08-18

Postcode 469990 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 **COLLISION - HEAD TO REAR**

Weather Conditions RAINING WET Road Surface

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

2

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 : LIN SHU JEN Name:

> Gender: : Female

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 IN THE LEFT LANE WITH THE LEFT TURN SIGNAL ON, SLOWED DOWN AND WAS PREPARING TO TURN LEFT INTO GAYLANG LOR 8. CAR B (SJR7976A) DROVE OUT FROM THE SLIP RD AND KNOCKED INTO THE LEFT REAR SIDE OF MY CAR.

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

Vehicle Registration Number SJR7976A

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver ONG CHUI PAR NRIC/Passport Number Contact Number

96733330

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.
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- 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 process my personal distarpersonal 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
 - (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")
- (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.

Yik Chan Hoe

Cycle & Carriage Industries Pte Ltd Body Care & Repair Center DID: 6771 4353 11P: 9186 5169 Fax: 6872 1272 Email: chanhoe-yik@cyclecarrings.com.sn

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 driving in the left lane with the left turn signed on , stowed down and was preparing to turn left into buylong Lor 8. Car & drove out form the slip Red and tracked into the left rear girle of my car.

DECLARATION

I/Ve 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) Oycle & Carriage Industries Pte Ltd
>
> Cycle & Carriage Repair Center
>
> Body Care & Repair Center
>
> Body C

Policyholder's Signature

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's

Name:

NRIC/FIN No.:



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Jiang ShiMin
Period of Insurance : 19 Dec 2017 To 18 Dec 2018

Engine No. Chassis No.

: 27492030092225 : WDD2120342A859825 Vehicle No. Policy No.

: SKL7429H : 2100359678-04

Endorsement No. Issued Date

: 09 Nov 2017

ABOUT THE COVER

Make/Model

: MERCEDES BENZ E200 2.0 CGI SEDAN

Engine Capacity/Tonnage : 1,991.00 CC Driver Restriction

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2013 Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder by Any other person is no driving on the Policyholder's order or with higher permission. This Policy will insensify the Policyholder or any authorised driver only if helphe meets the specified age condition.

You have to pay so additional sum of \$3,000 as "Young and/or insuportenized Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unhamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition

: All Age Condition

Limitation as to use* :

is early for soot, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire of neward, driving busin, driving feet, racing, pace-making, reliability trial or business or use for any purpose is connection with Motor Trade.

Loss of Use 2000pg

*Limitations residened increasive by Seution 8 of the Motor Verkides (Thed-Party Risks and Compensation) Act (Cap. 169) and Section 96 of the Road Transport Act, 1987 (Maleysia), are not to be included under these headings.

Section 1 Fire - 50 Own Damage - \$800 Theft - 50 Flood Cover - \$0

Section 2 Properly Damage - \$8

Windscreen: \$100

Named Driver and Excess (where applicable)

Jiang ShiMin - \$800 (Dwn Dannage)

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

Elizione Service Denter (For accident reporting only). And 330 Lbs Road 3 Singapore 408600 67412336.
 Parulan Loop Service Center – Body Care & Repair (For accident report & accident reporting). Add. 186 Pandan Loop Singapore 128378 67778368.

For other Approved Reporting Centres/AIG Authorised Reparters, please contact our 24-hour ac in AIG 5G Mobile Also, Simply search and disensied "AIG 5G" from Flunck or Georgie Play. er +55 0338 6200. Alternatively, you may refer to AIG website www.aig.com.sg

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

I/Vio hersity certify that the policy to which this Cartificate of insurance relates is resized in accondance with the provisions of the Motor Various (Trind Party Risks and Compensation) Act (Cap. 169), Part IV of Trind Transport Act, 1967 (Material) and Motor Versides (Third Party Risks) Rules. 1850 (Material)

0500660332

CYCLE & CARRIAGE - ATAY 239 ALEXANDRA ROAD SINGAPORE 159930 ANSP-MOTOR.

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.



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

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

OGRAMS

ASS DATE

30 Nov 2002

FOR CACUSE ONLY



NP 428A













