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 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 | 01/11/2018 17:01 |
| Date Of Accident | 01/11/2018 12:15 |
| Exact Location Of Accident | VELOCITY SHOPPING MALL |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SCM968D |
| Insured/Policyholder | |
| Name Of Registered Owner | DAVID CHONG KOK KONG |
| NRIC No | S2507663Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-94960502 |
| Alternative Phone No | Office-94960502 |
| Vehicle Particulars | |
| Manufacturer | MERCEDES-BENZ |
| Model | E250 |
| 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? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| 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 | 2100373845-04 |
| Cover Note Number | |
| Driver | |
| Name of Driver | NURAZLI BIN MOHAMED |
| NRIC No | S8333977B |
| Date Of Birth | 03/11/1983 |

INDOOR

14/05/2010

8 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82399800

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 209A PUNGGOL PLACE #03-1278

Postcode 821209

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PAID DRIVER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

isdiance company of briver's own vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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

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) 3

Passenger 1 Name: : SONIA CHONG

Gender: : Female

Passenger 2 Name: : NORMAH
Gender: : Female

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

I WAS DROPPING MY PASSENGER OFF AT VELOCITY DROP-OFF. SO ONE OF THE PASSENGER OPEN THE RIGHT DOOR SLOWLY BUT CAR B (SHB9966Z) WAS TOO CLOSE TO THE DOOR AND IT HIT THE LEFT MIRROR OF THE CAR B. NO ONE WAS INJURE.

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 SHB9966Z

Vehicle Make/Model/Colour TRANSCAB RED

Details Of Properties

Vehicle Category Name of Driver

TAXI SEE SENG LEE NRIC/Passport Number S1479673H **Contact Number** 91128748

Address

Postcode

Insurance Company Name

Nature Of Damage LEFT WING MIRROR

No. Of Passenger (Including Driver) 2

Passenger 1 : UNKNOWN Name:

> Gender: : Female

Sketch Plan

SKETCH PLAN

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- 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 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
 - (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 (d)
- (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 to all insurers and/or any other third parties that assist in evaluating, investigating, enforcement and government agencies as reasonably required for the purposes stated, or Cycle & Contrade In

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

Policyholder's Signature Date & Time 01.11.18 16:15PM

Driver's Signature (If driver is not the policyholder) Date & Time 01.11.18 16:15PM

Reporting Centre Personnel's Name:

NRIC/FIN No .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was dropping my passenger off at Velocity dropoff. So one of the passenger open the right rear door slowly but the text was to close to the door of it hit the left mirror of the text. We one is injured.

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 Date & Time 01.11.18 16:15PM

Driver's Signature (If driver is not the policyholder)

Date & Time 01.11.18 16:15PM

Name: NRIC/FIN No.:

Reporting Centre Personnel's



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE Name of Policyholder : David Chong Kok Kong Period of Insurance : 22 May 2018 To 21 May 2019

: 27492030141594

Chassis No.

: WDD2120362A958631

Vehicle No. Policy No.

: SCM968D : 2100373845-04

Endorsement No.

Issued Date

: 27 Apr 2018

ABOUT THE COVER

: MERCEDES BENZ E250 2.0 CGI SEDAN

Engine Capacity/Tonnage : 1,991.00 CC Driver Restriction : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2014

Insuring with COE/PARF : Yes

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 indemnify 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 anglor 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* :

Lift receipt do so, use.

Use only for social, comestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving talkion, driving test, racing, page-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or sustness 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. EXCESS

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

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

David Chong Kok Kong - \$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 408650 67412338
 Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 186 Pandan Loop Singapore 128378 52061618

For other Approved Reporting Centrus/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 5338 5202. Alternatively, you may refer to AIG website were all coming or AIG SG Mobile App. Simply search and download "AIG SG" from ITunes or Google Play.

IMPORTANT NOTES

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

WWe 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 grant (C

0500660329

CYCLE & CARRIAGE - St. 239 ALEXANDRA ROAD SINGAPORE 159930 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE





















