SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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	08/11/2018 14:16
Date Of Accident	08/11/2018 12:50
Exact Location Of Accident	DUNEARN ROAD 'U' TURN TO BT. TIMAH RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGQ9D
Insured/Policyholder	
Name Of Registered Owner	NG HOO LIONG
NRIC No	S2127128D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85222001
Alternative Phone No	Office-85222001
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200 COUPE
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
f 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	1800117836
Cover Note Number	
Driver	
Name of Driver	NG HOO LIONG
NRIC No	S2127128D
Date Of Birth	07/12/1943
Occupation	INDOOR
Date Of Driving Pass	20/02/1971

47 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-85222001

Fax Number

Contact Number OFFICE-85222001

EMail Address NOEMAIL

Address 9 JALAN WAJEK

Postcode 588461
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

emole

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - U-TURN

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 ambulance? 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)

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

I WAS MAKING A 'U' TURN TO BT. TIMAH RD, I STOPPED AT THE 'STOPLINE'. CHECKED THAT THE TRAFFIC WAS CLEARED ON THE RIGHT LANE AND PROCEEDED TO DRIVE INTO THE RIGHT LANE, WHEN I WAS ALMOST INTO THE LANE, CAR B (SLN2501S) FILTERED INTO THE RIGHT LANE, CROSSED THE 'DOUBLE WHITE LINE' AND KNOCKED INTO THE LEFT FRONT CORNER OF MY CAR.

Attachment(s)

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

Remarks/ Reasons: REFER CSE YIK

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLN2501S

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

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- 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 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:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
 - (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 management in present and all future claims.
- (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.

Policybolder's Signature

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time

Cycle & Carriage Industries Pie Ltd.

Cycle & Carriage Industries Pie Ltd.

Cycle & Carriage Report Cerner

Body Care & Report Cerner

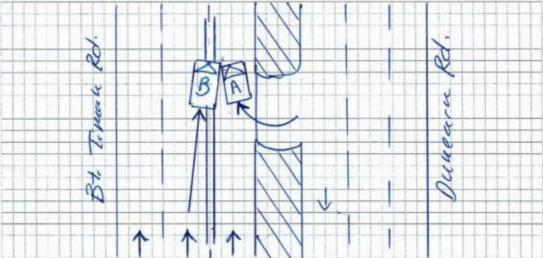
6771 4353 HP; 9186 5109 Faxt 6872 1272

6771 4353 HP; 9186 5109 Faxt 6872 1272

Reporting Centre Personnel's

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF

I was making a 'u' turn to Bt. Timah Rd, I stopped at the 'stopline'. Checoed that the traffic was cleared on the right lane and proceeded to drive into the right lane, when I was almost into the lane, Car & filtered into the right lane, Car & filtered into the right lane, crossed the Double white fine and knocked INVe declare the foregoing particulars are true in every respect. INTO the 194 fourt Corke of

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. my Car.

(Please contact your insurance company for any further details)

Policyholder's Signature Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time

Yik Chan Hoe
Cycle & Carriage Industries Pte Utd
Cycle & Carriage Industries Pte Utd Reporting Centre Personnel's DID: 6771

Email: Name: yikigo

NRIC/FIN No.:



COVER NOTE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the forms and conditions of the policy leaved to the Policyholder.

Name of Policyholder Period of Insurance 9: 93 Oct 2018 to 92 Oct 2019 Engine No. : 27492031571505

Chasis No.

: WDD2383422F073651/



Cover Note No. Endorsement No.

Issued Date

5609D : 1800117836

: 03 Oct 2018



ABOUT THE COVER

Make/Model : MERCEDES Benz E200 Coupe /

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

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2018

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder b) Any other person who is diving on the Policyholder's order or with higher permission. This Policy will indemnify the Policyholder or any sufficient divisor only if heights researche appointed age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YERF") If You are or Your Authorised Driver (named or unnamed) is under the age of 23 end/or has less than 2 years' driving experiences.

Limitation as to use*

Use only for social, demeatic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for him or researd, driving halon, driving last, racing, pace-making, reliability this or speed-lesting, the carriage of goods other than exemples in connection with Motor Trade.

Loss of Use 2000cc

* Unitations rendered Enaptrelive by Section 8 of the Motor Vehicles (Third-Party Roks and Compensation) Act (Cop. 169) and Section 96 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1 Fire - \$0 Own Damage - \$1500 Theft - \$0 Flood Cover - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

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

rvice Cenier (For accident reporting only). Acid: 330 Ubl Road 3 Singapore 408650 82081818

2.Cycle & Cantage Pandan Loop Service Contor - Body Care & Repair Add: 188 Penden Loop Singapore 126378 82051618

For other Approved Reporting Centres/AIG Authorised Repelmen, please contact our 34-hour accident emergency holdne at +65 5338 6200, Attematively, you may refer to AIG website www.aig.com.sg or AIG SO Mobile App. Simply search and download "AIG SO" from l'Tunes or Google Play.

IMPORTANT NOTES

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

If you do not receive your Cardifacts of insurance and policy documents within 30 days from the inception data stated on this cover note, please contact AIG immediately.

(We harsty certify that this Cover Note is record in accordance with the provisions of the Moter Vehicles (Third Party Risks and Companisation) Act (Cap. 166). Part IV of the Road Transport Act, 1667 (Malastys) and Motor Vehicles (Third Party Risks) Rules, 1669 (Malaysia). For Corporate Policies, this Cover Note is valid for 50 days from the commencement date of the period of insurance.

0504612215

CYCLE & CARRIAGE - DK

239 ALEXANDRA ROAD

SINGAPORE 159630

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)

PASS DATE

Class 3

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

20 Feb 1971

FORCACISEONIX

Licence No: \$2127128D

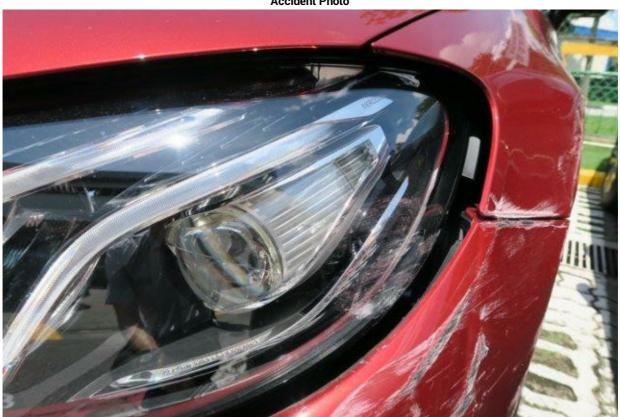
NP 428A



Accident Photo











Accident Photo

