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 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 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	19/12/2018 15:07
Date Of Accident	19/12/2018 11:55
Exact Location Of Accident	ALONG LOYANG WAY TWDS LOYANG AVENUE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFJ9198E
Insured/Policyholder	
Name Of Registered Owner	GAN POH IM TRIVINIA
NRIC No	S1699521E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98322942
Alternative Phone No	Office-98322942
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLA180
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	2100479848-02
Cover Note Number	
Driver	
Name of Driver	POH HOCK HING
NRIC No	S1552679C
Date Of Birth	10/06/1962

INDOOR

26/06/1987

31 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91476265

Fax Number

Contact Number

EMail Address NOEMAIL

Address 7 KANDIS WALK

Postcode 757682

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 COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

1

NO

NO

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

I WAS DRIVING MY CAR ALONG LOYANG WAY TWDS LOYANG AVENUE. IT WAS A TWO LANE ROAD, I WAS DRIVING AT THE RIGHT LANE WHICH ALLOW ME TO GO STRAIGHT AND TURNED LEFT. AS I WAS TURNING LEFT, CAR B (YP6237P) ON MY LEFT SUPPOSED TO TURN LEFT DID NOT TURN LEFT AND WENT STRAIGHT ACROSS THE JUNCTION AND COLLIDED ONTO MY LEFT REAR PORTION.

Attachment(s)

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

Remarks/ Reasons: REFER TO CSE KO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP6237P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

MOSES S/O CHANDRA SAKARAN S9446762D

Sketch Plan

SKETCH PLAN

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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.
- 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.
- 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 unbidle(s) involved in this ancident fall insurer(s) who have insured unbidle(s) involved in this ancident shall be collectively my insurer (conectively 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,
- 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
- (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.

Kerlyn Ong Kai Li

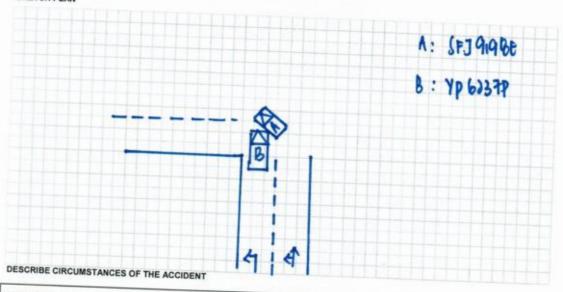
DID: 6771 4420 HP: 9186 5113 Email : kerlyn.ong@cyclecarriage.com.sg Cycle & Carriage Industries Pte Ltd Customer Service Centre - Pandan Loop

Policyholder's Signature Date & Time

Driver's Signature (If driver is not the policyholder) Date & Time 19/12/2018 1449

Reporting Centre Personnel's

Name: KERLYN NRIC/FIN No.:



I WAS DRIVING MY CAR (SFJ9198E) ALONG LOYANG WAY TOWARD LOYANG AVENUE. IT WAS A TWO LANE ROAD, I WAS DRIVING AT THE RIGHT LANE WHICH ALLOW ME TO GO STRAIGHT AND TURNED LEFT.

AS I WAS TURNING LEFT, VEHICLE B (YP6237P) ON MY LEFT SUPPOSED TO TURN LEFT DID NOT TURN LEFT AND WENT STRAIGHT ACROSS THE JUNCTION AND COLLIDED ONTO MY LEFT REAR PORTION.

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

Driver's Signature

(If dever is not the policyholder)

Date & Time

Kerlyn Ong Kai Li

DID: 6771 4420 HP: 9186 5113
Email: kerlyn.ong@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop

Reporting Centre Personnel's

Name:

NRIC/FIN No.:



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Gan Poh Im Trivinia

Period of Insurance : 26 Aug 2018 To 25 Aug 2019 Engine No.

: 27091030941630 Chassis No. : WDD1173422N355146 Vehicle No. Policy No.

: SFJ9198E : 2100479848-02

Endorsement No. Issued Date

: 17 Jul 2018

ABOUT THE COVER

Make/Model : MERCEDES Benz CLA180 Coupe

Engine Capacity/Tonnage : 1,595.00 CC Sum Insured : Market Value Driver Restriction : NA Off Peak Car : No

First Year of Registration : 2016 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 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 : 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 button, driving test, racing, pace-making, reliability trial or speed-testing. The carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

* 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

Named Driver and Excess (where applicable)

Gan Poh Im Trivinia - \$800 (Own Damage)

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

Cycle & Carriage Eunos Service Center (For accident reporting only). Add: 330 Util Road 3 Singapore 408650 62061818
 Cycle & Carriage Pandan Loop Service Center - Body Care & Repair. Add: 168 Pandan Loop Singapore 128378 62061818

For other: Approved Reporting Centros/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 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 iTunes or Google Play.

IMPORTANT NOTES

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

I/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. 169), Part IV of the Road Transport Act, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia).

0504380240

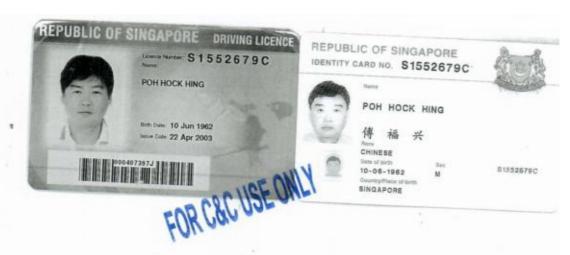
CYCLE & CARRIAGE - NL 239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Marile

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

n Way #07-18 APS Building S079120 | T.+65 6419 3000 | F.+65 6415 3723 | www.atg.com.sg





NP 428A

Licence No: \$1552679C

5754864

10-06-2017

7 KANDIS WALK SINGAPORE 757682



















