SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 ins ont to the archiving of this ort at the

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 aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	01/04/2019 10:58
Date Of Accident	29/03/2019 15:40
Exact Location Of Accident	NEWTON CIRCUS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKM9570M
Insured/Policyholder	
Name Of Registered Owner	LOW LI YEAN
NRIC No	S7287750J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97852271
Alternative Phone No	Office-97852271
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	A200
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	THIRD PARTY
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	2100371645-04
Cover Note Number	
Driver	
Name of Driver	LOW LI YEAN
NRIC No	S7287750J
Date Of Birth	06/01/1972
Occupation	INDOOR

12/04/2012

6 YEARS AND 11 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-97852271

Fax Number

Contact Number OFFICE-97852271

EMail Address NOEMAIL

Address 39 GILSTEAD RD #01-01

Postcode 309083 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 SIDE SWIPE **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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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)

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 NEWTON CIRCUS, I WAS TRAVELLING AT THE CENTER LANE AND WAS ON MY OWN LANE HEADING STRAIGHT. CAR B (SMB5077G) ON THE EXTREME LANE SUDDENLY SWERVED TOWARD MY LANE AND COLLIDED ONTO MY LEFT PORTION.

2

NO

NO

NO

1

NO

NO

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

SMB5077G Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MOHD KHAIRUNIZAM BIN HJ ISMAIL

NRIC/Passport Number G6881757P **Contact Number**

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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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 repulsion
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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, disclo My insurer, my workshop and the General insurance Association of Singapore (GIA) may/are permitted to collect, use, discidences my personal data/personal information set out in this (form) and any other personal information provided by me or possessing the 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 collective. 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 :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations
 - (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 co disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelor
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purpo"
- all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to co 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 agent 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, investigative en
- (e) the information so collected under (d) above may be shared / disclosed:

Policyholder's Signature

Date & Time 01/04/2019 0952

- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators 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

Driver's Signature

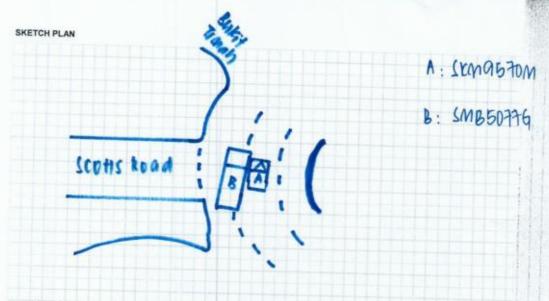
(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's

Name: KERLYN

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING MY CAR (SKM9570M) ALONG NEWTON CIRCUS. I WAS TRAVELLING AT THE CENTER LANE AND WAS MY OWN LANE HEADING STRAIGHT. VEHICLE B (SMB5077G) ON THE EXTREME LEFT LANE SUDDENLY SWERVED TOWARD MY LANE AND COLLIDED ONTO MY LEFT 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 and your insurance company will not allow nor accept the claim.

(If driver is not the policyholder)

Driver's Signature

Date & Time

(Please contact your insurance company for any further details)

Policyholder's Signature

Date & Time 01/04/2019 0952

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

Email ; kerlyn.ong@cyclecarriage.com.sg Cycle & Carriage Industries Pre Ltd

Cycle & Carriage Industries - Pandan Loop Customer Specific Centre - Pandan Loop Customer Specific Centre Personnel's

Name: KERLYN

NRIC/FIN No.:



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Low Li Yean

Period of Insurance : 28 Apr 2018 To 27 Apr 2019 Engine No. : 27091030369415 Chassis No. : WDD1760432J255807

Vehicle No.

Issued Date

: SKM9570M

Policy No.

: 2100371645-04 Endorsement No.

: 20 Apr 2018

ABOUT THE COVER

: MERCEDES BENZ A200 CGI BE URBAN

Engine Capacity/Tonnage: 1,595.00 CC Driver Restriction

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 Policyholaer 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/silve 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

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 fultion, 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 Molor 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 Thaff - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Low Li Yean - \$800 (Own Damage)

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

Euros Service Center (For accident reporting only) Add: 330 Util Road 3 Singapore 408650 67412336
Pandan Loop Service Center — Body Care & Repair (For accident repair & accident reporting) Add: 186 Pandan Loop Singapore 128378 67778388

For other Approved Reporting Centres/AiG Authorised Repairers, please contact our 24-hour accident emergency bottine 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. 189), Part IV of Technique (Third Party Risks) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

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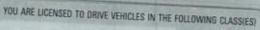
CYCLE & CARRIAGE - EDTANG 239 ALEXANDRA ROAD SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

78 Shorton Way #07-16 AIG Building 5079120 | T.+85 6419 3900 | F.+65 6415 2723 | www.n





EFFECTIVE DATE

FOR CACUSE ONLY

Licence No. 57267750.

13-09-2016

5648230

39 GILSTEAD ROAD #01-01 SINGAPORE 309083

























Driving License

