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 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	10/04/2019 13:10
Date Of Accident	09/04/2019 20:40
Exact Location Of Accident	TAMPINES ST 82 / TAMPINES AVE 3
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDX328G
Insured/Policyholder	
Name Of Registered Owner	LEE GEOK KHUAN
NRIC No	S1179539J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96281187
Alternative Phone No	Office-96281187
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	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	2100178404
Cover Note Number	
Driver	
Name of Driver	LOO HONG ZHI
NRIC No	S8947476J
Date Of Birth	30/12/1989
Occupation	INDOOR

04/06/2008

10 YEARS AND 10 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-90110330

Fax Number

Contact Number

EMail Address NOEMAIL

Address 645 EAST COAST ROAD

Postcode 459031 Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

NO

2

YES

NO

NO

2

YES

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

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)

Passenger 1 Name: : TANG XIN YI

> Gender: : Female

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name AIRPORT POLICE DIVISION

ROAD: 35 AIRPORT BOULEVARD, POSTCODE: 819645, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65460000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20190409/2215. AIRPORT POLICE POST.

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

SKJ1416U

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name NTUC Income Insurance Co-operative Ltd

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LOO HONG ZHI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SDX328G

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name TANG XIN YI

Approximate Age

Injuries Sustain NECK PAIN AND LOWER BACK PAIN

Injured person in which vehicle? SDX328G
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 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.
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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 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 (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively 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 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
- 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

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

Policyholder's Signature

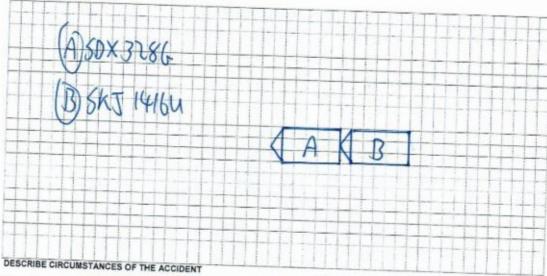
Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Name: Alan Que



Nef	police	report	fur	detail.

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 driver is not the policyholder)

Date & Time

Reporting Centre Personnel's
Name: Algy
NRIC/FIN Mary





1 of 3 Report No. T/20190409/2215

Police Station Of Origin: Airport Police, Airport Police Post 35 Airport Boulevard SINGAPORE 819645 Tel No: 1800-5460000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/04/2019 23:16		Made;	Vide Report No.;	Station Diary No.	
Informa	ant's Partic	ulars		70	
Name of Informant: LOO HONG ZHI			Address: 645 EAST COAST ROAD SI	NGAPORE 450024	
NRIC N	/ ID No.: O / S89474	76J	Contact No.: Home/Office:		
Nationality: SINGAPORE CITIZEN		EN.	Email: Mobile: 90110330		
Sex: Male	Age: 29	Date of Birth: 30/12/1989	Type of Informant:		
Race: Chinese Occupation: LANDSCAPE MANAGER			Language:	Institution / School Name:	
		AGER	Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/04/2019 20:40	Type of Location: Straight Road	
TAMPINES S		ad 2			
Dry		Road Surface:	P	Road Speed Limit:	
			1,	oad Speed Limit:	
		Dry Traffic Control:		oad Speed Limit:	
Clear Traffic Flow: Type of Collision	on:	Dry			

Vehicle No.	Туре	Make				
SDX328G	Car	Make	Model	Color	Condition	No of Passenger
am our reasonate	Car				Slightly	0
SKJ1416U	Car				Damaged	
	18254244					0

Details of Person Involved	The state of the s
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Lies of Bodostrian Co
	Use of Pedestrian Crossing: NA





Police Station Of Origin: Airport Police, Airport Police Post 35 Airport Boulevard SINGAPORE 819645 Tel No: 1800-5460000

2 of 3 Report No. T/20190409/2215

CONTINUATION OF REPORT

Driver					
Name	LOO HONG ZHI		ID No.		S8947476J
Related Vehicle	SDX328G (Car)				1 A SECTION OF THE SE
	35/326G (Car)		Cont	act No.	90110330
Hospital/Clinic	NIL		Classes		
			Class of Driving Licence &		Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Die	Expiry Date ischarge NIL		
No. of Days gran	ted Medical Leave NIL	Date Dis	charge	NIL	
Passenger		Degree o	of Injury	NIL	
Name	TANG XIN YI				
	DOZDA SANA MA		ID No).	S9111550F
Related Vehicle	SDX328G (Car)				
	Concess (Car)		Contact No.		NIL
Hospital/Clinic	NIL		-		
				of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	haraa	NIL	
No. of Days grante					

Brief Details.

On 09/04/2019 at about 2039hrs, I was driving my vehicle bearing registration no. SDX328G along Tampines Street 82 towards Tampines Ave 3. I slowed down my vehicle upon reaching the stop line at the T junction of the said road. Subsequently one vehicle bearing the registration SKJ1416U from the rear hit onto the rear portion of my vehicle. I then alighted from my vehicle to make a check on the condition of the rear. I then requested to exchange particulars with the other driver. However she behaved aggressively and took my phone and threw it onto the floor. She then got onto her vehicle and drove off from the incident scene. She was wearing the blue NUS t-shirt and shorts. I have a short clip of how she looks like.

The rear portion of my vehicle sustained dents and cracks. My phone sustained cracks on the rear bottom right corner. My phone is a black IPhone 10s MAX (S/N: C39XKEURKPH4).

I suffered stiff around my neck area. I did not have any camera fitted in my vehicle. My passenger who was seated beside the driver seat also suffered stiffness and pain at the lower back. Both driver and passenger will seek medical treatment.





Police Station Of Origin: Airport Police, Airport Police Post 35 Airport Boulevard SINGAPORE 819645 Tel No: 1800-5460000

3 of 3 Report No. T/20190409/2215

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: APD / MUHIBBULLAH S/O SEGU ABUBACKER	Signature Of Informant: Am 21-
Signature Of Interpreter: Not applicable	Date/Time: 09/04/2019 23:16
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:
Authendication Stamps	



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Lee Geok Khuan

Period of Insurance : 08 Dec 2018 To 07 Dec 2019

Engine No. : 27186030009698

Chassis No. : WDD2073472F022011

Vehicle No. : SDX328G Policy No. : 2100178404-09

Endorsement No. Issued Date

: 04 Dec 2018

ABOUT THE COVER

Make/Model : MERCEDES BENZ E250 CGI BE COUPE

Engine Capacity/Tonnage : 1,796.00 CC Sum Insured : Market Value Driver Restriction First Year of Registration : 2009 : NA Off Peak Car : No Person or Classes of Persons Entitled to Drive* : Insuring with COE/PARF : Yes

All The Policyholder
 Any other person who is criving on the Policyholder's order or with higher permission.
 This Policy will indemnify the Policyholder or any authorised driver only if helishe 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 than

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 fulfion, driving test, racing, pace-making, reliability trial or speechasting, the carriage of goods other than samples in connection with any trade or business 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 35 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings. EXCESS

Section 1 Fire - S0 Own Damage - \$1000 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Lee Geck Rhuan - \$1000 (Own Damage)

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

Cycle & Carriage Euros Service Center (For accident reporting only). Add: 330 Ltb: Road 3 Singapore 408650 62061818.
 Cycle & Carriage Plandan Loop Son/ice Center - Body Care & Repair. Add: 188 Plandan Loop Singapore 128578 62061818.

For other Approved Reporting Centres/AG Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 6338 6200. Alternatively, you may refer to AKS website seww.atg.com.ag or AIO SG Mobile App. Simply search and download "AIO 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 the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500660050

CYCLE & CARRIAGE - CORPORATE 239 ALEXANDRA ROAD

SINGAPORE 159930 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE



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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 04 Jun 2008 of the driver; and other motor vehicles =< 2500kg

FOR C&C USE ONLY







Driving License













