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	10/05/2019 15:26
Date Of Accident	10/05/2019 13:40
Exact Location Of Accident	JCT OF BEACH RD & OPHIR RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCQ628P
Insured/Policyholder	
Name Of Registered Owner	GOH AH NOI
NRIC No	S0061585D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90182526
Alternative Phone No	Office-90182526
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180
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
lf 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	2100362716-05
Cover Note Number	
Driver	
Name of Driver	GOH AH NOI
NRIC No	S0061585D
Date Of Birth	16/12/1949
Occupation	INDOOR
Date Of Driving Pass	06/12/1972

46 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-90182526

Fax Number

Contact Number OFFICE-90182526

EMail Address NOEMAIL

Address 5 MOUNT SINAI LANE

Postcode 276996
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 COLLISION - HEAD TO REAR

2

NO

YES

NO

1

NO

NO

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?

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

BOTH VEHICLE WAS STATIONARY, MY CAR ROLL FORWARD AND TOUCH THE CAR B (SLJ8456X) REAR BUMPER THERE IS NOT ANY DAMAGED TO MY CAR LIKEWISE VERY LIGHT ON CAR B REAR BUMPER.

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 SLJ8456X

Vehicle Make/Model/Colour TOYOTA WISH WHITE

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver ONG CHONG WEE (WENG ZONGWEI)

NRIC/Passport Number S7424150F

Contact Number Address

96908666

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- 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 My insurer, my workshop and the General Insurance Association of Singapore (GIA) may are permitted to collect, use, discuss emorphores 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")
- (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 management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - the information so collected under (d) above may be shared a shared and the information so collected under (d) above may be shared a shared and shared and shared and sometimes that assist in evaluating, investigating, controlling or fibranching 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.

Policyholder's Signature ~

Date & Time 10.05.19 15:00PM

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's

Name

NRIC/FIN No .:

A: 500 6281 B: 517 8456x

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Both velide was stationary. By velide not forward and look the vehicle SLJ 8456 x sear burger there isn't any damped to my vehicle likewise day light on SLJ 8456 x rear burger.

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 10.05.19 15:00PM

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Persono

NRIC/FIN No .:



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Goh Ah Noi

Period of Insurance : 24 Jan 2019 To 23 Jan 2020 Engine No. : 27491030132894 Chassis No. : WDD2040312A929439

: WDD2040312A929439

Policy No.

Vehicle No. : SCQ628P

: 2100362716-05

Endorsement No. Issued Date

: 07 Jan 2019

ABOUT THE COVER

: MERCEDES BENZ C180 CGI BE 1.6 (STYLE)

Engine Capacity/Tonnage : 1,595.00 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 ege 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 2

Age Condition

: All Age Condition

Limitation as to use* :

Lith flattude dis direction of the Collection with any trade or business. This Policy does not cover use for hire or seward, driving business, driving best, racing, pece-making, (eliability trial or speed-assing, 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 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings. EXCESS

Section 1 Fire - 50 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Goh Ah Noi - \$800 (Own Damage)

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

Cycle & Carriage Euros Service Center (For accident reporting only) Asid: 330 Ulbi Road: 3 Singapore 408650 62061818
 Cycle & Carriage Pandan Loop Service Center - Body Care & Repair: Add: 188 Pandan Loop Singapore 128378 62061818

For other Approved Reporting Centres/A/Q Authorised Repairers, please contact our 24-hour accident emergency hottins at +65 (338 5200, Alternatively, you may refer to A/G website www.atg.com.sg or A/G S/G from IT unles or Google Play.

IMPORTANT NOTES

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

Whe 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, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia).

0500660394

CYCLE & CARRIAGE - ANGELA 239 ALEXANDRA ROAD

SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

Accident Sketch Plan





















