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 conseaforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	17/06/2019 17:29
Date Of Accident	17/06/2019 08:10
Exact Location Of Accident	FARRER ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKF5565S
Insured/Policyholder	
Name Of Registered Owner	MESENAS STEVEN JOSEPH
NRIC No	S1746439F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81253452
Alternative Phone No	Office-81253452
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	S320
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	1800148828
Cover Note Number	
Driver	
Name of Driver	MESENAS STEVEN JOSEPH
NRIC No	S1746439F
Date Of Birth	05/08/1966

INDOOR

08/05/1987

32 YEARS AND 1 MONTH

Gender **MALE**

Mobile Number (LOCAL) +65-81253452

Fax Number

Contact Number OFFICE-81253452

EMail Address NOEMAIL

Address 72 FARRER RD #02-02

Postcode 268851 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**

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

I ACCIDENTALLY COLLIDED CAR B (SHC4154C) REAR MINORLY. I HAVE IN-CAR CAMERA TO SHOW.

2

NO

NO

YES

NO

1

NO

NO

Attachment(s)

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

Remarks/ Reasons: REFER CSE AQ

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC4154C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category **TAXI**

RANI KRISHNASAMY Name of Driver

NRIC/Passport Number

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

81253452

Sketch Plan

SKETCH PLAN

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- 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 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 :
 - (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")
- 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

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

Policyholder's Signature

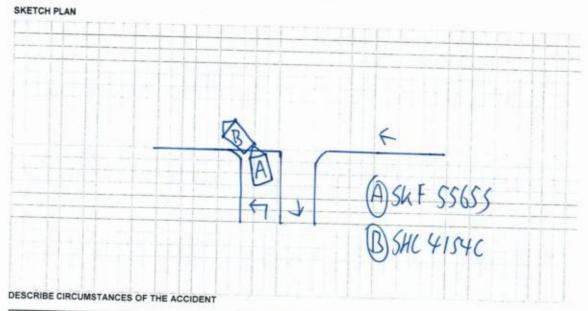
Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's



I accidently collided B relicle rear minory. I hay in can campra to show.

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: HGh ()



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

Class 3

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

PASS DATE

08 May 1987

FOR CACUSE ONLY

NP 428A



COVER NOTE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

The Inditiving risk described on this Cover Note is hereby HELD COVERED on the ferms and ognitions of the policy issued in the Policyholic

Name of Policyholder : MESENAS STEVEN JOSEPH /

Period of Insurance | 1/2/10 Dec 2018 to 08 Dec 2019 |
Engine No. | 27682430963479 | 7/2 |
Chasis No. | : WDD2221622A448739 |

Vehicle No.

Cover Note No. Endorsement No. : SKA755655 : 1800148828

Issued Date : 10 Dec 2018

ABOUT THE COVER

Driver Restriction

Make/Model

: MERCEDES Benz/\$320L Sedan

Engine Capacity/Tonnage : 2,996.00 CC : 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 to Any other person who is driving on the Policyholder's oxfor or with his/her permission. This Policy will industrially like Policyholder or any solihorised driver only if harithe masts the specified eye condition.

You have to pay an editional sum of \$3,000 as "Young and/or inexpensaced Oriver Excess" ("YER") If You are or Yeur Authorised Oriver (named or unnamed) is under the age of 23 and/or has less than 2 years' diving expensace.

Age Condition

Age Condition : All Age Condition Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Polityholdar's business.
This Polity does not cover use for this or several, driving sation, driving test, racing, pace-making, reliability lifet or speed leaving. The cardiage of goods other than samples in connection with any loads or use for any purpose in connection with Motor Trade.

Loss of Use 2000co

* 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 (Malaysta), are sol to be inclined under these headings.

EXCESS

Section 1 Fire - 50 Own Damage - 5000 Theft - 50 Flood Cover - 50

Section 2 Property Damage - \$0

Named Driver and Excess (where applicable) MESENAS STEVEN JOSEPH - \$603 (Own Damage)

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

& Cavilage Euron Sentice Center (For excident reporting only) Add: 330 Ubi Road 3 Singapore 409650 6256 (618

2.Cycle & Cerriage Pandan Loop Service Center - Body Care & Repair Add: 18th Pandan Loop Singapore 126376 62661616

For other Approved Reporting Centres/A/3 Authorised Repatiers, please contact our 34-bour accident emergency holline at +65 6338 6500. Alternatively, you may refer to A/G website www.sig.com.sg or A/G 9/3 Mobile App. Simply search and download "A/G 8/0" from Turnes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan; United Overseas Bank Lynited

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

While hereby couldy that this Cover Note is leased in accordance with the provisions of the Motor Verticles (Third Party Risks and Compensatios) Act (Cop. 169), Part IV of the Road Transport Act, 1967
(Malsedys) and Motor Verticles (Third Party Risks) Rules, 1939 (Malseysia), For Corporate Policies, this Cover Note is valid for 69 days from the commencement date of the period of featurence.

0504612252

CYCLE & CARRIAGE - TOMMY

239 ALEXANDRA ROAD SINGAPORE 169930

Underwritten by AIG Asis Pacific insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. ISED REPRESENTATIVE

29 She to May 007-16 AKS Building S019120 | 1 +65 6410 3000 | www.arg.com.sd

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Accident Photo



Accident Photo



