Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 26/08/2019 16:07

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 <u>truthful and accurate</u> 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	26/08/2019 16:04
Date Of Accident	06/07/2019 20:30
Exact Location Of Accident	EAST COAST PARKWAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS4840Z
Insured/Policyholder	
Name Of Registered Owner	CHEONG KOK WAI
NRIC No	S0026788J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96180955
Alternative Phone No	Office-96180955
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	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	1700052051
Cover Note Number	
Driver	
Name of Driver	CHEONG KOK WAI
	S0026788J
NRIC No Date Of Birth	\$0026788J 26/03/1950
NRIC No	

09/05/1979

40 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96180955

Fax Number

OFFICE-96180955 **Contact Number**

EMail Address NOEMAIL

Address 60 HOLLAND ROAD #05-04

Postcode 258868 Was driver an employee of the Insured's Company NO **OWNER** If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident NO COLLISION

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? NO

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

2

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name PASIR RIS NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 1 PASIR RIS DRIVE 4, POSTCODE: 519457, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-5852999 - FAX NO: 65855261

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER POLICE REPORT NO: T/20190726/2095, PASIR RIS NPC.

Attachment(s)

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT Are accident photos available for attachment?

Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vahiala Catan

SH8586G

Name of Driver NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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.
- 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.
- 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 made available aforesaid.
- 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:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (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 packages); and/or
 - (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
- (c) 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.
- (d) 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:
 - (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

Name: Alay (

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 1 of 3 Report No. T/20190726/2095

Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/07/2019 15:32			Vide Report No.:	Station Diary No.: 96		
Informa	nt's Partic	ulars				
Name of Informant: CHEONG KOK WAI			Address: 69 HOLLAND ROAD #05-04 SINGAPORE 258868			
ID Type / ID No.: NRIC NO / S0026788J			Contact No.: Home/Office:	Mobile: 96180955		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Age: Date of Birth: Male 69 26/03/1950			Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: Managing director/Chief executive officer			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/07/2019 20:30	Type of Location
Location: Along Road 1 EAST COAST	PARKWAY			
Weather:		Road Surface:	R	oad Speed Limit:
Traffic Flow:		Traffic Control:	Tı	raffic Volume:

Details of V	ehicle Invo	lved		State of the last	Andrew Street	STATE OF THE PARTY
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLS4840Z	Car	MERCEDES BENZ	E250 EXCLUSIVE (R18 LED)	Grey		0

Details of V	ehicle Insurance	Porte party to have	College College College	SERVICE STATE
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLS4840Z	AIG ASIA PACIFIC INSURANCE PTE.	1700052051-01	20/09/2018	19/09/2019





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

2 of 3 Report No. T/20190726/2095

CONTINUATION OF REPORT

Details of Perso	n Involved		Service State of the last	11-11-	AND THE	AVE BY STREET
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver						
Name	CHEONG KOK WA	d .		ID No		S0026788J
Related Vehicle	SLS4840Z (Car)	-	Conta	ct No.	96180955	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disch	narge	NIL		
No. of Days granted Medical Leave NIL			Degree of	Injury	NIL	

Brief Details.

On the 25/07/2019 at about 2030hrs, I arrived home and received a letter from the Traffic Police; asking me to lodge a Traffic Accident Report prior to an incident involving my vehicle (SLS4840Z) which happened on the 06/07/2019 at 2030hrs, along East Coast Parkway.

I wished to inform that on the 06/07/2019 at 2030hrs, I was driving my said vehicle along ECP, AYE and subsequently Sentosa's vicinity. However, throughout the entire journey, my vehicle was not involved in any collisions or issues with any drivers, riders or pedestrians. The entire journey was smooth without any stoppage.

On the 26/07/2019, before heading to the police station to make enquiries, I took a video around my vehicle and observed that there were no damages found. In addition, from 06/07/2019 to 26/07/2019, my vehicle was not involved in any type of traffic accidents and my vehicle was not being sent for any repairs. I am the sole owner of the said vehicle and no one else had the access to driver it.

As such, I am lodging this traffic accident report as instructed by the traffic police's letter as well as to provide my side of story; affirming that there was no traffic accident involving my vehicle on the said day.





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

3 of 3 Report No. T/20190726/2095

Tel No: 1800-5852999

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 G / Sgt 3 TAN JUN HAO	The Report:	Signature Of Informant:			
Signature Of Interpreter: Not applicable		Date/Time: 26/07/2019 15:32			
Officer In Charge Of Case: TP / HRT /		Classification Of Case:			
Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	SINGAPORE POLICE FORCE				
Authentication Stamp NP168		4			



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : CHEONG KOK WAI

Period of Insurance : 20 Sep 2018 To 19 Sep 2019

Engine No. Chassis No.

: WDD2130452A320004

: 27492031183739

Vehicle No.

: SLS4840Z

: 1700052051-01 Policy No.

Endorsement No.

Issued Date

: 29 Aug 2018

ABOUT THE COVER

Make/Model

: MERCEDES Benz E250 Sedan Exclusive

Engine Capacity/Tonnage : 1,991.00 CC

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2017 Insuring with COE/PARF : Yes

: NA Driver Restriction

Person or Classes of Persons Entitled to Drive":

a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or eith Higher permission.
 b) Any other person who is driving on the Policyholder or any authorised driver only if heishe meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young ansfor 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 years' driving experience.

Age Condition

: All Age Condition

Use only for social, domestic and pleasure purposes and for the Policyholoen's business.

Use only for social, domestic and pleasure purposes and for the Policyholoen's business.

This Policy does not cover use for him or revern, driving fullon, deving test, racing, pace-making, reliability tiel or socied-testing, the carriage of goods other than samples in connection with Motor Trade.

* Limitations rendered Inoperative by Section 8 of the Motor Venicles (Third-Party Risks and Compensation) Act (Cap. 186) and Section 95 of the Road Transport Act, 1987 (Malayella), are not to be included under these headings.

EXCESS

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

Section 2 Property Diamage - 90

Windscreen: \$100

Named Driver and Excess (where applicable)

CHEONG KOK WAI - \$800 (Own Damage)

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

1. Cycle & Carriage Euros Service Center (For accident reporting only). Asd: 330 Ltb Road 3 Singapore 498500 03061818.
2. Cycle & Carriage Pandah Loop Service Center - Body Cere & Reger: Add: 188 Pandah Loop Singapore 128378 62061818.

For other: Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour additional emergency hotine at +56 6038 6200. Alternatively, you may refer to AIG website www.sig.com.sg or AIG SG Mabile 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

Was 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, 1989 (Malaysia).

0504612227

CYCLE & CARRIAGE - HAL 239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE



Issue Date: 02 Apr 2013

FORCE SECT

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

EFFECTIVE DATE

Motor Cars=< 3000kg with =<7 passengers, exclusive 09 May 1979 of the driver; and other motor vehicles =< 2500kg Class 3

FORCACISFONI



NP 428A