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 constaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	27/08/2019 10:42	
Date Of Accident	26/08/2019 10:30	
Exact Location Of Accident	FUSIONOPOLIS BASEMENT CARPARK	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SGM8050B	
Insured/Policyholder		
Name Of Registered Owner	LO KHEE SHIK TIMOTHY	
NRIC No	S7110724H	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-91123520	
Alternative Phone No	Office-91123520	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	CLA180	
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	2100431268-03	
Cover Note Number		
Driver		
Name of Driver	TAN ING ING	
NRIC No	S7024042D	
Date Of Birth	18/07/1970	
Occupation	INDOOR	

30/07/2005

14 YEARS AND 0 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-91510073

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 12 FARRER ROAD #09-09

Postcode 268824 Was driver an employee of the Insured's Company NO

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

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

2

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

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I WAS DRIVING MY CAR ALONG FUSIONOPOLIS BASEMENT CARPARK TOWARD THE EXIT. THERE WAS A HUMP SO I ACCELERATED AND HAD BUMP ONTO CAR B (SMM2836U) REAR PORTION.

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

SMM2836U Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR YEO ENG CHUAN Name of Driver

NRIC/Passport Number

Contact Number Address

92211972

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Liberty Insurance Pte Ltd

SKETCH PLAN

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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 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")
- 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 to all insurers and/or any other third parties that assist in evaluating, investigating, or enforcement and government agencies as reasonably required for the purposes stated, or Kerlyn Ong Kai Li

(ii) for complying with requirements under any regulations, laws or court orders. DID: 6771 4420 HP: 9186 5113

Email: kerlyn.ong@cyclecarriage.com.sg Cycle & Carriage Industries Pte Ltd Customer Service Centre - Pandan Loop

Policyholder's Signature Date & Time 27/08/2019 1019

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 (SGM8050B) ALONG FUSIONOPOLIS BASEMENT CARPARK TOWARD THE EXIT. THERE WAS A HUMP SO I ACELERATED AND HAD BUMP ONTO VEHICLE B (SMM2836U) REAR 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 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 27/08/2019 1019

Driver's Signature (If driver island the policyholder) Date & Time Kerlyn Ong Kai Li
DID: 6771 4420 HP: 9186 5113
Email@PpthivaCentre Revoluceuriage.com.sg
CNotect GERIAGN Industries Pte Ltd
Custampt Newsice Centre - Pandan Loop



POLICY SCHEDULE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Policy No.

Address

: 2100431268-03

Period of Insurance : 01 Oct 2018 to 30 Sep 2019

Issued Date : 25 Sep 2018

ABOUT THE POLICYHOLDER

Name of Policyholder

: Lo Khee Shik Timothy : 12 Farrer Road

#09-09

SINGAPORE 268824 Occupation/Nature of Business ; Uniformed Group

ABOUT THE VEHICLE

Registration No. : SGM8050B

Chassis No.

: WDD1173422N264392

Seating Capacity: 5

First Year of Registration : 2015

Make/Model : MERCEDES BENZ CLA180 URBAN Hire Purchase Company/Employer's Loan : DBS BANK LTD Engine Capacity/Tonnage: 1,595.00 CC

Engine No. Body Type

: 27091030754106

: Sedan

ABOUT THE COVER

Sum Insured

: Market Value

Driver Restriction : NA

Off Peak Car

Insuring with COE/PARF : No

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/hor permission.
 This Policy will insomnify the Policyholder or any authorised driver only if hership meets the specified age condition.

You have to pay an additional sum of \$3,000 as: "Inexperienced Dever Excess" ("IDR") if You are or Your Authorised Driver (named or unnested) has less than 2 years' driving experience.

Age Condition

: 40 years old and above

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 him or reward, driving fullion, driving test, racing, pace-making, reliability that 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 Motor Trade.

Other Key Policy Benefits:

Fintures / Accessories - \$1900, Act of Gos. Key Replacement Cover-\$2000, Personal Effects - \$1000, Loan Protection, PA treured - \$100000, Spiar Film - \$1150, NCD Protector, PA to Authorised Driver / S5000 Desicr + AIG Authorised Workshops, In-Car Camera Excess Walver, Loss of Use 2000cc, Strike, Roots and Civil Commissions, Flature and Accessories (Counsel);

EXCESS		
Section	1	

Own Damage - \$500 Thett - \$0 Flood Cover - \$0

Section 2 Property Demage - \$0 Windscreen: \$100

Named Driver Lo Rhee Shik Timothy - \$800 (Own Damage)

PREMIUM

Premium : \$ GST (7%) :\$

1,001.38 70.10

1,071.48

Total

:\$

Your Premium includes the following discount(s):

COE Discount - 5.00%, Safe Driver Discount - 5.00%, Group Discount - 5.00%, No

Claim Discount - 50%



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

Class 3A Motor cars without clutch pedals =< 3000kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles without clutch pedals =< 2500 kg

PASS DATE

30 Jul 2005

FORCACUSEONLY

Licence No: S7024042D

NP 428A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7024042D





TAN ING ING

陈盈盈

CHINESE

Date of Birth

18-07-1970 Country of Birth

SINGAPORE

FOR CACUSE ONLY

0468401

OR CACUSE ONLY

S7024042D

0+

12-08-1992

12 FARRER ROAD #09-09 SINGAPORE 268824

NRIC No: \$7024042D

Date: 16/01/2013 No: 7293178









