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 ins ont to the archiving of this ort at the

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	09/09/2019 10:23
Date Of Accident	07/09/2019 16:30
Exact Location Of Accident	STADIUM WALK ROUND-ABOUT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDS636T
Insured/Policyholder	
Name Of Registered Owner	TEO BEE KENG
Passport No/FIN	SXXXX454E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81689250
Alternative Phone No	Office-81689250
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?	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	2100483420-02
Cover Note Number	
Driver	
Name of Driver	TAN POH CHIN
Passport No/FIN	SXXXX387I
Date Of Birth	08/08/1955
Occupation	INDOOR
•	

18/03/1981

38 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-81689250

Fax Number

Contact Number

EMail Address NOEMAIL

Address 6C TANJONG RHU RD #05-01

Postcode 436885

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

vourence Company of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - ROUNDABOUT

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

NO

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) 2

Passenger 1 Name: : UNKNOWN

Gender: : Female

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

s notice of intended i rosecution given:

If Yes, against whom?

Circumstances of Accident

I WAS DRIVING MY CAR ALONG STADIUM WALK ROUND-ABOUT HEADING TOWARD STADIUM WALK. I WAS TRAVELLINF AT THE EXTREME LEFT LANE HEADING STADIUM WALK. CAR B (SLF8348X) CAME FROM STADIUM BLVD DID NOT NOTICED MY CAR AND COLLIDED ONTO MY LEFT FRONT PORTION WHILE EXITING FROM THE MINOR ROAD.

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 SLF8348X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

WILFRED WEE ENG

SXXXX686G

98470514

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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 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 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
- (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.

Driver's Signature

Date & Time

Policyholder's Signature

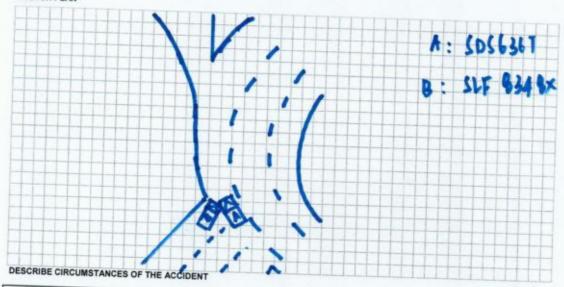
(If driver is not the policyholder) Date & Time 09/09/2019 0856

Customer Service Centre - Pandan Loop Reporting Centre Personnel's

Kerlyn Ong Kai Li DID: 6771 4420 HP: 9186 5113 Email : kerlyn.ong@cyclecarriage.com.sg Cycle & Carriage Industries Pte Ltd

> Name: KERLYN NRIC/FIN No .:

SKETCH PLAN



I WAS DRIVING MY CAR (SDS636T) ALONG STADIUM WALK ROUND-ABOUT HEADING TOWARD STADIUM WALK. I WAS TRAVELLING AT THE EXTREME LEFT LANE HEADING STADIUM WALK.

VEHICLE B (SLF8348X) CAME FROM STADIUM BLVD DID NOT NOTICE MY CAR AND COLLIDED ONTO MY LEFT FRONT PORTION WHILE EXITING FROM THE MINOR ROAD.

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 09/09/2019 0856

Kerlyn Ong Kai Li

DID: 6771 4420 HP: 9186 5113 Email: kerlyn.ong@cyclecarriage.com.sg Cycle & Carriage Industries Pte Ltd

Customer Service Centre - Pandan Loop

Reporting Centre Personnel's

Name: KERLYN NRIC/FIN No.:

CERTIFICATE OF INSURANCE

DES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Policyholder

: Teo Bee Keng

of Insurance

: 29 Sep 2018 To 28 Sep 2019

No. sis No.

: 27491030709152 : WDD2050402R205100 Vehicle No.

: SDS636T

Policy No.

: 2100483420-02

Endorsement No. Issued Date

: 13 Aug 2018

OUT THE COVER

: MERCEDES BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE

Engine Capacity/Tonnage ; 1,595.00 CC Driver Restriction

: NA

Sum Insured : Market Value

First Year of Registration : 2016

Person or Classes of Persons Entitled to Drive* :

Off Peak Car : No

Insuring with COE/PARF : Yes

a) The Policynouser 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 age condition.

You have to pay an additional sum of \$3,000 as "inexperienced Driver Excess" (1DR") If You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition

: 30 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 hire or reward, driving busin, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than aamples 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 Rosks and Compensation) Act (Cap. 188) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings. EXCESS

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

Named Driver and Excess (where applicable)

Teo Bee Keng - \$800 (Own Damage)

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

Cycle & Carriage Europ Service Center (For accident reporting only). Add: 330 Util Road 3 Singapore 408500 02051818
 Carriage Pandan Loop Service Center - Body Care & Repair. Add: 188 Pandan Loop Singapore 126378 62061818

For other: Approved Reporting Centres/AlG Authorised Repairers, please contact our 24-hour or AlG SG Mobile App. Simply search and download "AlG SG" from (Tunes or Google Play. ncy hattine as +55 6336 6200. Alternatively, you may refer to AIG website www.aig.com.sg

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, 1887 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1958 (Malaysia).

0504380245

CYCLE & CARRIAGE - STANLE 239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

ton Way \$57-18 ALG DUMBING S076120 | T - 65 6410 2000 | F - 65 6416 3723 | www.nis.com.ng





OR C&C USE ONLY

luxe Date 10 Mar 2003

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

FOR CRC USE ONLY

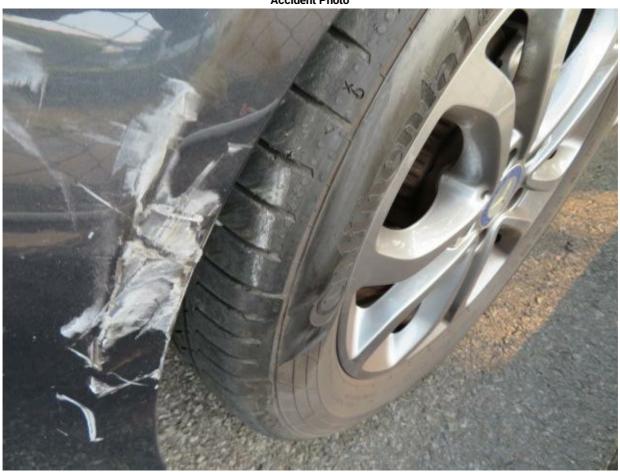




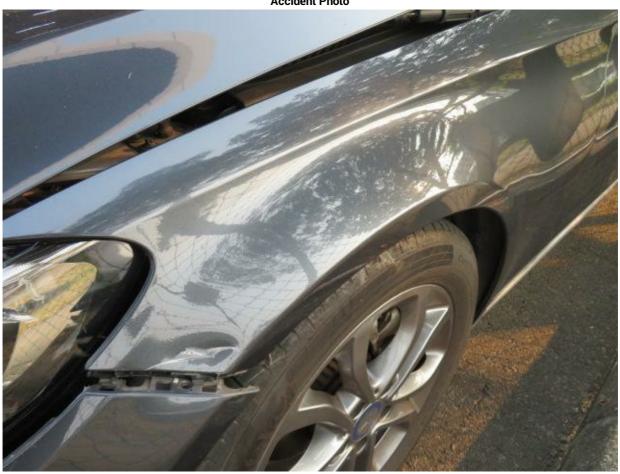


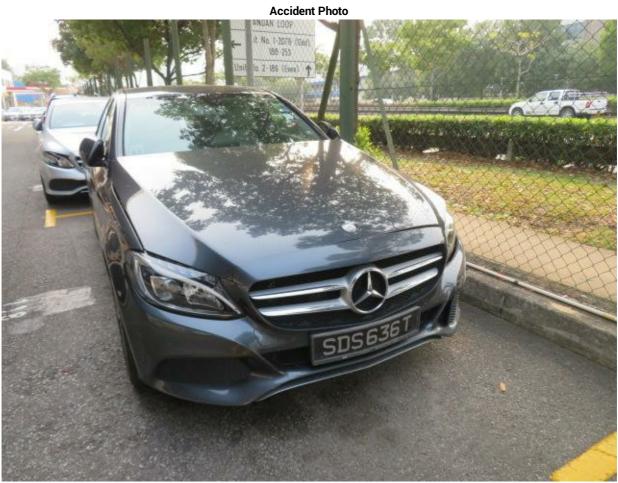


Accident Photo









Accident Photo

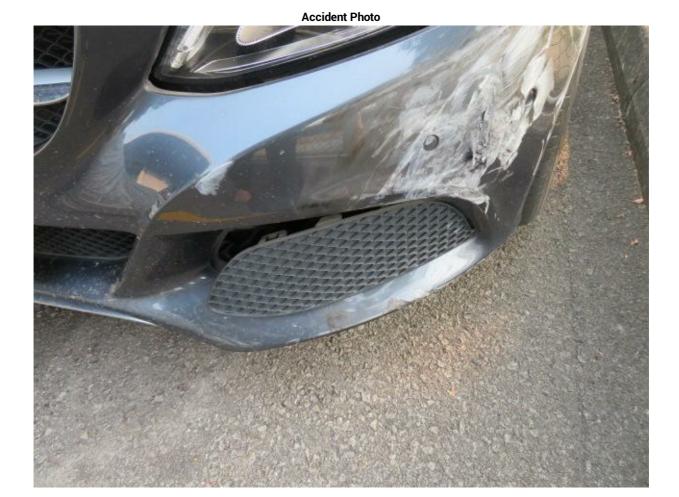












Driving License

