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 conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	26/11/2019 09:25	
Date Of Accident	25/11/2019 14:45	
Exact Location Of Accident	JCT WEST COAST RD & JTIT RD	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKT252D	
Insured/Policyholder		
Name Of Registered Owner	NG HUI KOON	
NRIC No	S1491302E	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-97951919	
Alternative Phone No	Office-97951919	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	GLC250	
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	1900072699	
Cover Note Number		
Driver		
Name of Driver	ANG OH CHUEK	
NRIC No	S1692053C	
Date Of Birth	19/04/1965	

INDOOR

29/05/1992

27 YEARS AND 5 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-98427523

Fax Number

Contact Number

EMail Address NOEMAIL

Address 42 PAYA LEBAR CRESCENT

Postcode 534023 Was driver an employee of the Insured's Company NO

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

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

NO

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? YES

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 STOP ALONG WEST COAST RD. WHEN TRAFFIC LIGHT TURN GREEN. INSTEAD OF I ENGAGE TO 'D' MODE, I ENGAGED TO 'R' MODE WHILE REVERSE I HIT ONTO CAR B (SBS3345L) FRONT PORTION. WE EXCHANGE PARTICULAR AND THEN MOVED OFF.

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

SBS3345L Vehicle Registration Number Vehicle Make/Model/Colour **VOLVO GREEN**

Details Of Properties

Vehicle Category **BUS**

Name of Driver JEGAN JAYAMANEY

NRIC/Passport Number G2742588M **Contact Number**

Address

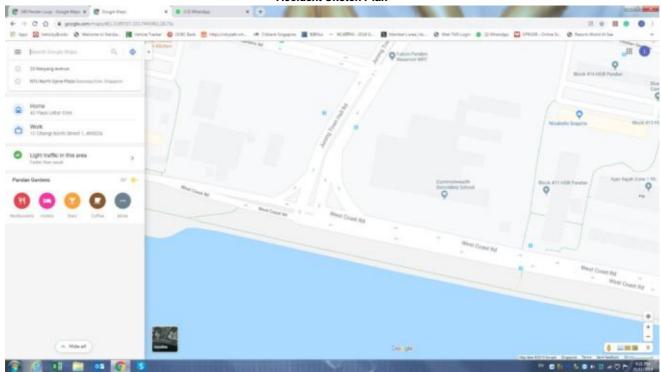
Postcode

Insurance Company Name

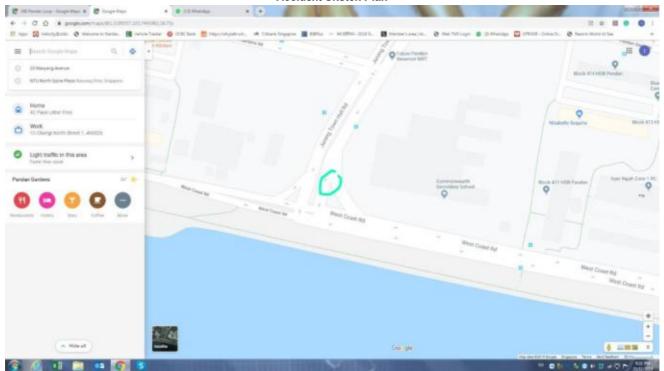
Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan



Accident Sketch Plan



Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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 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.
- 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 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 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.

Vincent Seah

Cycle & Carriage Industries Pte Ltd Body Care & Repair Center OID: 6771,4401 HP: 8332 0062 Fax: 6872 1272 Leasily vincent.sesh@cyclecarriage.com.sg

8

Policyholder's Signature

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time

15.20pm

Reporting Centre Personnel's

Name

Pore & Time

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Both welch was stop along west wer no. When traffic light for heer. Instead of I engage to D' mode, I engaped to R' mode while neverse of his into a Bos Inout portion we explore persiuse ond the more-off.

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)

Vincent Seah

Cycle & Carriage Industries Pte Ltd Body Care & Repair Center DED A771 4401 HP: 8332 0062 Fax: 6872 1272 amail: vineunt.seah@cyclecarriage.com.sg

G.

Policyholder's Signature

Date & Time 25/11/19

Driver's Signature

(If driver is not the policyholder)

25/11/1 15:20pm Reporting Centre Personnel's

Name:



AIG Asia Pacific Insurance Pte. Ltd AIG Building 78 Shenton Way M07-16

MOTOR ACCIDENT INTERVIEW FORM

Name and Advantage and Advanta	
VEHICLE NUMBER	15/17 252 B
DATE/ TIME OF ACCIDENT	25711.6 1411 -
PLACE OF ACCIDENT	25/11/18 14:45 pm
THIRD PARTY VEHICLE (IF ANY)	· NA
WHERE DID YOU START YOUR IOURNEY	**************************************
	AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?
Horae -	To Perdon Loop
DID YOU DRINK ANY ALCOHOLIC DRINKS	C DECODE VOIL DON'S ON THE
POLICE CONDUCT ANY BREATHE-ANALYSI	S BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIE ER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?
NA	
94	
WHAT IS THE TYPE OF COLLISION AND THE	E EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?
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RHR portion	
RHR portion	E EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED? ED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE
RHR portion	
RHR portion	
RHR portion ERE YOU OR YOUR PASSENGER/S INJURE OR INVESTIGATION?	
RHR portion ERE YOU OR YOUR PASSENGER/S INJURE OR INVESTIGATION?	
RHR portion ERE YOU OR YOUR PASSENGER/S INJURE OR INVESTIGATION?	
RHR portion ERE YOU OR YOUR PASSENGER/S INJURE OR INVESTIGATION?	

Accident Sketch Plan

UNDERTAKING

1. Ang o	H duel (NRIC No), hereby
at 14:45 pushours	pore Accident Statement lodged by me on, hereby s pertaining to the accident involving motor car Reg. No: which I was the driver are true and accurate to the best of my
knowledge, information	and belief.
I acknowledge that my a breach of policy terms	insurers are not liable under the contract of insurance if there is and conditions.
irrevocably undertake to insurance and I undertake	related/unreported third party property or injury claim arises or reges that there is a breach of policy terms and conditions, I to absolve my insurer from all liability under the contract of take to re-pay any sums paid by my insurers pursuant to the on receipt of written demand by my insurers.
Signature	: 052
Name of Insured / Drive	r :- (
Nric No.	: As Alow
Date	:
Signature	
Name of Policyholder	1
Nric No.	
Date	



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Engine No. Chassis No.

Name of Policyholder
Period of Insurance : 20 Mar 2019 To 19 Mar 2020
Engine No. : 27490031713891
Chassis No. : WPC2833463F570432

Vehicle No. Policy No. Endorsement No. Issued Date

1900072899 000000000273091 22 Apr 2019

ABOUT THE COVER

Make/Model MERCEDES Bertz GLC250 Couple
Engine Capacity/Tomage 1.991.00 CC Sum Insured Market Value
Driver Restriction NA Off Peak Car No
Person or Classes of Persons Entitled to Drive*
Are peaked and the first size with a design of the finishment and a finishment with a second to the couple of the finishment of the

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

One only for excess, correctic and pleasure purposes and for the Policyhotocr's business. This Policy does not cover use for him or meand, othersy turner, dowing fast, racing, pace-pulsers of use for any purpose in correction with Motor Trade.

Loss of Use 2000cc

ction it of the Motor Vehicles (Trace Fuety Rosks and Conguernation) Act (Cap. 199) and Section 95 of the Rosel Transport Act, 1997 (Moles *Limitations rendered insperative by Se included under these healthigs.

EXCESS

Section 1 Fee - 50 Own Damage - \$500 Theft - 50 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

NG WEI TONG - \$800 (Own Dwmage)

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

Cycle & Carrage Euros Service Center (For accident reporting only). Add. 330 Util Road 3 Segapore 458656 6061818.
 Cycle & Carrage Perden Loop Service Center - Body Care & Repair. Add: 188 Penden Loop Singapore 125378 6361818.

For other Approved Reporting Centree/A, G Authorised Repairen, Divise bottact our 24-hour accident emergency holise at +65 6338 6200. Attenuatively, you may refer to AID website www.aig or or AIG SG Mobile App. Sterply search and download "AID SG" from iTunes or Songle Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

TWe hereby centry that the policy to which this Centricate of transport exists as accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cop. 189), Part the Road Transport Act, 1967 (Melaysia) and Motor Vehicles (Third Party Risks, Rules, 1968 (Melaysia).

0504612215

CYCLE & CARRIAGE - DORA 39 ALEXANDRA ROAD

INGAPORE 159930

ndeneritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. I AUTHORISED REPRESENTATIVE

AIG Asia Pacific Insurance



