

SINGAPORE ACCIDENT STATEMENT

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.
3. 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.
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 | 11/12/2019 13:13 |
| Date Of Accident | 10/12/2019 16:25 |
| Exact Location Of Accident | VIVO CITY DROP-OFF POINT |
| Country/State of Loss | SINGAPORE |

| DETAILS OF OWN VEHICLE | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLA5169S |
| Insured/Policyholder | |
| Name Of Registered Owner | LEOW JOON NGIAN |
| NRIC No | S1186581Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96351714 |
| Alternative Phone No | Office-96351714 |

| | |
|------------------------------------------------------------------------------|---------------|
| Vehicle Particulars | |
| Manufacturer | MERCEDES-BENZ |
| Model | E200 |
| 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 | 2100454711 |
| Cover Note Number | |

| | |
|----------------------|-----------------------|
| Driver | |
| Name of Driver | LEOW JOON NGIAN |
| NRIC No | S1186581Z |
| Date Of Birth | 25/04/1956 |
| Occupation | INDOOR |
| Date Of Driving Pass | 26/02/1976 |
| Driving Experience | 43 YEARS AND 9 MONTHS |

| | |
|-----------------------------------------------------|---------------------------------------|
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96351714 |
| Fax Number | |
| Contact Number | OFFICE-96351714 |
| EMail Address | NOEMAIL |
| Address | BLK 404 BUKIT BATOK WEST AVE 7 #07-14 |
| Postcode | 650404 |
| 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 | SIDE SWIPE |
| 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 |
| Was any other material or property damaged? | YES |
| 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

ON 9 DECEMBER 2019 AROUND 4.15PM. AFTER I FETCHED MY GRAND-DAUGHTER FROM THE PICK-UP POINT. I SIGNALLLED LEFT AND CHECKED MY LEFT REAR MIRROR AND THERE WAS NO CAR. AFTER I MOVED OUT, CAR B (SLS415U) SUDDENLY TRIED TO SQUEEZE THROUGH AND HIT MY FRONT LEFT.

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 | SLS415U |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | MR NATHAN |
| NRIC/Passport Number | |

| | |
|-------------------------------------|----------|
| Contact Number | 90664164 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Accident Sketch Plan

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

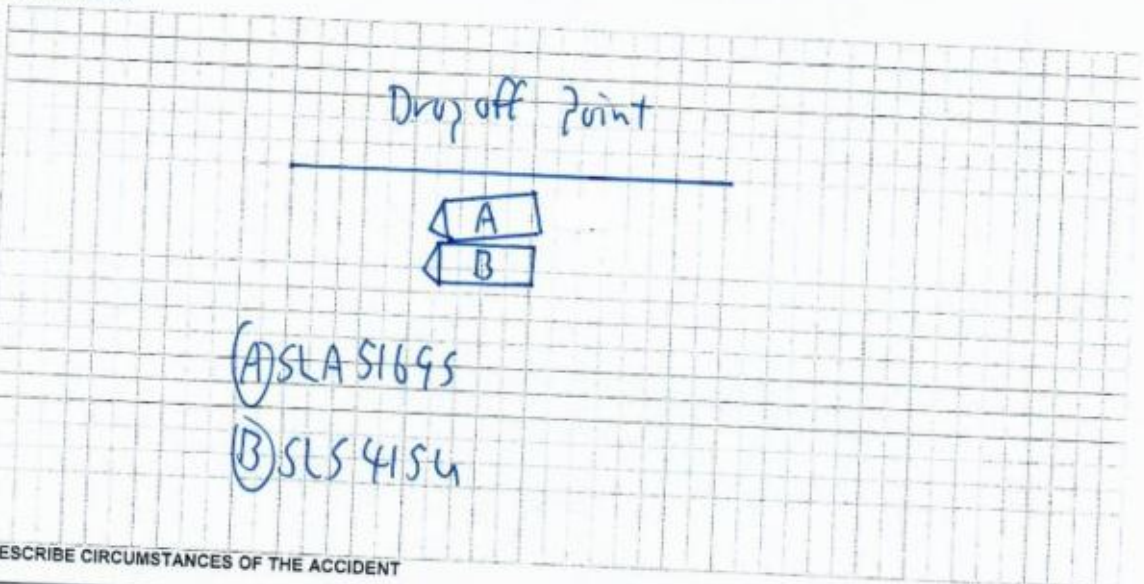
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 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: Alan Quah

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 9/12/2019, around 4:15pm, After I fetched my grand-daughter from the pick-up point, I signalled left and check my left rear mirror and there was no car. After I moved out, a car suddenly tried to squeek through & hit my front left.

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

 11/12/19
 Reporting Centre Personnel's
 Name: Alan Qwa



SPORTSFORT

00001/0001

CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE - PRIVATE VEHICLE

Name of Policyholder : Leow Joon Ngian
Period of Insurance : 03 Mar 2019 To 02 Mar 2020
Engine No. : 27492030472354
Chassis No. : WDD2120342B259896

Vehicle No. : SLA5169S
Policy No. : 2100454711-03
Endorsement No.
Issued Date : 08 Feb 2019

ABOUT THE COVER

Make/Model : MERCEDES Benz E200 2.0 Sedan Edition E
Engine Capacity/Tonnage : 1,991.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2018
Insuring with COE/PARF : Yes

a) The Policyholder
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 "Young and/or inexperienced Driver Excess" ("YIDRE") if You are or Your Authorised Driver (named or unnamed) is under the age of 20 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition
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 tuition, driving test, racing, pace-making, reliability trial 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.

Loss of Use 200000

* Limitations, rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1967 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

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

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Leow Joon Ngian - \$800 (Own Damage)

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

1 Cycle & Carriage Euro Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818

2 Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 186 Pandan Loop Singapore 126378 62061819

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6220. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile 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

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 Risk and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1967 (Malaysia) and Motor Vehicles (Third-Party Risk) Rules, 1959 (Malaysia).

0504380219

CYCLE & CARRIAGE - BOCHUA
230 ALEXANDRA ROAD
SINGAPORE 169930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE



Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1186581Z**
Name:
LEOW JOON NGIAN

Birth Date: 25 Apr 1956
Issue Date: 12 May 2004

001217424K



FOR C&C USE ONLY

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

| Class | Vehicle Description | PASS DATE |
|---------|------------------------------------------------------------------------------------------|-------------|
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 26 Feb 1976 |

NP 428A

Licence No: S1186581Z



FOR C&C USE ONLY

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

