SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	09/12/2019 14:40
Date Of Accident	07/12/2019 11:50
Exact Location Of Accident	ALONG SENGKANG EAST AVENUE (OUTSIDE SENGKANG DEPOT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMQ7159L
Insured/Policyholder	
Name Of Registered Owner	TAN CAIYU
NRIC No	S8441836F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93884646
Alternative Phone No	Office-93884646
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	A200
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
lf 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	1900250204
Cover Note Number	
Driver	
Name of Driver	TAN CAIYU
NRIC No	S8441836F
Date Of Birth	29/12/1984
Occupation	INDOOR
Date Of Driving Pass	22/12/2003

15 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93884646

Fax Number

Contact Number OFFICE-93884646

EMail Address NOEMAIL

Address BLK 432B SENGKANG WEST WAY #15-521

Postcode 792432
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

incle

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

2

NO

NO

YES

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

e accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

I WAS DRIVING MY CAR ALONG SENGKANG EAST AVENUE. AS I WAS TURNING OUT FROM THE MINOR ROAD HEADING STRAIGHT. I DID NOT NOTICE CAR B (SHA1161L) WAS PARKED AT THE ZIG ZAG LINE WAITING FOR PASSENGER AND COLLIDED ONTO THE RIGHT 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

Vehicle Registration Number SHA1161L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

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

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- 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 efferred 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 enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Kerlyn Ong Kai Li

DID: 6771 4420 HP: 9186 5113

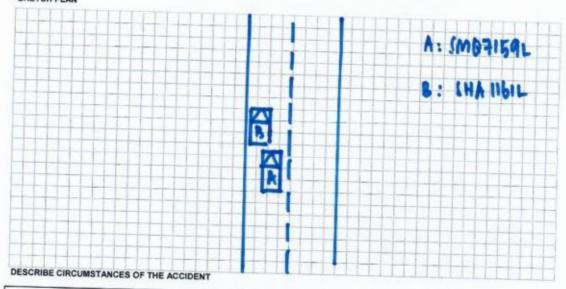
Email : kerlyn.ong@cyclecarriage.com.sg Cycle & Corriage Industries Pre Ltd Customer, Sectivity & Obtat Pers Pandin Loop

Name: KERLYN NRIC/FIN No .:

Policyholder's Signature Date & Time 09/12/2019 1346

Driver's Signature (If driver is not the policyholder) Date & Time

SKETCH PLAN



I WAS DRIVING MY CAR (SMQ7159L) ALONG SENGKANG EAST AVENUE. AS I WAS TURNING OUT FROM THE MINOR ROAD HEADING STRAIGHT, I DID NOT NOTICE VEHICLE B (SHA1161L) WAS PARKED AT THE ZIG ZAG LINE WAITING FOR PASSENGER AND COLLIDED ONTO THE RIGHT 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)

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

Policyholder's Signature Date & Time 09/12/2019 1346

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's

Name: KERLYN NRIC/FIN No.:

UNDERTAKING

I, Tan Cai	
confirm that the at 1346 SMQ7159L	Singapore Accident Statement lodged by me on 09/12/2019 hours pertaining to the accident involving motor car Reg. No.
	, in which I was the driver are true and accurate to the best of my mation and belief.
I acknowledge the	nat my insurers are not liable under the contract of insurance if there is y terms and conditions.
irrevocably under	an unrelated/unreported third party property or injury claim arises or elemerges that there is a breach of policy terms and conditions, I rtake to absolve my insurer from all liability under the contract of undertake to re-pay any sums paid by my insurers pursuant to the nice upon receipt of written demand by my insurers. : Tan Calyu : S8441836F
Date .	09/12/2019
Signature	: 140
Name of Policyhol	der : Tan Calyu
Nric No.	: S8441836F
Date	09/12/2019
8	



AIG Asia Pacific Insurance Pte. Ltd AIG Building 78 Shanton Way #07-16

MOTOR ACCIDENT INTERVIEW FORM

	TORIVI
VEHICLE NUMBER DATE/ TIME OF ACCIDENT PLACE OF ACCIDENT	: Tan Caiyu
	SMQ7159L
	: 07/12/2019 // 2350
	01112201911 2350
THIRD PARTY VEHICLE (IF ANY)	ALONG SENGKANG EAST AVENUE (OUTSIDE SENGKANG DEPO
* *************************************	
WHERE DID YOU START YOUR JOURNEY	AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?
D ID YOU DRINK ANY ALCOHOLIC DRINKS POUCE CONDUCT ANY BREATHE-ANALYSI	S BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC ER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?
HEAD TO REAR	E EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?
WERE YOU OR YOUR PASSENICED (C. INUINE	
OR INVESTIGATION?	D? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE
1	
- 18	
AME: Tan Caiyu	
AFFIRMED THE ABOVE INFORMATION IS G	IVEN TO MY BEST KNOWLEDGE

AIG

COVER NOTE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : TAN CAIYU (CHEN CAIYU)
Pertod of Insurance 29,-22 Nov 2019 to 21 Nov 2020
Engine No. : 28291480183560 728
Chasis No. : WDD1771872W032199



Vehicle No. Cover Note No. Endorsement No. Issued Date

Sm 67159 : 1900250204

ABOUT THE COVER

Make/Model : MERCEDES Bonz A200 Progressive
Engine Capacity/Tonnage : 1,332,00 CC Sum Insured : Market Value First Year of Registration : 2019
Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive":

: 22 Nov 2019

a) The Indichicate:
b) Any other person who is divergion the Robbyesser's power or sets, native personator.
This Pulsey will indice only the indichicate or any sufficient driver any if healths thesis the specified against other pays.

Age Condition : 30 years old and above Limitation as to use*

Use prey for access, observable, and platasare purposes and for the Policyholder's fusioners. This Policy does not occur use for this or reward, diving faulture, driving time making passers burnessed by use for any policyce in compression with laters. The property and making passers

*), retaining randomic loopington by Socials it of the Included under these headings.

EXCESS

Section 1 Fire - 50 Own Damage - \$800 Theft - 50 Flood Cover - \$800

Section 2 Property Damage - SC

Windstreen: \$100

Named Driver and Excess (where applicable)
TAN CAPU (CHEN CAPU): \$800 (CHEN DAMAGE) \$600 (Floor Cover)

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

1. Cycle & Certinge Europ Service Center (For acceleral reporting entry). Add: 330 LBs Read 3 Singapone 438635 42061418 2 Cycle & Camage Pander Long Service Genier - Sing Cene & Receiv. Add: 188 Fember Long Simpapone 128178 62061818

For other Approved Repeating Common/AC Authorised Repeature, please contact our 24-hour accident emergency halfs and 50 Mobile App. Strong search and download 'Artil 50' from Turins or Google Page.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

If you do not relative your Certificate of Incurrence send policy documents within 30 days from the Prospition take stated on this cover code, please contact Alls introduction.

When haven, certify that the Cover Notes is insued in socionations with the provisions of the Makely Ventices (Third Penty Roses and Companisation), that (Dass 188), From IV of the Roses Transport Aut, 1967
(Massalys) and Massalysia and Massaly Published Roses (Third Penty Massal Roses), Rose (Third Penty Massal Rose), Rose (Third Pe

0504812222

CYCLE & CARRIAGE - LOY 239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AM Aala Pacific Insurance Pto. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

REPUBLIC O S8441836F TAN CALYU (CHEN CALYU) bm 0ver 29 Dec 1984 *** 0 == 22 Dec 2000.

FOR CACUSE ONLY STATE OF THE PROPERTY OF THE P

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8441836F



5535932



TAN CAIYU (CHEN CAIYU)

陈财裕

894418301

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YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

"HASS DATE

FOR CAC USE ONL)

27-11-2015

APT BLK 4328 SENGKANG WEST WAY #15-521 SINGAPORE 792432













