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 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	16/12/2019 16:36
Date Of Accident	15/12/2019 08:30
Exact Location Of Accident	SLIP RD PASIR RIS DRIVE 8 TWDS PASIR RIS DRIVE 3
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKH6859C
Insured/Policyholder	
Name Of Registered Owner	CHO GUAN CHAO
NRIC No	S8109387C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81009822
Alternative Phone No	Office-81009822
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USEE
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	2100326035-06
Cover Note Number	
Driver	
Name of Driver	CHO GUAN CHAO
NRIC No	S8109387C
Date Of Birth	04/04/1981
Occupation	INDOOR
Date Of Driving Pass	21/05/2001

18 YEARS AND 6 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-81009822

Fax Number

Contact Number OFFICE-81009822

EMail Address NOEMAIL

28 SUNRISE TERRACE Address

Postcode 806358 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 **COLLISION - HEAD TO REAR**

2

NO

YES

NO

1

NO

NO

Weather Conditions DRIZZLING Road Surface WET

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?

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? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SLR1821D Vehicle Registration Number

Vehicle Make/Model/Colour

Was there any audio recorded?

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver **CHEW CHOO KHIM**

S0272360C 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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- 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 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 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 (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers". The Insurers' lawyers/faw 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
- 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 (d) nanagement 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.

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 16/12/2019 1502

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's

Name:

NRIC/FIN No.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT I WAS DRIVING MY CAR (SKH6859C) ALONG THE SLIP RD PASIR RIS DRIVE 8 TWDS PASIR RIS DRIVE 3. VEHICLE B (SLR1821D) INFRONT OF ME HAD MOVED OFF SO I FOLLOWED SUIT TO MOVE OFF.

OUT OF THE SUDDEN, VEHICLE B (SLR1821D) INFRONT OF ME STOPPED AND I TRIED TO STEP ON THE BRAKE BUT STILL TOUCHED ONTO VEHICLE B (SLR1821D) 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 16/12/2019 1502

Driver's Signature (if driver is not the policyholder)

Date & Time

Kerlyn Ong Kai Li DID: 6771 4420 HP: 9186 5113
Email: kerlyn.ong@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Cycle & Carriage Industries Pte Ltd Customer Service Centre Pandan Loop
Customer Service Centre Personnel's

Name:

NRIC/FIN No.:



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

 Name of Policyholder
 : Cho Guan Chao

 Period of Insurance
 : 04 Jan 2019 To 03 Jan 2020

 Engine No.
 : 27491030020595

 Chassis No.
 : WDD2040312A781019

Vehicle No. Policy No.

: SKH6859C : 2100326035-06

Endorsement No. :

Issued Date

: 07 Dec 2018

ABOUT THE COVER

Make/Model

: MERCEDES BENZ C180 CGI BE 1.6

Engine Capacity/Tonnage : 1,595.00 CC : NA Driver Restriction

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2013 Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policybolder to Any other person who is driving as the Policybolder's order or with his/her persossion. This Policy will indemnify the Policybolder or any sufforced driver only if heinher mosts the specified age consisten.

You have to pay an additional sum of \$3,090 as "Young and/or Inexperienced Driver Excess" ["YIDR"] if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 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 hise or reward, dmirry fullen, driving test, recing, pace-making, reliability trial or speed-testing, the certage of goods other than samples in connection with any trade or business or use for any surpose in connection with Motor Trade.

* Limitetions rendered isoperative by Section 6 of the Motor Vehicles (Third-Party Rosts and Compensation) Act (Cap. 169) and Section 95 of the Road Transport Act, 1567 (Maleysia), are not to be included under these headings.

EXCESS

Section 1 Fire - 50 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2 Properly Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Cho Guan Chao - \$800 (Own Damage)

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

Cycle & Carriage Euros Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408500 62061818
 Cycle & Carriage Pandon Loop Service Center - Body Care & Repeir Add: 188 Pandon Loop Singapore 128376 62061818

For other Approved Reporting Centres/AIG Authorised Repairors, please contact our 24-bour accident emergancy hotize at +65 6336 6200. Alternatively, you may refer to AIG website www.sig.com.sg or AIG SG Mattile App. Simply asserts and download "AIG SG" from IT unes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asia Pacific Ltd

UWe haveby cartly that the policy to which this Cartificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 180); Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks Rules, 1906 (Malaysia)).

0500660412

CYCLE & CARRIAGE - ST 239 ALEXANDRA ROAD

SINGAPORE 159830 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8109387C



CHO GUAN CHAO

曹源朝

CHINESE

D4-94-1981 M SINGAPORE

65-050811

4271014

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

PASS DATE

21 May 2001

14-09-2011

APT BLK 101 SIMES STREET 1 #05-BB2 SINGAPORE 520101

NF 428A





















