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 <u>truthful and accurate</u> 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.

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	06/02/2020 16:32
Date Of Accident	05/02/2020 17:45
Exact Location Of Accident	NUTMEG ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SBF38L
Insured/Policyholder	
Name Of Registered Owner	TANG AI HUA
NRIC No	S1065485H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98169113
Alternative Phone No	Office-98169113
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLA180
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	2100383613
Cover Note Number	
Driver	
Name of Driver	ANG KENG SEAH
NRIC No	S0022282H
Date Of Birth	03/12/1949

INDOOR

18/02/1971

48 YEARS AND 11 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-98169113

Fax Number

Contact Number

EMail Address NOEMAIL

Address 1 JALAN KAYU MANIS

Postcode 228968 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

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 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?

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

REFER TO ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKQ4727R

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)

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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
- (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: Alay Quel

ASBF38L BSKQ4777R SCRIBE CIRCUMSTANCES OF THE ACCIDENT Ref 20kg report for detail					
scribe circumstances of the accident Ref 20 kg topont for detail	(A) SBF 38L	\rightarrow	BA		
Ref police report for detail	B) SKQ4727R		A	(
Let police report for detail					
	SCRIBE CIRCUMSTANCES OF TH	EACCIDENT			
ADAMAN AND AND AND AND AND AND AND AND AND A	To the region	f to detail			
	To a right	f to detail			
	LARATION declare the foregoing particulars are	true in every respect.			
se note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do your insurance company will not allow nor accept the claim.	LARATION declare the foregoing particulars are ase note that you have 14 ca your insurance company wi	true in every respect.		own policy. Failing to d	do
your insurance company will not allow nor accept the claim. (Please contact your insurance company for any further details)	LARATION declare the foregoing particulars are ase note that you have 14 ca your insurance company wi	true in every respect.		own policy. Failing to d	do
The state of the s	LARATION declare the foregoing particulars are ase note that you have 14 ca your insurance company wi	true in every respect.			





Police Station Of Origin: Orchard N.P.C

51 Killiney Road SINGAPORE 239572

Tel No: 1800-7359999

1 of 3 Report No. T/20200205/2349

REPORT OF A TRAFFIC ACCIDENT

	05/02/2020 22:09		Vide Report No.:	Station Diary No.:	
Informa	ant's Partic	ulars		100	
Name of Informant: ANG KENG SEAH			Address: 15 EVELYN ROAD #27-02 SINGAPORE 309311		
NRIC N	/ ID No.: O / S00222	82H	Contact No.: Home/Office:	Mobile: 98169113	
National SINGAF	lity: PORE CITIZ	ŒN.	Email:	Mobile, 96 169 113	
Sex: Male	rigo. Date of Billing		Type of Informant:		
Race: Chinese			Language:	Institution / School Name:	
Occupat Retiree	Occupation:		Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 05/02/2020 17:		Type of Location Straight Road
Location: Along Road 1 NUTMEG RO Along Nutmed		*			
Weather: Clear	Road	Road Surface: Dry		Road	d Speed Limit
Traffic Flance		Traffic Control:			ic Volume:
Traffic Flow: Two Way Type of Collisi		Not Controlled		NoT	raffic

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SBF38L	Car				Slightly Damaged	0
SKQ4727R	Car				Slightly Damaged	0

La Care Discovered Surgery & Co.
Use of Pedestrian Crossing: NA





Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

2 of 3 Report No. T/20200205/2349

CONTINUATION OF REPORT

Driver				
Name	ANG KENG SEAH		ID No.	S0022282H '
Related Vehicle	SBF38L (Car)		Contact No.	98169113
Hospital/Clinic	NIL	200	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	Annual Control of the	
No. of Days grant	ted Medical Leave NIL		Injury NIL	

Brief Details.

On the 05/02/2020, at around 1745hrs, I was travelling along Nutmeg road. I wanted to park my vehicle (SBF38L) at No.1 Jalan Kayu Manis. As the carpark entrance was facing Nutmeg Road, I entered the carpark by reversing into the carpark. As I was reserving my said vehicle slowly into the carpark, I felt an impact coming from the left front side of my vehicle. A white Audi (SKQ4727R) had hit onto my vehicle from the left side. After the accident, I came out from my vehicle together with the other driver to inspect our vehicles. The front bumper of my vehicle came out as such I pushed it back in and continued to reversed back to prevent blocking incoming traffic.

Afterwards, I went to the other driver and take photos of his car. The White Audi front right side was badly damaged and the right tire had also burst. There were no injuries on both of us as such no police was called in.

I did not exchange particular of the said driver however he only introduced his name as "Mr Azi". I wish to add that there is an in-car camera inside the other vehicle (SKQ4727R).

I am lodging this report to report the matter to the police.





Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

3 of 3 Report No. T/20200205/2349

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: E / Sgt 3 AZRULIZWAN BIN ABDUL RAZAK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/02/2020 22:09
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

 Name of Policyholder
 : Tang Ai Hua

 Period of Insurance
 : 01 Sep 2019 To 31 Aug 2020

 Engine No.
 : 27091030424105

 Chassis No.
 : WDD1173422N105796

Vehicle No.

: SBF38L

Policy No.

: 2100383613-05

Endorsement No.

Issued Date

: 01 Aug 2019

ABOUT THE COVER

Make/Model

: MERCEDES BENZ CLA180 BE

Engine Capacity/Tonnage : 1,595.00 CC Driver Restriction

Sum Insured : Market Value

First Year of Registration : 2014

Person or Classes of Persons Entitled to Drive*:

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

a) The Policyholder by 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" ("YIDR") If You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition

: All Age Condition

Limitation as to use* :

Use only to social, domissio and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving fulfion, driving test, racing, pace-making, reliability trial or appear-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.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport

EXCESS

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

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Tang Al Hue - \$800 (Own Damage)

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

Cycle & Carriage Euros Service Center (For accident reporting only). Add: 330 Lts Road 3 Singapore 408650 82061818
 Corriage Pandan Loop Service Center - Body Care & Repair. Add: 188 Pendan Loop Singapora 128378 82061818

For other Approved Recording Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotiste at +65 6338 6200. Attenuatively, you may refer to AIG wedsite aww.eig.com.sg

IMPORTANT NOTES

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

Whe hereby certify that the policy to which his Certificate of Incurance 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, 1997 (Malaysia), Road Transport (Accendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1999 (Malaysia).

CYCLE & CARRIAGE - JULI 239 ALEXANDRA ROAD SINGAPORE 159930 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

Not 1'Vey #07-15 AlG Ituliding S071920 | T-455 6419 3000 | www.mg.sg

Driving License



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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 18 Feb 1971 of the driver; and other motor vehicles =< 2500kg

NP 428A





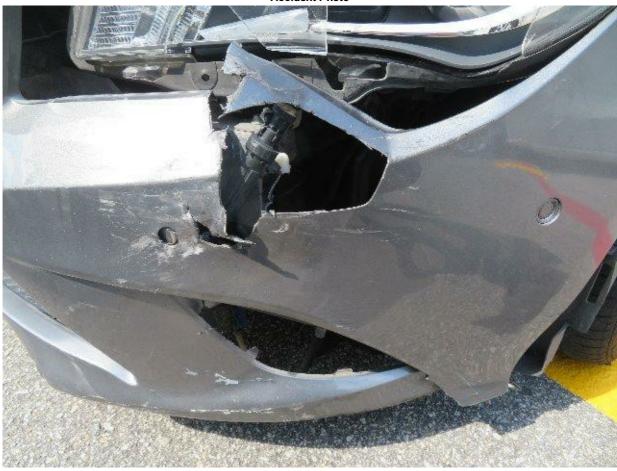






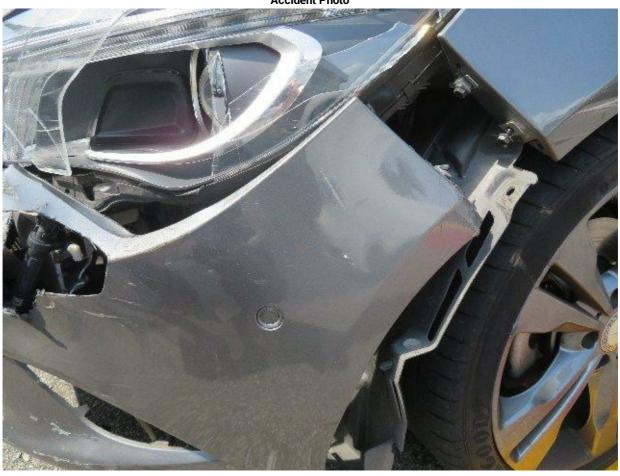
Accident Photo











Accident Photo











