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.
- 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

foresaid.	
	ACCIDENT STATEMENT
Date Of Report	24/02/2020 17:28
Date Of Accident	24/02/2020 13:55
Exact Location Of Accident	DUNEARN RD / HILLCREST RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM1126S
Insured/Policyholder	
Name Of Registered Owner	PARNG JIUN JENG
Passport No/FIN	SXXXX234A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96621651
Alternative Phone No	Office-96621651
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E300
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	YES
f No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Гуре Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900107400
Cover Note Number	
Driver	
Name of Driver	PARNG SHU YUNN
NRIC No	SXXXX235Z
	08/08/1953

INDOOR

10/01/1984

36 YEARS AND 1 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-98192513

Fax Number

Contact Number

EMail Address NOEMAIL

Address 125 GREENWOOD AVE

Postcode 287044

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 SIDE SWIPE
Weather Conditions RAINING
Road Surface WET

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

NO

3

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)

Passenger 1 Name: : UNKNOWN

Gender: : Female

Passenger 2 Name: : UNKNOWN

Gender: : Male

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

REFER TO ATTACHED.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: REFER CSE YIK CHAN HOE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLA3172U

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

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- 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 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" lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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:
 - 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.

Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
Body Care & Repair Center
DID: 6771 4353 HP: 9186 5109 Fax: 6872 1272
Email: claudoc.yik@cyclecarriage.com.sg

Reporting Centre Personnel's

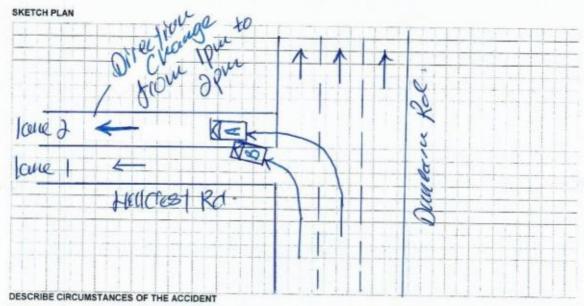
Policyholder's Signature

Date & Time

priver's Signature (If driver is not the policyholder)

Date & Time

Name:



into Hellcrest Rd from Ouncain changed to inwares (only can goin) our low to Jun because lane I will be unimed with parents car queing up which turned into las

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)

Yik Chan Hoe

Cycle & Carriage Industries Pte Ltd
Body Cate & Repair Center
DID: 6771 4353 HP: 9186 5109 Fax: 6872 1272

Reporting Centre Personnel's

e.vik@cyclecarriage.com.sg

Policyholder's Signature

Date & Time

Driver's Signature

of driver is not the policyholder)

Qate & Time

Name:



COVER NOTE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

The following risk described on this Cover Note is honeby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder Period of Insurance | PARNG JIUN JENG | Period of Insurance | 18: 97 Jun 2019 to 96 Jun 2020 | 26492030122524 | Chasis No. : WDD2130832A648387 |

and a

Vehicle No. Cover Note No. Endorsement No.

Issued Date

: SMMIINGS

: 1900107400

: 07 Jun 2019

First Year of Registration : 2019



ABOUT THE COVER

: MERCEDES Benz E300 Sedan Exclusive

Engine Capacity/Tonnage : 1,991.00 CC 90m Insured : Market Value

Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

a) The Philiphoider b) Any other passes who is deving as the Palcyholder's order or with trasher permission. This Palcy will indensify the Palcyholder or any subhorised driver city if helphe mode the specified age condition.

You have to pay an additional num of \$3,000 as "Young and/or incaparisoned Driver Excess" (YIOP) If You are or Your Authorised Dever (memor) or unnamed) in under the age of 23 and/or has less than 25 and/or has less than 2

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

One only for social, consists and pleasure purposes and for the Policyholder's business.
This Policy does not consercus for the or resord, driving fation, driving test, recting, pere-mailing, reliability tiel or speed-recting, the certiage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Lose of Use 2000cc

* Literatures revisions imperative by Encline 8 of the Motor Validius (Trind-Porty Risks and Compensation) Act (Cap. 189) and Section 65 of the Rows Transport Act, 1987 (Melaysia), are not to be wickased under hore hospings.

Section t Fire - 50 Over Damage - \$800 That - \$0 Flood Cover - 50

Section 2 Property Damage - \$0

Windspreen: \$100

Named Driver and Excess (where applicable) PARING JUN JUNG - \$800 (Own Damage)

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

1 Cycle & Carriage Euros Service Center (For accident reporting only). Add: 330 Util Road 3 Singapore 438050 62501813

2 Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 186 Pender Loop Singapore 120376 52061816

Fit other Apposed Repairing Control ALS Authorised Repairing, please certaint are 24-hour contrast emergency holline at +55 5338 6200. Alternatively, you may refer to ACG website www.sig.com.ag or ASC SC Mobile App. Simply search and download "AIG SG" less iTutes or Google Play.

IMPORTANT NOTES

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

If you do not receive your Cereitate of Insustance and policy documents within 35 days from the inception date stated on this cough role, plasse contact AIG Immediately.

We havely castly that this Cover Note is Issued in accordance with the provisions of the Motor Vehicles (Third Party Risys and Compensation) Act (Cop. 186), Part IV of the Road Transport Act, 1967 (Malasoya) and Mater Vehicles (Third Party Risks) Rules, 1955 (Malaysia), For Corporate Publish, the Cover Note is visit for \$6 days from the outstreamment date of the period of insustance.

0504512260

CYCLE & CARRIAGE - MEI

239 ALEXANDRA ROAD

SINGAPORE 159935

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AJG Asia Pacific Insurance Pte. Ltd.

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 2 1 9 6 2 3 5 Z

PARNG SHU YUNN

Birth Date: 08 Aug 1953 Issue Date: 09 Jul 2003



FORCACUSEONLY

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

PASS DATE

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

10 Jan 1984

FOR CACUSE ONLY

NP 428A

Licence No: S2196235Z

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Accident Photo



Accident Photo









