MCC420024302 / Cycle & Carriage Industries Pte Ltd - Pandan Loop ENTRY DATE & TIME: 24/02/2020 15:29 SUBMITTED BY: Lim Xin Yi

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 <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 aforesaid.

ACCIDENT STATEMENT

 Date Of Report
 24/02/2020 15:29

 Date Of Accident
 23/02/2020 17:55

Exact Location Of Accident UPP SERANGOON RD TWD HOUGANG(OUTSIDE HELPING HAND)

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKS2850U

Insured/Policyholder

Name Of Registered Owner SOCKALINGAM SUGUMARAN

NRIC No S1350221H
Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-97426163

Alternative Phone No Office-97426163

Vehicle Particulars

Manufacturer MERCEDES-BENZ

Model E250

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 2100408113-04

Cover Note Number

Driver

Name of Driver SOCKALINGAM SUGUMARAN

NRIC No S1350221H

Date Of Birth 16/12/1959

Occupation INDOOR

Date Of Driving Pass 18/04/1983

Driving Experience 36 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97426163

Fax Number

Contact Number OFFICE-97426163

EMail Address NOEMAIL

Address 6 KOVAN CLOSE

Postcode 548199

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 -

-

NO

General Information of the Accident

Type Of Accident FIRE, EXPLOSION OR LIGHTNING

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? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? NO

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

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? NO

Was there any audio recorded? NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 6. 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 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
- 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 Body C

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

Policyholder's Signature

Date & Time 74/02/2020

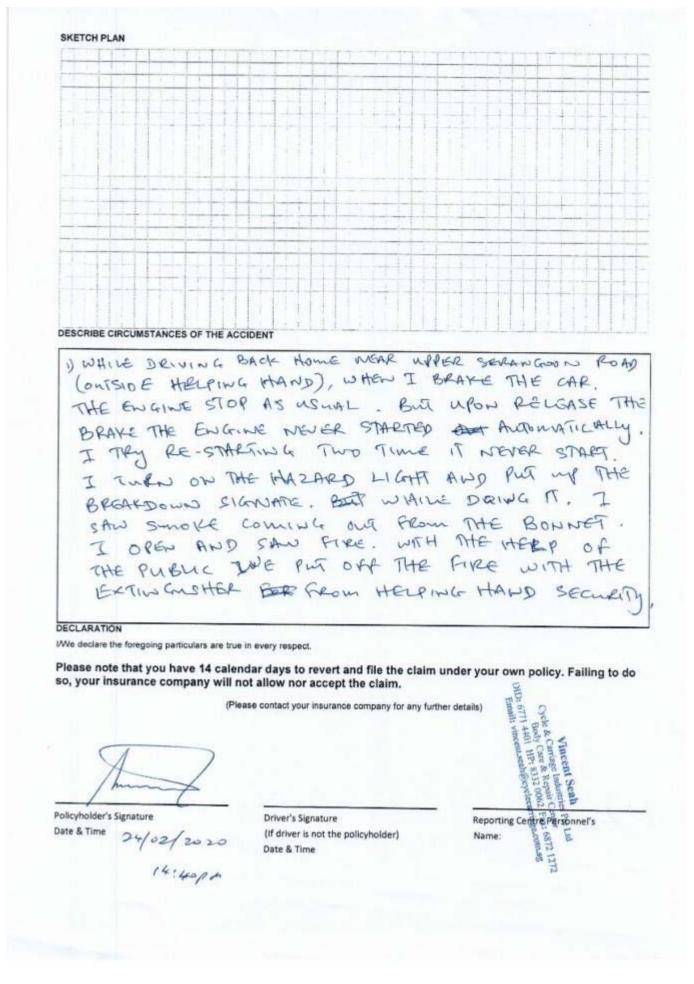
Driver's Signature (If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Name:

AT CAMPAGE

Accident Sketch Plan



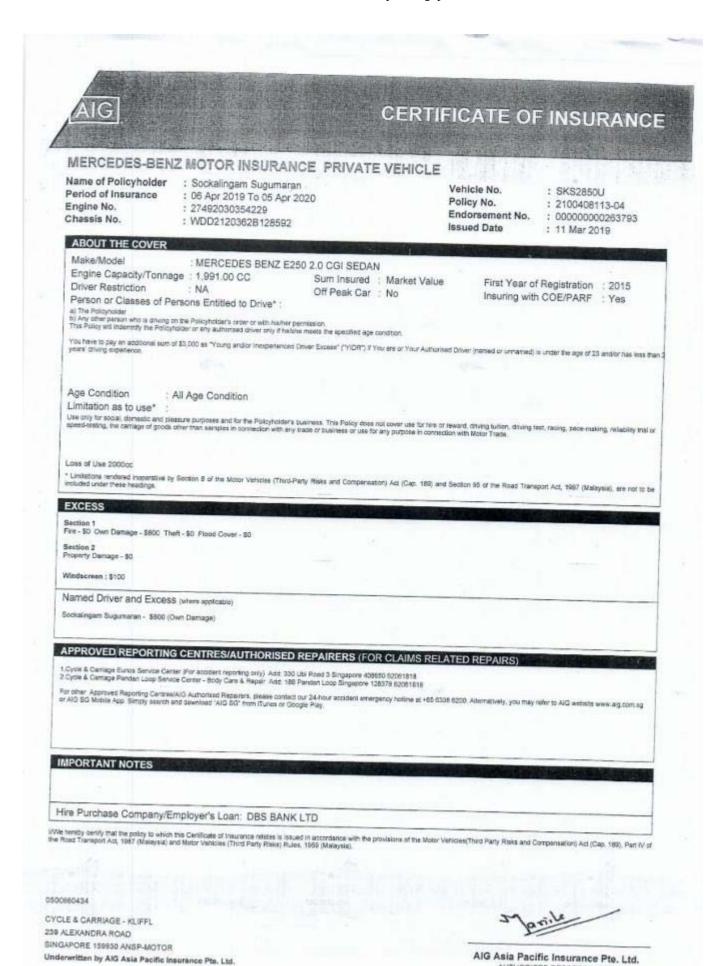
Accident Sketch Plan

g-memorane resourcement	
AIGI	A/G Asia Pacific insurance Pte. Ltd A/G Building
	78 Shanton Way
	#07-16
	MOTOR ACCIDENT INTERVIEW FORM
MAME	
VEHICLE NUMBER	- Sociegling om Sugumeran
DATE/ TIME OF ACCIDENT	Sockesling om Sugumeran
PLACE OF ACCIDENT	- 17:55 pm
THRD PARTY VEHICLE (IF ANY)	Upp Serongary not loves de Helping
and a second for start	Tuds Hougens
AVAILABLE OF A VOICE CAN A VOICE OF	***************************************
THE OID TOO START TOOKSO	URNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?
5	
	World Are I touls Home
	DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFF
N/4.	
WHAT IS THE TYPE OF COLLISION AF	ND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES
WHAT IS THE TYPE OF COLLISION AF	VD THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?
WHAT IS THE TYPE OF COLLISION AS	ND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?
	ND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?
	VD THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?
	ND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?
- Fin	
- Fin	NUTRED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POUCE
WERE YOU OR YOUR PASSENGER/S I FOR INVESTIGATION?	
- Fin	
WERE YOU OR YOUR PASSENGER/S I FOR INVESTIGATION?	
WERE YOU OR YOUR PASSENGER/S I FOR INVESTIGATION?	NJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POUCE
WERE YOU OR YOUR PASSENGER/S I FOR INVESTIGATION?	NJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POUCE
WERE YOU OR YOUR PASSENGER/S I	NJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POUCE
WERE YOU OR YOUR PASSENGER/S I FOR INVESTIGATION?	NJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POUCE

Accident Sketch Plan

- (4.0	
		LINDEDTAKING
		UNDERTAKING
	Saches	5 135022, H
	ponfirm that the Di	135032, H (NRIC No), hereby
	MANUAL MINE THE ORING	Dove Additional Statement lodged by me on 34/5 1/2-
	Sk C 28 Sour	pertaining to the accident involving motor car Reg. No:
	knowledge, information	which I was the driver are true and accurate to the best of my
	membegs, internacen	and ballet.
	i acknowledge that my i	nsurers are not liable under the contract of insurance if there is
	a breach of policy terms	and conditions
	3 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
	In the event that an unr	elated/unreported third party property or injury claim arises or
	there is evidence emerg	ges that there is a breach of policy terms and conditions !
	irrevocably undertake to	absolve my insurer from all liability under the contract of
	insurance and I underta	ke to re-pay any sums paid by my insurers pursuant to the
	contract of insurance upo	n receipt of written demand by my insurers.
	Signature	4 · 7
		- /hand
100	Name of Insured / Driver	: As Above
	Nric No.	
	. Date	
	Signature	
	Name of Policyholder	
	Name of Policyholder	
	Nric No.	
	14	
	Nric No.	

Accident Sketch Plan



AUTHORISED REPRESENTATIVE

Driving License













2/26/2020, 4:02 PM 12 of 30

















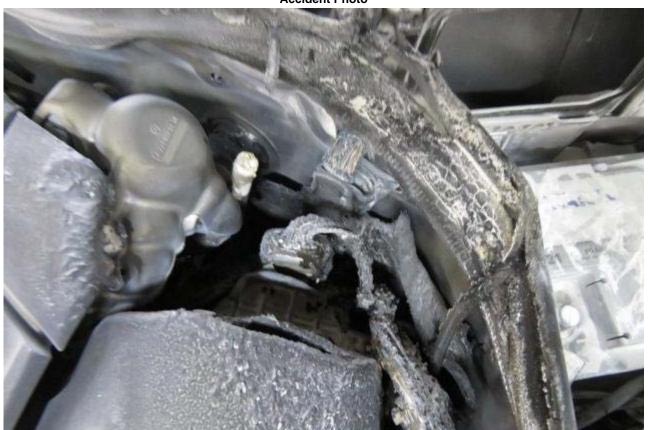
























30 of 30