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Owner / Driver: (		-	Tel: ·	)	
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Confirmed by : (		Dates,	Timer	)	
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1) Apply for Transport Allowance ( )/Co	ourtesy Car (	)			
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3) Upload Resurvey Photo [Repair Cost> \$30	(000	) ; ;_			
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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly 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 witholding of material facts may allow insurance companies to
- 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

<ol><li>By the ladgement of this report to the insurers, you aforesaid.</li></ol>	I hereby consent to the archiving of this report at the centre and to copies of the report being made available
· 是1898年1895年1896	ACCIDENT STATEMENT
Date Of Report	13/03/2020 11:51
Date Of Accident	12/03/2020 13:40
Exact Location Of Accident	PIE TOWARDS CHANGI BEFORE JURONG TOWN HALL EXIT
Country/State of Loss	SINGAPORE
在 <b>公司</b>	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE4598Y
Insured/Policyholder	
Name Of Registered Owner	TAN LAM IM
NRIC No	SXXXX418G
Email Address	CAROLTAN@GOODCROP.SG
Mobile Phone No	(LOCAL) +65-91053216
Alternative Phone No	OTHERS-91053216
Vehicle Particulars	2012() 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Manufacturer MERCEDES-BENZ Model C180 AVANTGARDE Exact Purpose for which vehicle was being used at

PRIVATE USE time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

If No. Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE, LTD. Type Of Coverage

Fleet Policy NO:

Policy Number 2100475531-03

Cover Note Number

Driver

Name of Driver TAN LAM IM NRIC No SXXXX418G Date Of Birth 11/04/1960 Occupation INDOOR Date Of Driving Pass 20/12/1977

Driving Experience 42 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91053216

Fax Number Contact Number

OTHERS-91053216

COMPREHENSIVE

EMail Address

CAROLTAN@GOODCROP.SG

Address

700 LORONG 1 TOA PAYOH

#23-16

Postcode

319773

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

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

YES

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

SD CARD CORRUPTED

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKX3091K

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)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

TAN LAM IM

SLIGHT INJURY

SLE4598Y

YES

NO

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material
  facts may allow insurance companies to repudiate policy liability.
- 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.
- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 :
  - 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:
  - (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 Pr

Name:

NRIC/FIN No.:

# (1) SLE 4598 Y. (B) SKX 3091K

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	116=	towards	Charge,	Defore	Jurny	lova	4211

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1.	On w/03/2020 at @ 1340 hrs, I was travelling in a	-y
vehicle	(SLE 45781) along ME towards Change hall of	1
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71115	with the stop I an time and try to swerve out I do	
The	econd lane. He a result the land whole all	des
onto	the right rear portion of my variete.	
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I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature. Date & Time.

Driver's Signature

(If driver is not the policyhalder) Date & Time:

NRIC/FIN No.:

Name:



# CERTIFICATE OF INSURANCE

### MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder

: Tan Lam Im

Period of Insurance

: 22 Jul 2019 To 21 Jul 2020

Engine No.

: 27491030634517

Chassis No.

: WDD2050402R175815

Vehicle No. Policy No.

: SLE4598Y : 2100475531-03

Endorsement No.

Issued Date

: 14 Jun 2019

### ABOUT THE COVER

Make/Model

: MERCEDES BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE

Engine Capacity/Tonnage : 1,595.00 CC

Sum Insured : Market Value

First Year of Registration : 2016

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

b) Any other person who is driving on the Pulsyholder's erder or with healter permission.
This Pulsy will indemnify the Policyholder or any authorised driver coly if healter meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexpenenced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has easi than 2 years' driving experience

Age Condition

: All Age Condition

Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Poscyboider's business. This Policy does not cover use for hite or reward, driving turnon, driving tweet inscing, pade-making, reliability trial or speed lesting, the carriage of goods other than samples in connection with any trade or ausiness or use for any purpose in connection with Misror Trade

Loss of Use 2000cc

\* Limitations rendered inocerative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be

#### **EXCESS**

Section 1

Fire - \$0. Own Damage - \$800. Theft - \$0. Flood Cover - \$0.

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Tan Lam Im - \$800 (Own Damage)

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

 Cycle & Cantage Euros. Service Center (For accident reporting only). Add. 330 Ub. Road 3 Singapore 408650 6206181. 2.Cycle & Carnage Pandan Loop Service Center - Body Care & Repair Add. 188 Pandan Loop Singapore 128376 52061818

For other: Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hollow at +55 6338 6200. Alternatively, you may refer to AIG widsfill www.aig.cum.sz or AIG SG Mobile App. Simply search and download 'AIG SG' from (Tunes or Google Play).

### IMPORTANT NOTES

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

DWe hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189). Part IV of Insurance (Cap. 189), Part IV of Insurance (Cap. 189

0504380223

CYCLE & CARRIAGE - EVELYN 239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE