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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 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.

- 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	25/06/2020 18:37
Date Of Accident	24/06/2020 19:00
Exact Location Of Accident	ALONG MOSQUE STREET
Country/State of Loss	SINGAPORE
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Vehicle Registration Number	SKB1888H
Insured/Policyholder	
Name Of Registered Owner	CALJIANLING
NRIC No	SXXXX071B
Email Address	CAIJIANLING1888@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82828293
Alternative Phone No	OTHERS-82828293
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	GLC250 COUPE
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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	1900112375
Cover Note Number	
Driver	

CAI JIANLING Name of Driver SXXXX071B NRIC No Date Of Birth 21/02/1974 Occupation INDOOR Date Of Driving Pass 12/01/2009

11 YEARS AND 5 MONTHS Driving Experience

FEMALE Gender

(LOCAL) +65-82828293 Mobile Number

Fax Number

Contact Number OTHERS-82828293

EMail Address CAIJIANLING1888@GMAIL.COM Address

BLK 63A LENGKOK BAHRU

#11-370

Postcode

151063

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

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

NO

ambulance?

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)

4

Passenger 1

NAME:

: DAUGHTER

GENDER:

- FEMALE

Passenger 2

NAME:

: SON

GENDER:

: MALE

Passenger 3

NAME:

SON

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMP8896P

Vehicle Make/Model/Colour

MERCEDES BENZ

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MR KOH

NRIC/Passport Number

Page 2 of 17

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 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.
- 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.
- 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 :
 - 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 malling 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.

Pollo holder's Signature

Date & Time:

Driver's Signature

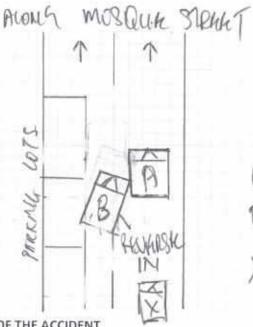
(If driver is not the policyholder)

Date & Time:

Reporting Centre Polynamil's Signature

Name:

NRIC/FIN No.



A) SKB 1888 H 8) SMP 8096P X) WAKMEON CAR.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

21 21/2/202 12 22-10 18/2-1/20 # 12 22 22 22
ON 24/06/2020 AT ABOUT 19:00 HRS I WAS AT MOSQUE STREAT
4 WAS TRAVELLING STRAIGHT, 30 I SAW A CAR ON MY LEFT
WHICH IS MAKING A PRUMESK TO A PARKING LOT SO I CONTINUE
DRUMBY BECOUSE I HAVE SPACE TO DO SO WHEN ? POSS
THE CAR (B) I HEARD A SOUND & STOP MY CHR & I MOVE
To 74h LAFT SIDE & CAME DOWN. CAR (B) ACCUME THAT IS MY
FAULY, BUT I HAVE A WITHERS CALL MELVIN WHO WAS BEHIND
BY WITH A CAR CAMPIRA & WAYTHO TO GHOR IT TO MAY TOLIGHT?
THE WITH A CITY OF THE PARTY AND TO STORE IT TO WAR WHITH IT.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature 15:40

Date & Time:

Driver's Signature

(If driver is not the policyhalder)

Date & Time:

NRIC/FIN No.:

NBM FOR YIDAW --

ACCIDENT STATEMENT

LOCATION: MOGQUE STRET 1. DETAILS OF VEHICLE OJVEHICLE NUMBER: SCB 1988 H DJINSURANCE COMPANY: AIG CIPOLICY NUMBER: DJINSURANCE COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT] DJINAKE & MODEL: WINCKOKZ DJYPE (SALOON) COUPE + MPV /VAN / LORRY / MOTORCYCLE / OTHERS) DJVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) DJPURPOSE OF USING AT ACCIDENT TIME: PRIVATE US DJARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER AJNAME: (A) JIANLING. (MALE / EEMALE)	ACCIDENT DATE	:(24,06, 3000)(DD/	ам/үүүү), тіме: <u>(1</u> 9	00)(HH:MM)
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B)MAKE L MODE: WILLAUNT (HTYPE (SALOON) COUPE AND VIVAN / LORRY / MOTORCYCLE / OTHERS) B)VEHICLE CATEGORY (PRIVATE / COMMERCIAL / MOTORCYCLE) I) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE US I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POUCY HOLDER A) NAME: (A) JANLING: (MALE / FEMALE) b) NRIC/FIN/PASSPORT: (THE 807 IB CONTACT: C) ADDRESS: BLK 63 A LENGKOK BAHRU # 11-370 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C) INSURED / POUCY HOLDER DRIVER C) ONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C) INSURED / POUCY HOLDER DRIVER C) INSURED / POUCY HOLDER DRIVER C) ONTACT: C) ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C) INSURED / POUCY HOLDER C) INSURED / POUCY HOLDER C) INSURED / POUCY HOLDER (MALE / FEMALE) DINRIC/FIN/PASSPORT: CONTACT: DIROAD SURFACE: (DRY / WD / OTHERS) J) WEATHER CONDITION: (CHEAR / RAINING / OTHERS) J) WEATHER DARTY VEHICLE J) VEHICLE NUMBER: MP 28967 MODEL: THIRD PARTY VEHICLE C) NEIC/FIN/PASSPORT: CONTACT: THIRD PARTY VEHICLE C) NEIC/FIN/PASSPORT: CONTACT: THIRD PARTY VEHICLE C) NEIC/FIN/PASSPORT: CONTACT: C) VEHICLE NUMBER: MODEL: DRIVER'S NAME: DRIVER'S NAME:	• a)VEHIC b)INSUR c)POLIC	LE NUMBER: SCB 16 ANCE COMPANY: ATO Y NUMBER:	1	e geo
BOY IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER ANAME: (A) MANLING: (MALE / FEMALE) b) NRIC/FIN/PASSPORT: (34680716 CONTACT: C) ADDRESS: BLK 63 A LENGKOK 6AHRU # 11-370 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C) NAME: A) ABOUN (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: c) ADDRESS: **d) DATE OF BIRTH: [N / D 2 / 1971 / 10D/MM/YYYY) e) OCCUPATION: (NDOOR / OUTDOOR) 15 MAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES: //NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. c) WEATHER CONDITION: (CHEAR / R MINING / OTHERS) b) ROAD SURFACE: (DRY / WD / OTHERS) 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POUCE STATION: B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: MP 28969 MODEL: 1 INDURING WIND PARTY VEHICLE C) NEIC/FIN/PASSPORT: CONTACT: 1 INDURING PARTY VEHICLE C) VEHICLE NUMBER: MP 28969 MODEL: 1 INDURING PARTY VEHICLE C) VEHICLE NUMBER: MP 28969 MODEL: 1 INDURING PARTY VEHICLE C) VEHICLE NUMBER: MP 28969 MODEL: 1 INDURING PARTY VEHICLE C) DRIVER'S NAME: MODEL: 1 INDURING PARTY VEHICLE C) DRIVER'S NAME: MODEL:	e)MAKE f)TYPE(S, g)VEHICI	ALOON) COUPE/MPV /VAN LE CATEGORY: (PRIVATE / CO	V/LORRY/MOTORC	YOLE / OTHERS)
AJNAME: (AI MANLING: (MALE FEMALE) DINRIC/FIN/PASSPORT: (3 + 680 + 16 CONTACT: 628) CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CONTACT: (MALE / FEMALE) CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CONTACT: (MALE / FEMALE) CONTACT CONTACT CONTACT CONTACT CONTACT CONTACT CONTACT CON	SOY IF NO. P	U CLAIMING UNDER YOUP O' LEASE STATE (THIRD PARTY CL	WN INSURANCE (YES	NOI
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DOCCUPATION; [NDOOR / OUTDOOR] (1) DOTE OF DRIVING PASC 12 DUDGE 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER OF TH	(Including driver) dINAME: bINRIC/FII	N/PASSPORT:	11417	CONTRACTOR
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. GIWEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY WED / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. GIREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE GI VEHICLE NUMBER: MP 8896P MODEL: C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE GI VEHICLE NUMBER: MODEL: GI DRIVER'S NAME: MODEL:	*d)DATE C	ATION: (INDOOR / OUTDOOR	(DD/MM/YYYY)	1 .
b) ROAD SURFACE: (DRY (WE) / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. D) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: MP 2896P MODEL: (Inducting driver) b) DRIVER'S NAME: MC & RPH (Inducting driver) b) DRIVER'S NAME: MC & RPH (Inducting driver) c) NRIC/FIN/PASSPORT: CONTACT: THIRD PARTY VEHICLE O) VEHICLE NUMBER: MODEL: O) DRIVER'S NAME: MODEL:	f)COTE O 4. WAS DRIV IF NO, RE	FORIVING PASS IN VER AN EMPLOYEE OF THE LATIONSHIP OF THE DRIVE	INSURED'S COMPAN	
7. a) REPORTED TO POLICE (YES / 10) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: SMP 8896P MODEL: Chickeding deliver) b) DRIVER'S NAME: MR 8 RBH C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE C) VEHICLE NUMBER: MODEL: O) DRIVER'S NAME: O) DRIVER'S NAME:	b)ROAD SI	JRFACE: (DRY (WE) / QTHER	UNG / OTHERSS	
(Induding driver) b) DRIVER'S NAME: MR # MODEL: (Induding driver) b) DRIVER'S NAME: MR # ROH (Induding driver) b) DRIVER'S NAME: CONTACT: (Induding driver) b) DRIVER'S NAME: MODEL: (Induding driver) c) VEHICLE NUMBER: MODEL: (Induding driver) c) DRIVER'S NAME:	7. aJREPORTE IF YES, PLI	EASE STATE WHICH POUCE ST	'ATION:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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(Includion delicary el DRIVER'S NAME:	() 9. THIRD PART	IN/PASSPORT: Y VEHICLE	CONTACT:	
() NRIC/FIN/PASSPORT: CONTACT:	India to the el DRIVER	'S NAME	MODEL:	7/
	() NRIC/F	IN/PASSPORT:	CONTACT;	

email = CAI Jigneling 1888 @ GMAIL. COM.



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder Period of Insurance

: CAI JIANLING

: 28 Jun 2019 To 27 Jun 2020

Engine No.

: 27492031722277

Chassis No.

: WDC2533462F594264

Vehicle No.

: SKB1888H : 1900112375

Policy No. Endorsement No.

Issued Date

: 17 Jul 2019

ABOUT THE COVER

Make/Model

: MERCEDES Benz GLC250 Coupe

Engine Capacity/Tonnage : 1,991.00 CC

Sum Insured : Market Value

First Year of Registration : 2019

Driver Restriction

: NA

Off Peak Car No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

iii) The Policyholder

b) Any other parson who is driving on the Policyholder's order or with hunter permission.
This Policy will indeplinify the Policyholder or any authorised drivor only if horshe meets the specified age condition.

You have to pay an additional num at \$3,000 as "Young and/or Inexpendenced Driver Excess" ("YIDR") if You are or Your Authorised Driver (manned or unnamed) is under the age of 23 and/or has less

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 rare or reward, driving tulson, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or tulsiness or use for any purpose in connection with Motor Trade

Loss of Use 2000cc

* Limitations rendered inoperative by Section 8 of the Motor Vahicles (Third-Party Risks and Compensation) Act (Cap. 169); Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$800 Thatt - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

CAI JIANLING - \$800 (Own Damage)

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

1 Cycle & Carriage Europs Service Center (For accident reporting only). Add: 330 Ubi Road 3 Singapore 408650 62061818. 2 Cycle & Carriage Pandan Luop Sarvice Center - Body Care & Ropair. Add: 188 Pandan Loop Sengapore 128376 62061818.

For other Approved Reporting Central/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 6338 6200. Alternatively, you may refer to AIG website www.eig.com.ag or AIG SG Mobile App. Simply search and deviniced *AIG SG* from (Tunes or Google Play.

IMPORTANT NOTES

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

I/We hereby certify that the policy to which this Certificate of insurance relates in accordance with the provisions of the Motor Vehicles(Third Perty Risks and Compensation) Act (Cap. 199). Part IV of the Road Transport Act, 1987 (Malaysia). Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504512229

CYCLE & CARRIAGE - JACOHO 239 ALEXANDRA ROAD SINGAPORE 158930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

prile