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 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.
- 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 conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	27/06/2020 09:07
Date Of Accident	26/06/2020 18:45
Exact Location Of Accident	MARINA BLVD & MARINA VIEW LINK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCE8991A
Insured/Policyholder	
Name Of Registered Owner	LIM KIM HUA
NRIC No	S1635203I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96368991
Alternative Phone No	Office-96368991
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	B200
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	1900126650
Cover Note Number	
Driver	
Name of Driver	LIM KIM HUA
NRIC No	S1635203I
Date Of Birth	24/05/1964

INDOOR

04/02/1982

38 YEARS AND 4 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-96368991

Fax Number

Contact Number OFFICE-96368991

EMail Address NOEMAIL

Address BLK 722 JURONG WEST AVE 5 #09-130

Postcode 640722 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 CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

1

NO

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?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

I WAS TURNING INTO MARINA BLVD FROM MARINA VIEW LINK. UPON TURNING, CAR B (SHD1095D) FILTERED INTO MY LANE FROM THE LEFT AND GRAZED INTO THE LEFT FRONT SIDE OF MY CAR.

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

SHD1095D Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow
- 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 The report will be rotwarded by the insurers of the GRA Records management centre established by the General misurence Assur-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
- 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 to all insurance 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
 - (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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and
- (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.

Yik Chan Hoe

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

Policyholder's Signature

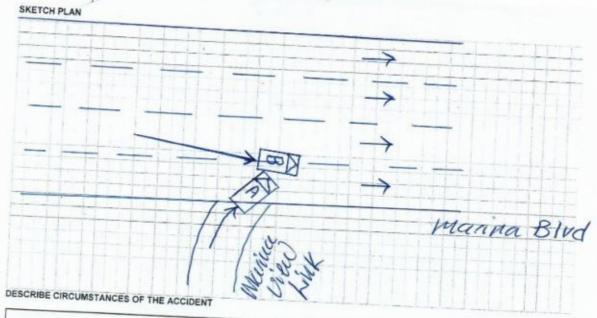
Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Name:



I was turning into Marina Blod from
Marina view Link, upon turning,
Car B (taxi) filtered into my lone
from the left and grazed into the
left fruit side of my car.

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)

Policyholder's Signature

Date & Time

0848hrs

Yik Chan Hoe

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

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's

Name:



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : LIM KIM HUA

Period of Insurance

: 29 Jul 2019 To 28 Jul 2020

Engine No. Chassis No.

: 28291480146474 : WDD2470872J026718 Vehicle No.

: SCE8991A

Policy No. Endorsement No.

: 1900126650

Issued Date

: 15 Aug 2019

ABOUT THE COVER

: MERCEDES Benz B200 Progressive Engine Capacity/Tonnage : 1,332.00 CC

Sum Insured : Market Value

First Year of Registration : 2019 Insuring with COE/PARF : Yes

Driver Restriction

: NA

Person or Classes of Persons Entitled to Drive*: Off Peak Car : No

Policyholier

a) The Policyholier

b) 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 haline 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 unranned) is under the age of 23 and/or has lives 2 years' driving experience.

Age Condition

: All Age Condition

Limitation as to use* :

Lise only for account, domestic and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for five or revealt, driving test, racing, pace-making, reliability trial or speed-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.

Loss of Use 2000cc

* Umfations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 96 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be lock/ded under these headings.

Section 1 Fire - \$0 Own Damager - \$1800 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

LIM KIM HUA - \$1500 (Own Damage)

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

Cycle & Carriage Euros Service Center (For addident reporting only). Add: 330 Util Road 3 Singapore 405650 52051818
 Corriage Pandan Loop Service Center - Body Care & Repeir: Add: 136 Pandan Loop Singapore 126078 62001818

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hottine at +65 6338 6200. Attendablely, you may refer to AIG website www.aig.com.ag

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

IWe hereby cettly 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 State (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

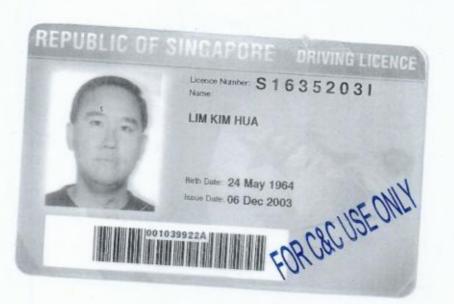
0504612236

CYCLE & CARRIAGE - LEEHAN 239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE



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

PASS DATE

Class 2B Motorcycles not exceeding 200 cc Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

17 Jun 1983 04 Feb 1982

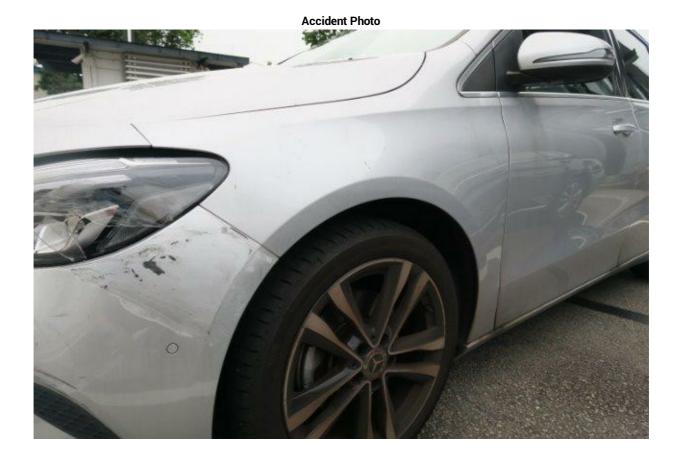
FOR CACUSE ONLY

NP 428A





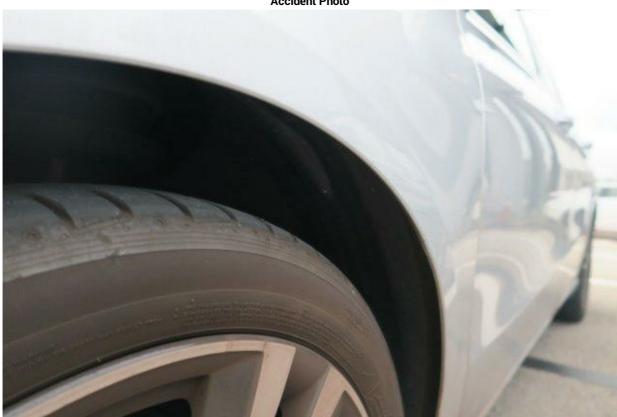






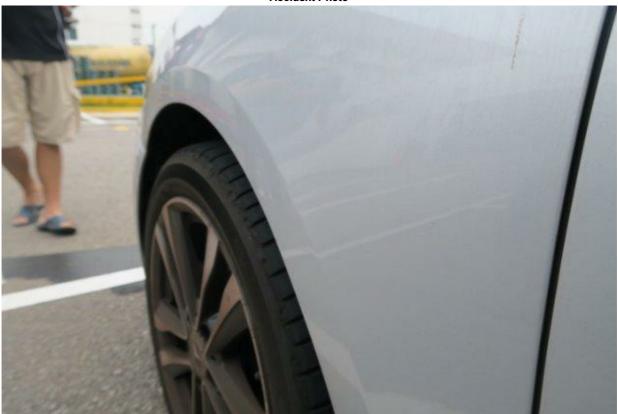
















Accident Photo





