SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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	02/07/2020 17:29
Date Of Accident	01/07/2020 18:00
Exact Location Of Accident	RIVER VALLEY ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM3040Z
Insured/Policyholder	
Name Of Registered Owner	AJAY MISHRA
Passport No/FIN	SXXXX918I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92330802
Alternative Phone No	Office-91770900
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250
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?	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	2100507335-03
Cover Note Number	
Driver	
Name of Driver	SUDHA MISHRA
NRIC No	S2769919G
Date Of Birth	26/09/1967
Occupation	INDOOR

25/01/2008

12 YEARS AND 5 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-91770900

Fax Number

Contact Number

EMail Address NOEMAIL

Address 261 RIVER VALLEY ROAD #10-15

Postcode 238307 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? 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 YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

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?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC6418D Vehicle Make/Model/Colour KIA SILVER

Details Of Properties

TAXI Vehicle Category

Name of Driver **CHOW PENG KUAN**

SXXXX809H NRIC/Passport Number

Contact Number

Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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 my insurer, my workshop and the General insurance Association of Sugaporal Code / Insurance personal information provided by me or possessed by process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by process my personal data/personal information set out in this (form) and any other personal information provided by me or possesse my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) 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 packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
 - 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 (d) 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 DID: 6771 4336 HP: 9181 7717
 Email: chechan.go/@cyclecarriage.com.sg

(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

Email: cneenan.gorg/cyclecarriage.com.sg Cycle & Carriage Industries Pte Ltd Customer Service Centre - Pandan Loop Reporting Centre Personnel's

Name:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While turning out to over valley Road, the taxi Suddenly Cut into front of me and stop at the a Yellow line to proxup the passenger then caused the accident happened.

DECLARATION

I/We deciare 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

Driver's Signature

(If driver is not the policyholder)

Date & Time

Go Chee Han

DID: 6771 4336 HP: 9181 7717

Email: chechan.go@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop

Reporting Centre Personnel's

Name:



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Ajay Mishra

Engine No. Chassis No.

Period of Insurance : 28 Apr 2020 To 27 Apr 2021 Engine No. : 27492030906019 : WDD2130452A156554

Vehicle No.

: SLN3040Z : 2100507335-03

Policy No. Endorsement No.

Issued Date

: 17 Mar 2020

ABOUT THE COVER

Make/Model

: MERCEDES Benz E250 Sedan Avantgarde

Sum Insured : Market Value

First Year of Registration : 2017

Engine Capacity/Tonnage: 1,991.00 CC Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder to Army other person who is driving on the Policyholder's order or with his/her personation.
b) Any other person who is driving on the Policyholder's order or with his/her personation.
This Policy ill indemsity the Policyholder or any authorised driver only if heishe meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" (NDR") if You are or Your Authorized Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition

: 40 years old and above

Use only for social, dumentic and pleasure purposes and for the Policyhologr's business. This Policy does not cover use for hire or reward, driving fulfion, driving test, recing, pace-making, reliability trial or speed-testing, the corrisps of goods other than samples in connection with the corrisps of goods other than samples in connection with any trade or husiness or use for any purpose in connection with Motor Trade. Limitation as to use* :

* Unitations rendered inoparative by Section 6 of the Motor Vehicles (Third-Party Risks and Componention) Act (Csp. 189), Section 95 of the Road Transport Act, 1997 (Maleysia) and Road Transport Act, 1997 (

EXCESS

Section 1 Fire - SD Own Damage 5800 Then - SD Flood Cover - \$800

Section 2 Property Damage - 50

Windscreen: \$100

Named Driver and Excess (where applicable)

Ajay Mishra - \$800 (Own Damage), \$800 (Flood Cover)

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

Cycle & Carriage Euros Servica Center (For accident reporting only). Add: 330 Ubi Road 3 Singapore 408850 62061618.
 Cycle & Carriage Pandan Loop Service Center - Body Cene & Repair. Add: 188 Pandan Loop Singapore 128378 52061618.

For other: Approved Reparing ContrastAlG Authorised Repairers, please consist our 24-hour accident emergency hollins at +65 6336 6200. Alternatively, you may refer to AIG website www.skg.sg or AIG 5G Mobile App. Simply search and download "AIG 5G" from Tunes or Google Play.

IMPORTANT NOTES

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

IANs hereby certify that the collect to which this Certificate of Insurance relates is issued in eccordance with the provisions of the Motor Vehicles (Third Party Risks and Corresponded C

0504380240

CYCLE & CARRIAGE - NL

239 ALEXANDRA ROAD SINGAPORE 169930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.



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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 25 Jan 2008 of the driver; and other motor vehicles =< 2500kg

FOR CACUSE ONLY



































































