Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 15/07/2020 10:21

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.
- 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

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	14/07/2020 13:07
Date Of Accident	10/07/2020 00:30
Exact Location Of Accident	JCT OF RIVER VALLEY ROAD & OXLEY ROAD
Country/State of Loss	SINGAPORE
1	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU9881K
Insured/Policyholder	
Name Of Registered Owner	LOKE KEE YEU
Passport No/FIN	SXXXX674C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98253628
Alternative Phone No	OFFICE-98253628
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	GLA200
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	1900098025
Cover Note Number	
Driver	

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Name of Driver LOKE WENG KEEN BRYAN

NRIC No S8942392I Date Of Birth 26/11/1989 Occupation **INDOOR Date Of Driving Pass** 13/11/2010

Driving Experience 9 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91089009

Fax Number

Contact Number

EMail Address NOEMAIL Address BLK 35 JALAN HAJI ALIAS #01-17

Postcode 268535

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN**

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 Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER POLICE REPORT NO: T/20200714/2103. TRAFFIC POLICE HQ.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

SMM2959Z Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

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 <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 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.
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- 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
- 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
 - (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.
- (d) 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 Emails chenhoe.yik@cyclecarriage.com.sg

Policyholder's Signature

Date & Time

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 : LOKE KEE YEU

Period of Insurance

: 15 May 2020 To 14 May 2021

Engine No. Chassis No.

: 27091031851641 : WDC1569432J609506 Vehicle No. Policy No.

: SJU9881K : 1900098025-01

Endorsement No. Issued Date

: 06 May 2020

ABOUT THE COVER

Make/Model

: MERCEDES Benz GLA200

Engine Capacity/Tonnage : 1,595.00 CC Driver Restriction

: NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2019

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

Age Condition

: All Age Condition

Limitation as to use*

Loss of Use 2000cc

* Lundations randered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169), Section 95 of the Road Transport Act, 1967 (Maleysia) and Road Transport).

Section 5 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

Windscreen: \$100

Named Driver and Excess (where applicable)

LOKE KEE YEU - \$800 (Own Damage), \$800 (Plood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS

IMPORTANT NOTES

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

WWe hareby certify that the godiny to which this Constitute of insurance relates to bound it accordance with the provisions of the Motor Vehicles (There Porty Rich Rose) Transport (Americanical Act 2015 and Motor Vehicles (Third Porty Richa) Rules. 1055 (Maleysia)

0504612203

CYCLE & CARRIAGE - ANTANG

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.





1 of 3 Report No. T/20200714/2103

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Date/Time Report Made: Vide Report No.: 14/07/2020 21:39 Informant's Particulars Name of Informant: Address: APT BLK 35 JALAN HAJI ALIAS #01-17 CORONA VILLE LOKE WENG KEEN BRYAN SINGAPORE 268535 Contact No.: ID Type / ID No.: NRIC NO / S89423921 Home/Office: Mobile: 91089009 Email: Nationality: SINGAPORE CITIZEN Type of Informant: Date of Birth: Age: Sex: 26/11/1989 30 Driver Male Institution / School Name: Race: Language: Chinese Driving Licence Information: Occupation: Date of Expiry: Class: 3 Business consultant

2018

General Infor	mation of the Accide	nt	Date/Time of	Type of Location:
Type of Accident:	Non-Injury Drink & Drive	Drink Drive: No	Accident: 10/07/2020 00:30	
Location: Junction of R RIVER VALLI OXLEY ROAI Weather:		Road Surface:		Road Speed Limit:
Clear		Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
				Anyone conveyed by

Details of V	ehicle Invo	ived		9		是是是世界的人
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJU9881K	Car	MERCEDES BENZ	GLA200 URBAN (R18 LED)	Silver		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20200714/2103

CONTINUATION OF REPORT

Driver	THE PROPERTY OF STREET		BEAT STORY	No.	A STATE OF	OF THE PERSON NAMED IN
Name	LOKE WENG KEEN BRYAN		ID No.		S8942392I	
Related Vehicle	SJU9881K (Car)		Contact No.		91089009	
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL .	Degree of	Injury	NIL	

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME & LOCATION.

I WS TRAVELLING ALONG RIVER VALLEY ROAD ON THE EXTREME RIGHT LANE. AT THE JUNCTION OF RIVER VALLEY ROAD AND OXLEY ROAD, THE VEHICLE INFRONT OF ME WAS MAKING A RIGHT TURN. I DID NOT SEE THE VEHICLE AND COLLIDED TO THE REAR END OF THE VEHICLE. SUBSEQUENTLY I WAS ATTENDED BY TRAFFIC POLICE AND I COOPERATED AND WAS BROUGHT BACK FOR THE TEST. I WISH TO THE STATE THAT THERE WERE NO VISIBLE INJURIES.

THAT IS ALL.

POLICE FORCE

Police Station Of Origin:

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3

Report No. T/20200714/2103

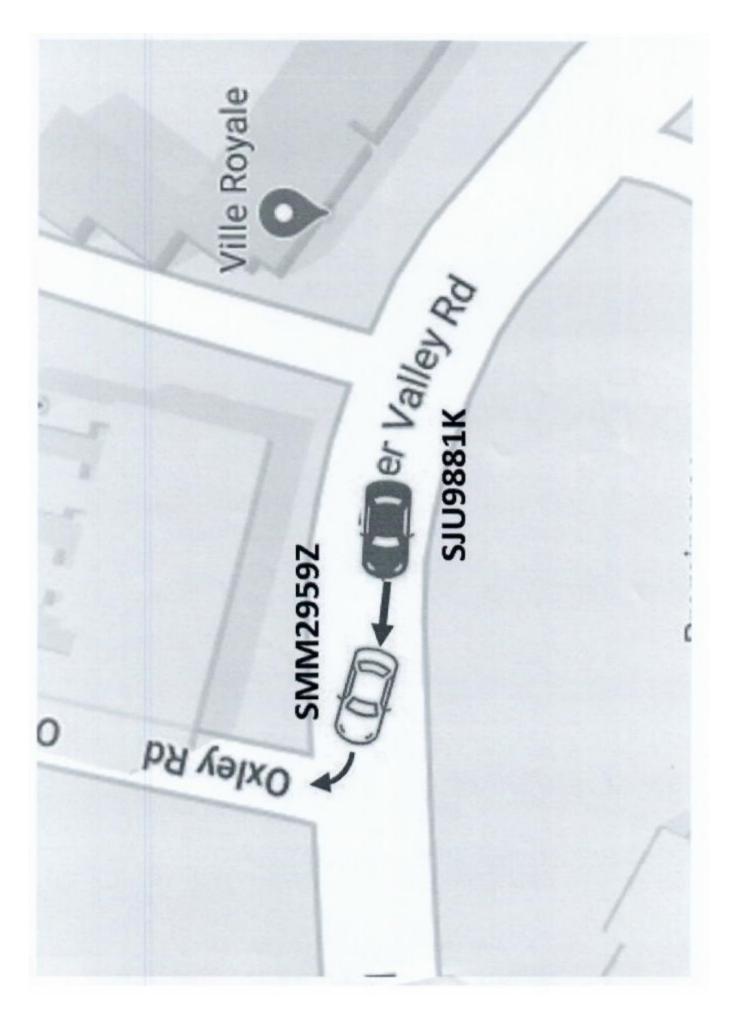
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: Signature Of Informant: WINSTON KOH WEN ZHONG Signature Of Interpreter: Date/Time: 14/07/2020 21:39 Not applicable Classification Of Case: Officer In Charge Of Case: TP / DDGVT / Sr Staff Sgt NOR FAIZAL BIN YAHYA SINGAPORE Contact No.: 65476202 POLICE FORCE Authentication Stamp NP168 Signature: Scanned with Camsc



Accident Sketch Plan

Refer to police report no-T/20200714/2103

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)

Yik Chan Hoe

Cycle & Carriage Industries Pte Ltd Body Care & Repair Center DID: 6771 4353 HP: 9186 5109 Faxt 6872 1272 Email: chanhou.yik@cyclecarriage.com.sg

Policyholder's Signature Date & Time

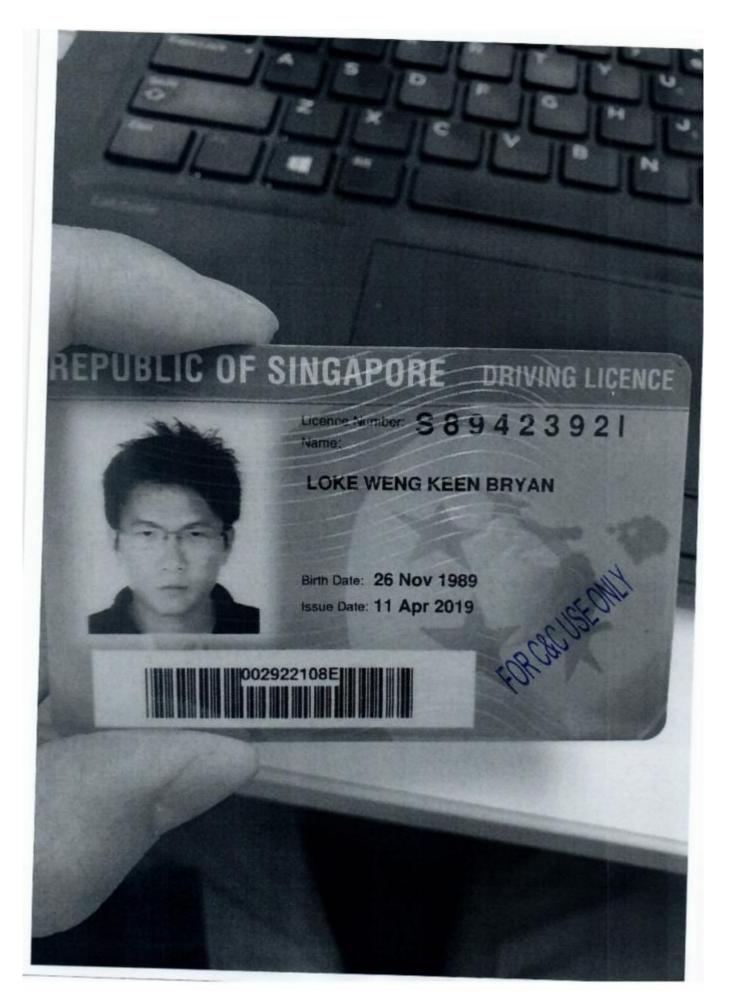
Ariver's Signature

(If driver is not the policyholder)

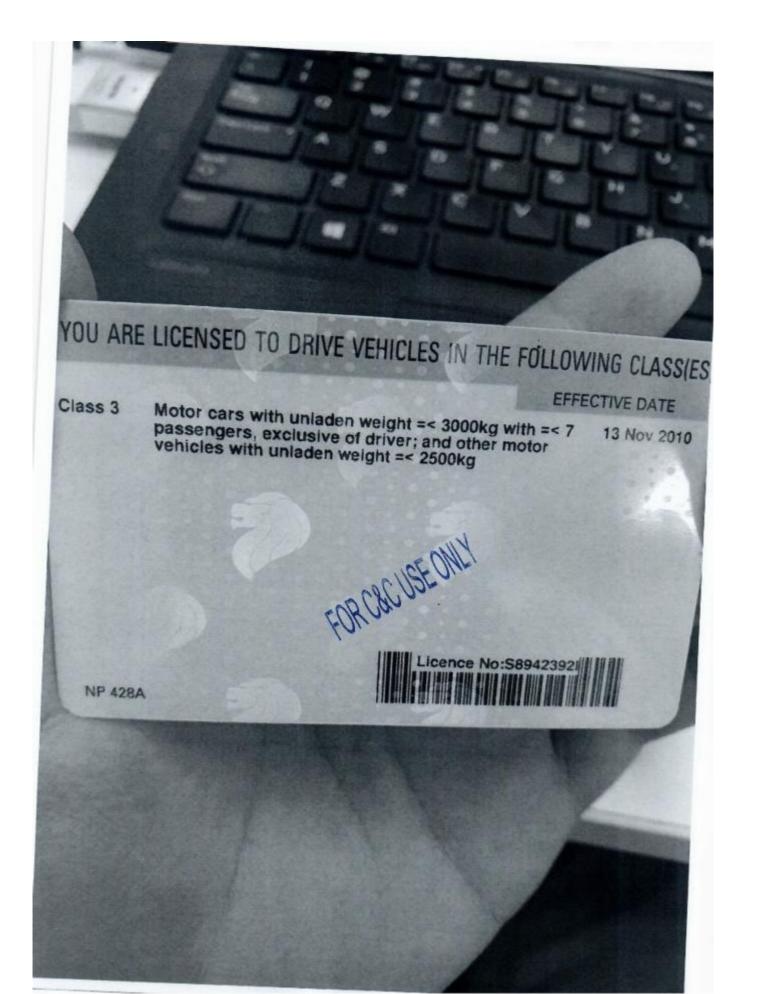
Date & Time

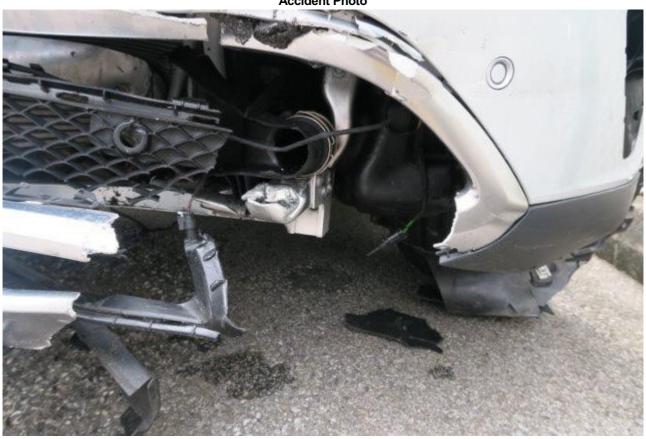
Reporting Centre Personnel's

Name:



Driving License











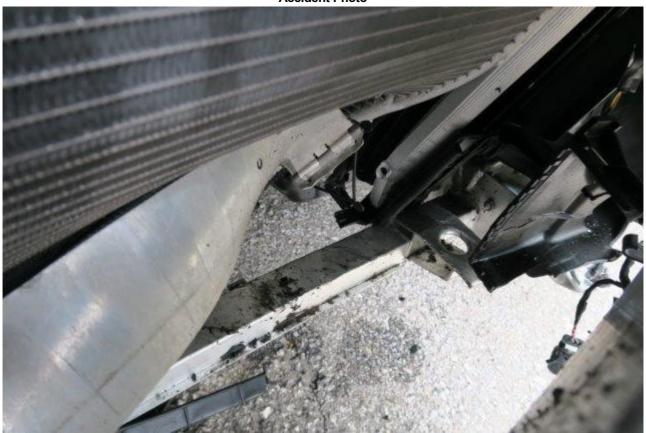




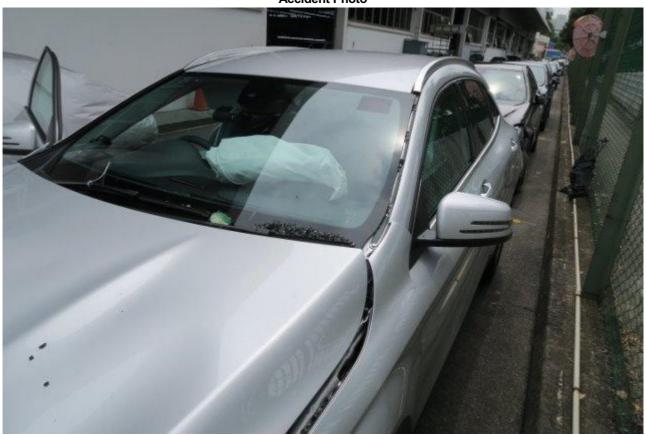














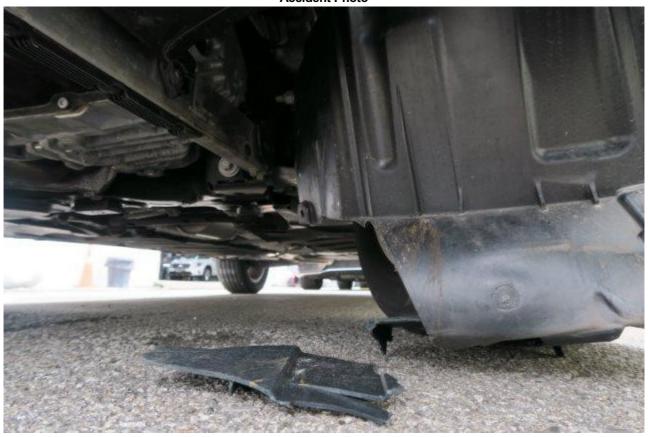




Accident Photo



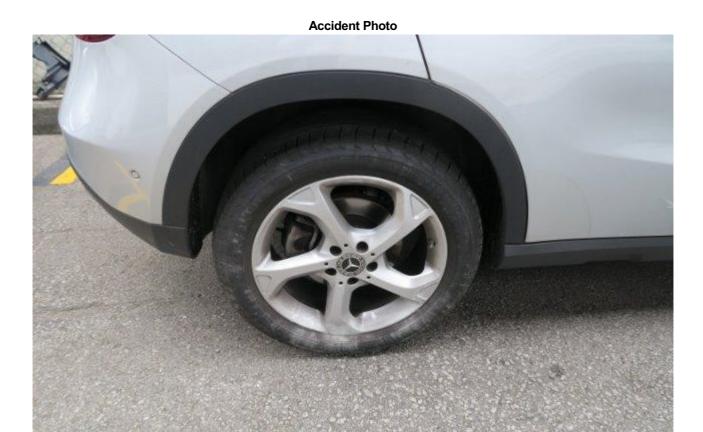
Accident Photo





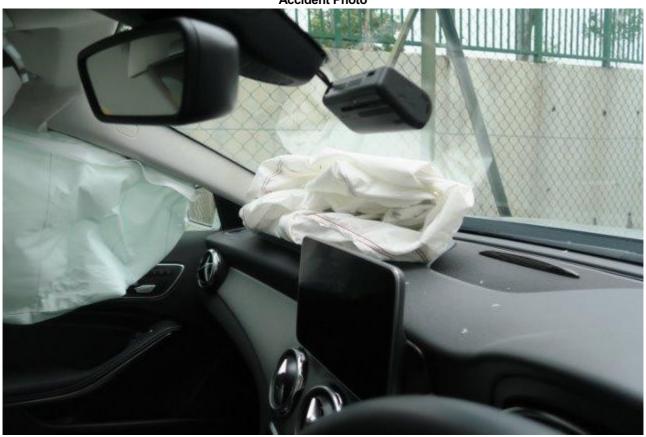




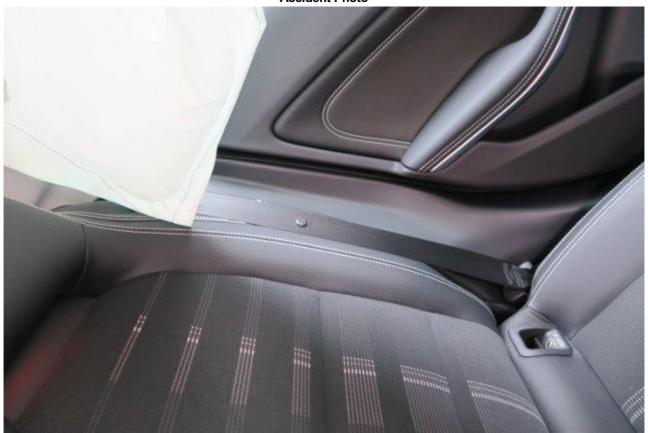






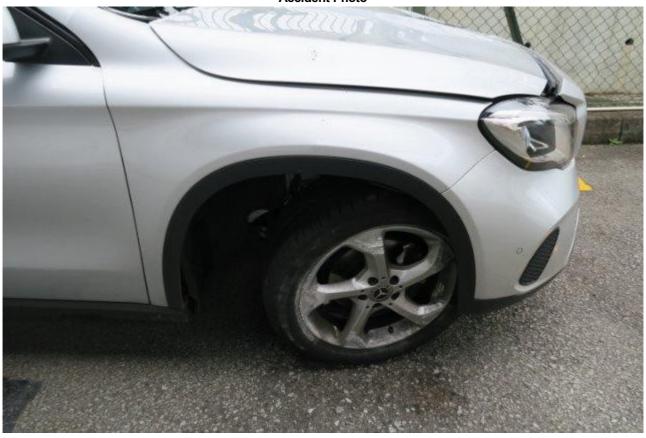






Accident Photo











Accident Photo













Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: S668S00206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

original keport.	
ADDENDUM	
NGTHEAMENDMENTS:	
10050250	acr
vernicite Registration No.	708
Weng Kemeric/Fin/passport No: 389	42
/ rease delete as appropriate	,
Singapo	re(
Mobile No. :	
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12030Time of Accident: 0030	
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NDMENTS:	
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ident location and time	0.
ended Police 18 port.	6
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Yik Chan Hoe	
Cycle & Carring Industria Pre Ltd Body Care & Repair Center DID: 6771 4353 (HB: 986 5109 Fax: 6872 1272	
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Reporting Centre Parroquel's Canada	