

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 withholding 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	12/08/2020 10:18
Date Of Accident	12/08/2020 07:30
Exact Location Of Accident	SLIP RD DAIRY FARM TO BKE TWDS WOODLAND (EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR4455H
Insured/Policyholder	
Name Of Registered Owner	SHEN ZHONGXIANG
NRIC No	S2736247H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96487609
Alternative Phone No	Office-96487609

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180
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	1700038106-02
Cover Note Number	

Driver

Name of Driver	SHEN ZHONGXIANG
NRIC No	S2736247H
Date Of Birth	12/07/1966
Occupation	INDOOR
Date Of Driving Pass	17/05/2007
Driving Experience	13 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96487609
Fax Number	
Contact Number	OFFICE-96487609
EMail Address	NOEMAIL
Address	BLK 3 DAIRY FARM HEIGHTS #02-07
Postcode	677667
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	CHAIN COLLISION
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 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

I WAS TRAVELLING ALONG SLIP RD OF DAIRY FARM RD TOWARDS BKE (WOODLANDS). MODERATE TRAFFIC AND ROAD SURFACE WET. I SLOW DOWN TO EXIT INTO BKE. MY CAR FRONT HIT INTO CAR B (SMD3160B) AND CAR B HIT CAR C (SMA3732S).

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD3160B
Vehicle Make/Model/Colour	NISSAN YELLOW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DANIEL GOH
NRIC/Passport Number	

Contact Number93200993

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration NumberSMA3732S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle CategoryPRIVATE CAR

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

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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 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 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

12/08/2020

08:50 am

Driver's Signature

(If driver is not the policyholder)

Date & Time

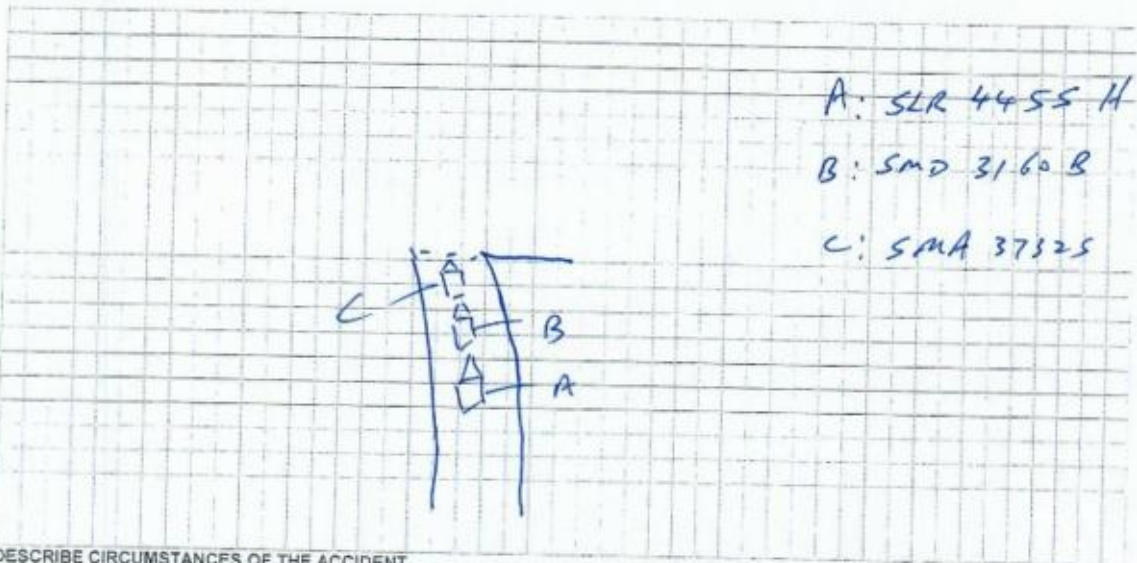
Vincent Seah

Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
TID: 6771 4401 HP: 8332 0062 Fax: 6872 1272
Email: vincent.seah@cyclecarriage.com.sg

Reporting Centre Personnel's

Name:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along slip rd of Dairy Farm rd towards BLE (woodlands). Moderate traffic & Road surface wet. I slow-down to Exit into BLE. And my vehicle SLR 4455H Front hit into SMD 3160 B. And SMD 3160 B hit SMA 3732 S.

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)

[Signature]

Policyholder's Signature

Date & Time 12/08/2020
09:20 AM

Driver's Signature

(if driver is not the policyholder)
Date & Time

Vincent Seah

Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
Tel: 6771 4401 HP: 8332 0062 Fax: 6872 1272
Email: vincent.seah@cyclecarriage.com.sg

Reporting Centre Personnel's
Name:

Accident Sketch Plan



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : SHEN ZHONGXIANG
 Period of Insurance : 16 Aug 2019 To 15 Aug 2020
 Engine No. : Z7091031210001
 Chassis No. : WDD1173422N476680

Vehicle No. : SLR4455H
 Policy No. : 1700038106-02
 Endorsement No. :
 Issued Date : 03 Jul 2019

ABOUT THE COVER

Make/Model : MERCEDES Benz CLA180 Coupe
 Engine Capacity/Tonnage : 1,595.00 CC
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2017
 Insuring with COE/PAFF : Yes

Person or Classes of Persons Entitled to Drive*

a) The Policyholder
 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 authorized driver only if he/she 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 Authorized Driver (named or unnamed) is under the age of 25 and/or has less 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 Policyholder's business.
 This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any bank or business or use for any purpose in connection with Motor Trade.

Loss of Use 2000hr

* Limitations imposed pursuant to Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 186), Section 26 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2010, are not to be included under these headings.

EXCESSES

Section 1

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

Section 2

Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (when applicable)

SHEN ZHONGXIANG - \$800 (Own Damage)

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

1. Cycle & Carriage Service Centre (for accident reporting only) Add: 330 Ubi Road 3 Singapore 408694 62561812
 2. Cycle & Carriage Pandan Loop Service Centre - Body Care & Repair Add: 168 Pandan Loop Singapore 120378 62561815

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 9338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

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

We 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. 186), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2010 and Motor Vehicles (Third Party Risks) Rules, 1255 (Malaysia).

0504012261

CYCLE & CARRIAGE - DUNG

239 ALEXANDRA ROAD

SINGAPORE 159939

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Mobile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

050408

Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S2736247H**
Name: **SHEN ZHONGXIANG**

Birth Date: 12 Jul 1966
Issue Date: 17 May 2007

001500177D

FOR C&C USE ONLY

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

	PASS DATE
Class 3A Motor cars without clutch pedals (Auto) \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals \leq 3000kg	17 May 2007

FOR C&C USE ONLY

Licence No: S2736247H

NP 428A

Accident Photo



Accident Photo



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