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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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 ladgement 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 inforesaid.

一大日子是"提到"的生活的。	ACCIDENT STATEMENT	T.
Date Of Report	14/08/2020 14:27	
Date Of Accident	13/08/2020 13:50	
Exact Location Of Accident	ALONG PIE TOWARDS CHANGI	
Country/State of Loss	SINGAPORE	
SAME THE SECOND SAME TO SECOND SAME	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMF7028P	
Insured/Policyholder		
Name Of Registered Owner	TEW HAN KONG	
NRIC No	SXXXX841E	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-98776839	
Alternative Phone No	OTHERS-98776839	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	E250-2.0 SEDAN (R18) (A)	
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?	NO	
If No, Please state action to be taken	THIRD PARTY	
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	1800150616-01	
Cover Note Number		
Driver		
Name of Driver	TEW HAN KONG	
NRIC No	SXXXX841E	
Date Of Birth	25/06/1969	
Occupation	INDOOR	
Date Of Driving Pass	29/11/1993	
Driving Experience	26 YEARS AND 8 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-98776839	
Fax Number		
Contact Number	OTHERS-98776839	
WWW.W.W.W.		

NOEMAIL

Address

BLK 544 CHOA CHU KANG STREET 52

#09-100

Postcode

650544

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

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

3

Was any body injured in the Accident?

YES

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

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

SJN5306T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKA5661Z

Page 2 of 14

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TEW HAN KONG

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SMF7028P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 5. 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 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 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:
 - 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:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel' Signature

Name:

NRIC/FIN No.:

PIE TOWARDS	(A) SMZ 702
CHANGI BEFORE	(B) SJN 530
THOMSON EXIT	
	(C) SKA SEL

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards change on lone 1 of 4 longs. Wather was clear, traffic was maderate. The reliek in front slowed down and stopped. Noticing that, I also showed down and come to a halt. After
and stopped. Noticiny that, I also showed down and come to a halt. After
A 2 M
les seconds, I let an great impact from the sear I alighted and realized
It was a chain collision involving 3 vehicles. I was the first vehicle from
ra frat.

DECLARATION

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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Persennel's Signature
Name:
NRIC/FIN No.:

Date & Time:

Policyholder's Signature

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 13-Aug-2020

ACCIDENT TIME: 1350HRS

LOCATION: PIE TWDS CHANGI VEHICLE NUMBER: SMF7028P INSURED NAME: TEW HAN KONG

NRIC / FIN: S6921841E

CONTACT: 98776839

MAKE: MERCEDES BENZ

MODEL: E250 SEDAN EDITION E (R18 LED SR)

Are you claiming under your own insurance policy for repair to your vehicle?) Yes, If No, Pls Select: (🗸) Third Party (

INSURANCE COMPANY: AIG

TYPE OF POLICY: Comprehensive

POLICY NUMBER: 180015016-01

EXPIRY DATE: 28-Feb-2021

NAME DRIVER: TEW HAN KONG

NRIC / FIN S6921841E

CONTACT: 98776839

DATE OF BIRTH: 25-Jun-1969

DRIVING PASS DATE: 29-Nov-1993

OCCUPATION: Indoor

GENDER: Male

EMAIL ADDRESS:

ADDRESS OF DRIVER; BLK 544 CHOA CHU KANG STREET 52 #09-100 HDB-CHOA CHU KANG SINGAPORE

Relationship Of The Driver With The Insured:

Owner

Number Of Passenger Include Driver:

1 Driver

NAME

NRIC/FIN/BC

GENDER.

INJURED

TEW HAN KONG

S6921841E

Male

INJURY DETAILS: 1 Driver, 0 Passenger(s)

Insurance Company Of Driver's Own Vehicle:

Weather Conditions: Clear

Road Surface: Dry

Was Any Foreign Vehicle Involved In This Accident?

No

Convey By Ambulance: No

Was There Any Video Capture By Car Camera?

No

Was There Accident Reported To The Police?

No

Police Report Number:

NIL

Details Of 3rd Party

Name

NRIC

Contact

No. of Paxs(incl' driver)

Veh B SJN5306T Veh C SKA5661Z

Not Sure

Not Sure



CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : TEW HAN KONG

Period of Insurance

: 29 Feb 2020 To 28 Feb 2021

Engine No.

: 27492030533160

Chassis No.

: WDD2120362B273976

Vehicle No.

: SMF7028P

Policy No.

: 1800150616-01

Endorsement No.

Issued Date

: 18 Feb 2020

ABOUT THE COVER

Make/Model

: MERCEDES Benz E250 Sedan Avantgarde

Engine Capacity/Tonnage : 1,991.00 CC

Sum Insured : Market Value

First Year of Registration 2016

Driver Restriction : NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder by Any of we person who is driving on the Pulicyholden's profer or with his/her permission. This Policy will indemnify the Policyholder or any authorised driver only if heishe meets the specified age condition.

You have to pay an equipment aum of \$3,000 as "Young and/or inexponenced Driver Excess" ("VIDR") if You are or Your Authorised Driver (Named or unnamed) is under the age of \$3 and/or has less

Age Condition

: All Age Condition

Limitation as to use*

Use only for social, (somestic and pleasure purposes and for the Policyholde's business.
This Policy pose not cover use for time or reward, driving button, driving test, racing, sece-making, ratiability major speed-busing, the carriage of goods other than swripes in connection with any trade or business or use for any purpose in connection with business or use for any purpose in connection with business or use for any purpose in connection with business or use for any purpose in connection with business.

Loss of Use 1800cc - 2000cc Optional

* Limitations rendered exoperative by Section 8 of the Muter Vehicles (Third-Party Risks and Compensation) Act (Cap. 189). Section 95 of the Road Transport Act. 1987 (Malaysia) and Road Transport Act. 1987 (Malaysia) and Road Transport Act.

Section t

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

Section 2

Property Demage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

TEW HAN KONG - \$800 (Own Damage), \$800 (Flood Gover)

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

ed Reporting Centres/ AIG Authorised Requirers (For claims related repairs)

Any accident reports to the Venicis can be carried out at the reporter of Your Choice (and the report to the Venicis) can be carried out at the reporter of Your Choice (and the report of Your Choice (and You have the report of Your Choice (and You have the Your And You have the Your An

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

It'We hereity cently that the policy to which this Cerificate of Insurance relates is issued in accondance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189). Feet IV of the Road Transport Act, 1987 (Malaysia). Road Transport (Amendment) Act 2019 and Mocor Vehicles (Third Party Risks) Rules, 1939 (Malaysia).

ALFA AUTOMOTIVE

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

1 COMMONWEALTH LANE #01-24 ONE COMMONWEALTH SINGAPORE 149544

Underwritten by AiG Asia Pacific Insurance Pte. Ltd.

A CONTARTING CARRY

10 ZOTE

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	841E
Vehicle Details	0415
Vehicle No.:	SMF7028P
Vehicle to be Exported:	Yes
Intended Deregistration Date:	14 Aug 2020
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	
Primary Colour:	E250 SEDAN EDITION E (R18 LED 5R)
Manufacturing Year:	Grey 2015
Engine No.:	
Chassis No.:	77492030533160
Maximum Power Output:	WDD21293628273976
Open Market Value:	155.0 kW (207 bhp)
Original Registration Date:	\$52,959.00
First Registration Date:	29 Feb 2016
Transfer Count:	29 Feb 2016
Actual ARE Paid:	1
Intended PARF Rebate Details	\$67,327.00
PARF Elipbility:	Yes
PARF Eligibility Expiry Date:	0.55
PARF Rebate Amount:	28 Feb 2026
Intended COE Rebate Details	\$50,495,00
COE Expiry Date:	28 Feb 2026
COE Category:	
COE Period(Years)	8 - Car above 1600cc or 97kW (130bhp)
OP Paid:	
COE Rebate Amount	\$50,089.00
Total Rebate Amount:	\$27,757.00
The information must alread by a training and a second	\$78,252.00

The information contained herein is correct as at 14 Aug 2020