Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 15/09/2020 19:22

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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

	A COURTNIE OF A TEMENT
	ACCIDENT STATEMENT
Date Of Report	15/09/2020 18:59
Date Of Accident	13/09/2020 21:05
Exact Location Of Accident	CLEMENTI AVE 6
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SJH8157T
nsured/Policyholder	
Name Of Registered Owner	LIM TUAN SENG
IRIC No	S0064925B
mail Address	TUANSENG11@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98317722
Alternative Phone No	Others-98317722
/ehicle Particulars	
Manufacturer	MITSUBISHI
M odel	EVO X GSR SST 6-SPEED AMT
exact Purpose for which vehicle was being used at ime of accident	
are you claiming under your own insurance policy or repair to your vehicle?	NO
No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE CAR
nsurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
ype Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100091950-12
Cover Note Number	
Driver	
Name of Driver	LIM TUAN SENG
IRIC No	S0064925B
Date Of Birth	11/03/1947

INDOOR

22/07/1968

52 YEARS AND 1 MONTH

Gender **MALE**

Mobile Number (LOCAL) +65-98317722

Fax Number

Contact Number OTHERS-98317722

EMail Address TUANSENG11@GMAIL.COM

BLK 443C BUKIT BATOK WEST AVE 8 #12-797 Address

Postcode

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 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?

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

YES NO

Number of Passengers (Including Driver) 2

Passenger 1 : YEO HWEE WAI Name:

> Gender: : Female

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

NO

NO

KINDLY 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 SME7751P

Vehicle Make/Model/Colour VW

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver CHENG HOE WAI NRIC/Passport Number Contact Number

S6828872Z 92288243

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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 invoive 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

5/9/Z0 6-34

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

GIARMIC SkeichPlanform V3

SKETCH PLAN / Clementi toop	7
Planet 199	BK.
	型
CTH 8157 7 2 1 45 melnes	Ш
THE DAS I PILL	#
	1
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	Ħ
It was a minor accident on 13-9-20, 9:05 p. W	1
Both cars were passing an acident sieno on our	-
left The driver of SWE 77518 mored to my 6ft	
and het my right front area near the healt	SA
There was a / foot scratch on the left reenon	POL
side of his cas. It was drighting at the time	
of andorti	-
15/9/20 6.40 hm.	
Important: 15/9/20 Thining	
You have been advised by the workshop that in the event that you wish to Claim against your own policy (OD CLAMA). The second that you wish to	
from the day of the occurrence. - Claim TP - Claim OD/ TP at other works	hon
DECLARATION I/WE declare the foregoing particulars are true in every respect.	
Command.	
15)9/20 Command.	
Policyholder's signature Date & Time Seporting Centre Personnel's Signature (if driver not the policyholder) Name:	ure

Nric/Fin No.



OFFICIE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Lim Tuan Seng

Vehicle No.

: SJH8157T

Period of Insurance

: 26 Aug 2020 To 25 Aug 2021 : 4B11BY1693

Policy No. Endorsement No.

: 2100091950-12

Engine No. Chassis No.

: JMFSMCZ4A9U000439

Issued Date

: 07 Aug 2020

ABOUT THE COVER

Make/Model

: MITSUBISHI LANCER EVOLUTION 10 2.0

Engine Capacity/Tonnage : 1,998.00 CC Driver Restriction

: Named Driver Basis

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2008

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder
 b) Any person who is named as a "named driver" under this Policy.

Age Condition

: Not Applicable

Mileage Condition

: Unlimited Mileage

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 fullion, driving test, racing, pace-making, reliability triel 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 1500cc - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1967 (Malaysia) and 1967

EXCESS

Section 1 Fire - \$0 Own Damage - \$4000 Theft - \$0 Flood Cover - \$4000

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Lim Tuan Seng - \$4000 (Own Damage), \$4000 (Flood Cover), Chew Swee Hock - \$4000 (Own Damage), \$4000 (Flood Cover)

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

Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 330 Ubi Rd 3 Singapore 408650 67461000
 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 20 Leng Kee Rd Singapore 159094 64708688
 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 600 Sin Ming Ave Singapore 575733 69328000

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.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: CITIBANK SINGAPORE

I/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 Perty Risks and Compensation) Act (Cap. 189), Part I/V of 2 the Road Transport Act, 1997 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500720771

CYCLE & CARRIAGE - ICETAN(MIT)

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

239 ALEXANDRA ROAD

SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

SSCNEY

1003527672/



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0064925B





LIM TUAN SENG

林傅星

Pace CHINESE Date of Birth 11-03-1947 Country of Birth SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

ight of 22 Jul 1968

NRC NO S0064925B

FOR ACCIDENT CLAME TO A USE ONLY

A+ 05-08-1992

APT BLK 443C BUKIT BATOK WEST AVENUE 8 #12-797 SINGAPORE 653443 NRIC No: S0064925B Date: 29/04/2018























