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.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	16/09/2020 11:41
Date Of Accident	15/09/2020 15:50
Exact Location Of Accident	UPPER THOMSON ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLW417T
Insured/Policyholder	
Name Of Registered Owner	CHUA HWEE NEE
NRIC No	S7412235C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96868320
Alternative Phone No	Office-96868320
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180
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	1800002490-02
Cover Note Number	
Driver	
Name of Driver	CHUA HWEE NEE
NRIC No	S7412235C
Date Of Birth	17/04/1974
Occupation	INDOOR

07/06/1996

24 YEARS AND 3 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-96868320

Fax Number

Contact Number OFFICE-96868320

EMail Address NOEMAIL

27A ADAM ROAD #04-18 Address

Postcode 289900 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 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?

Was any injured conveyed to hospital by

ambulance?

YES

NO

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

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

SKA8422C Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver LIM CHONG CHIN

NRIC/Passport Number

Contact Number 97660668 Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

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- 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 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 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

16/09/2020

10:30am

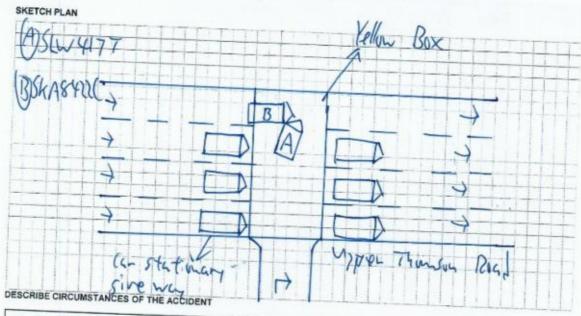
Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's

Name:



On The 15 sep 2020 at I: Sopm, I was driving along Upper Thouson road. I wanted to turn right at the junction of upper thousan road to Lakeville Estate, Near the ocac bank and the open space public carpork. There are 4 lanes in the opposite direction. I stopped my car and was waiting at the right turn junction to get ready to turn right when the traffix is closed. The traffix was heavy. I waited and when the cars at the first three larger opposite have stopped behind the yellow box, I storted to turn right slowly. I did not see a cor approaching. Suddenly there was a car (SKA8422C) that drove at quite a fast speed at the fourth lane (which is the bus lane) and banged unto my car at the front left.

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)

Policyholder's Signature

Date & Time

16/09/2020 10:30 am

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's

Name: Alan Wul



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

 Name of Policyholder
 : CHUA HWEE NEE (CAI HUINI)

 Period of Insurance
 : 16 Jan 2020 To 15 Jan 2021

 Engine No.
 : 27491031169222

 Chassis No.
 : WDD2053402F621767

Vehicle No. : SLW417T Policy No. : 1800002490-02

Endorsement No.

Issued Date : 17 Dec 2019

ABOUT THE COVER

: MERCEDES Benz C180 Coupe

Engine Capacity/Tonnage : 1,595.00 CC Sum Insured : Market Value Driver Restriction : NA First Year of Registration : 2018 Off Peak Car : No Person or Classes of Persons Entitled to Drive*: Insuring with COE/PARF : Yes

a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or with harber permission.
 This Policy will indemnify the Policyholder or any authorised driver crity if he/site meets the specified app condition.

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

Age Condition Age Condition : 30 years old and above Limitation as to use* :

Use only for social, dorrestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for him or reward, disking fullion, driving last, recing, pece-making, reliability trial or speed-testing, the certiage of geods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 2000co

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

EXCESS

Section 1 Fire - \$0 Own Damage - \$1000 Theft - \$0 Flood Cover - \$1000

Named Driver and Excess (where applicable)

CHUA HIMEE NEE (CAI HUINI) - \$1000 (Own Damage), \$1000 (Flood Cover)

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

Cycle & Carriage Eunis Service Center (For accident reporting only). Add: 330 Util Road 3 Singapore 40860 62001615.
 Cycle & Carriage Pandae Loop Service Center - Body Care & Repair. Add: 188 Pandae Loop Singapore 128378 62061616.

For other: Approved Reporting Cercres/AIG Asthoroact Repairus, please contact our 24-hour accident emergency holdine at +65 6336 5200. Alternatively, you may refer to AIG website www.siq.ag or AIG Mobile Age. Simply scarch and download "AIG SIG" from iTures or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

I/We hereby certify that the paloy to which this Certificate of insurance relates is issued in accordance with the provisions of this Motor Vehicles (Third Party Risks and Compensation) Act (Ces. 189), Part IV of the Road Transport Act, 1957 (Maleysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks, Robe, 1959 (Maleysia).

0504612203

CYCLE & CARRIAGE - ANTANG

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte, Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

nent does not require a signature.

FOR CAC USE ONLY

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7412235C

CHUA HWEE NEE (CAI HUINI)

Birth Date: 17 Apr 1974 Insue Date: 11 Mar 2004



FOR C&C USE ONLY

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

PASS DATE

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

07 Jun 1996

Licence No: S7412235C

NP 428A

















