Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 07/10/2020 17:50

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.

$7. \ \mbox{By the lodgement}$ of this report to the insurers, you hereby conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	07/10/2020 12:28
Date Of Accident	07/08/2020 19:00
Exact Location Of Accident	JOO CHIAT ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDK6968M
Insured/Policyholder	
Name Of Registered Owner	ANG SIOE HWA
NRIC No	S2557976C
Email Address	SIOEHWAANG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96666387
Alternative Phone No	Office-96666387
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E 250 SEDAN (R17)
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100417209-05
Cover Note Number	
Driver	
Name of Driver	HALIM SETIABUDI @ LIM CHOE KWO
NRIC No	S2578657B
Date Of Birth	17/01/1946

INDOOR

12/07/1979

41 YEARS AND 0 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-97555022

Fax Number

Contact Number

EMail Address NOEMAIL

Address 81 MEYER ROAD #10-01

Postcode 437908 Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **COLLIDED INTO PARKED VEHICLE**

2

NO

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

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 MARINE PARADE N.P.C

ROAD: 300 MARINE PARADE ROAD, POSTCODE: 449296, COUNTRY: **Police Station Address**

SINGAPORE

NO

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

Please refer to Sketch Plan & Police Report: T/20200821/2034

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

Vehicle Make/Model/Colour

Details Of Properties

SMK3505D

Vehicle Category Name of Driver

PRIVATE CAR

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
 - (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

07 OCT 2020

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

07 OCT 2020

Reporting Centre Personnel's Signature

Name: Tracia Leong

NRIC/FIN No.:

07 OCT 2020

Policyholde Date & Time

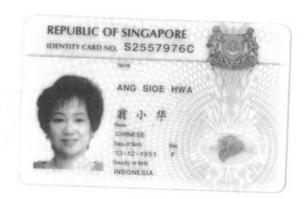
07 OCT 2020

Driver Signature

(If dover is not the policyholder)
Date & Time: 0 7 0 CT 20 07 OCT 2020 Reporting Centre Personnel's Signature

Name: Tracia Leong NRIC/FIN No.:

07 OCT 2020











CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Ang Sioe Hwa
Period of Insurance : 17 Dec 2019 To 16 Dec 2020

Engine No.

: 27492030380299

Chassis No.

: WDD2120362B154174

Vehicle No.

Issued Date

: SDK6968M : 2100417209-05

Policy No.

Endorsement No.

: 05 Nov 2019

ABOUT THE COVER

Make/Model

: MERCEDES BENZ E250 2.0 CGI SEDAN

Engine Capacity/Tonnage : 1,991.00 CC Driver Restriction

: NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2015

Insuring with COE/PARF : 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 authorised driver only if he/she meets the specified age condition.

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

Age Condition

: 35 years old and above

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 fultion, driving test, racing, pace-making, reliability trial 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 Moltor Trade.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cep. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport Act, 1987

EXCESS

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Ang Sice Hwa - \$800 (Own Damage), \$800 (Flood Cover)

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

Approved Reporting Centreal AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 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. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Melaysia)

0629004000

ANG YAN PHENG JENNY

41 HUME AVENUE #09-03

SINGAPORE 598738 SP-FTCHOICE-KCA

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

Police Report





Folice Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

REPORT OF A TRAFFIC ACCIDENT

Report No. T/20200821/2034

1 of 3

Date/Time Report Made: 21/08/2020 12:13		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars			
	Informant: ETIABUDI		Address: 81 MEYER ROAD #10-01 SINGAPORE 437908		
	/ ID No.: D / S25786	57B	Contact No.: Home/Office:	Mobile: 96666387	
	ationality: ANADIAN		Email:		
Sex: Male	Age:	Date of Birth: 17/01/1946	Type of Informant:		
Race: Chinese		Language:	Institution / School Name:		
Occupation: Retiree		Driving Licence Information: Class: Date of Expiry:			

General Infor	mation of the Accide	ent			
Type of Accident:	Type of Non-Injury		Date/Time of Accident: 07/08/2020 19:00	Type of Location Car Park	
Location:			* 11	1	
JOO CHIAT F	ROAD		4 4	a e	
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collis Moving Vehic	sion: de Against - Parked \	/ehicle		Anyone conveyed by ambulance:	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SDK6968M	Car				No Damage	0

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





Report No. T/20200821/2034

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

CONTINUATION OF REPORT

Driver				NESC PRO		
Name	HALIM SETIABUDI			ID No		S2578657B
Related Vehicle	SDK6968M (Car)		4	Conta	ct No.	96666387
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	fInjury	NIL	

Brief Details.

Vide Reference number: TP/IP/34017/2020,

On 07/08/2020 at about 1900hrs, I was driving my vehicle (bearing registration plate number: SDK6968M) along Joo Chiat Road. I then parked my vehicle at the open space carpark at Joo Chiat Road. I then alighted from my vehicle and one of the passerby came towards me and told me that I might have hit onto another vehicle who is parked beside me. I was puzzled as I did not noticed that I have hit onto another vehicle. I then take a look at my vehicle and there is no damage. I also take a look at the other party vehicle and there is a scratch at the front right bumper however I do not know if the damage is caused by me. I then moved to another parking lot as that parking lot is small for me to open my car driver door. I then wait for the other party driver to come back to vehicle however the driver did not come back to the vehicle. I then went to the nearby coffeeshop to eat my dinner and I come back on 1930hrs and realized that the vehicle have already gone off.

I also wish to state that my vehicle do not have any in car camera and I do not remember the other party car plate number.





3 of 3

Report No. T/20200821/2034

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

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: G / Sgt 3 CHO JIA LI	Signature Of Informant:			
Signature Of Interpreter: Not applicable	Date/Time: 21/08/2020 12:13			
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUIN SINGALURE Contact No.: 65476151	Classification Of Case:			
Authentication Stamp NP168				



Chassis Number





Accident Photo







Accident Photo



Accident Photo

