### 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 conse aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	14/10/2020 17:41
Date Of Accident	14/10/2020 11:50
Exact Location Of Accident	BASEMENT CARPARK KEPPEL BAY VIEW
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMU4154Z
Insured/Policyholder	
Name Of Registered Owner	LOH ZHI PENG
NRIC No	S8036098C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90033144
Alternative Phone No	Office-90033144
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200
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	2070118836
Cover Note Number	
Driver	
Name of Driver	LOH ZHI PENG
NRIC No	S8036098C
Date Of Birth	25/11/1980
Occupation	INDOOR

23/01/2007

13 YEARS AND 8 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-90033144

Fax Number

**Contact Number** OFFICE-90033144

**EMail Address NOEMAIL** 

Address 52 LORONG K TELOK KURAU #03-02

Postcode 425780 Was driver an employee of the Insured's Company NO

**OWNER** 

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

## **General Information of the Accident**

Type Of Accident **COLLISION - HEAD ON 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

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Was any other material or property damaged?

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**

Vehicle Registration Number SMH1327E Vehicle Make/Model/Colour **AUDI BLUE** 

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver EMARD ESMAEILI KARIN SOFIA

G5683855X NRIC/Passport Number Contact Number 81827537

Address Postcode Insurance Company Name Nature Of Damage

mage

RHF

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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.
- 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.
- 7. 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 ade 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
  - (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")
- 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
- 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.

Vincent Seah

Cycle & Carriage Industries Pte Ltd Body Care & Repair Center DID: 6771 4401 HP: 8332 0062 Fax: 6872 1272

Empil: vincent.seph@cycleogriage.com.se

Policyholder's Signature
Date & Time 14/10/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling in the corpore in the tunnel leading to another part of the corport. As can be seen in the picture, there is a speed hump oust before the stop sign line, where I stopped the car. There is a convex mirror where the bend is supposely to see the other side where the vehicle will come. The side is the 164 hand side of my car. I did not see any vehicle, and your toke testing, could not receive which as the mirror & position does not allenit. It car come driving part, just as I accelerated I crossed the good bump and over the sepline. We collided.

SKETCH PLAN

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)

Vincent Seah

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

Policyholder's Signature

Date & Time

Driver's Signature

(4/15/2020 (If driver is not the policyholder)
Date & Time

Reporting Centre Personnel's

Name:



# **COVER NOTE**

#### MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on th

Name of Policyholder : LOH ZHI PENG 12 Period of Insurance 13: 11 Aug 2020 to 10 Aug 2021

Engine No. : 26492080034934 Chasis No.

: W1K2130802A769268

Cover Note No. Endorsement No. **Issued Date** 

: 2070118836

: 11 Aug 2020



#### ABOUT THE COVER

Make/Model

: MERCEDES Benz E200 Sedan Avantgarde

Engine Capacity/Tonnage : 1,991,00 CC Sum Insured : Market Value

Driver Restriction : NA

Off Peak Car : No

First Year of Registration : 2020

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/hor permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

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 "Young and/or inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition

: All Age Condition

Limitation as to use\* :

Mileage Condition

: Unlimited Mileage

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
This Policy dose not cover use for this or reverse, during testion, driving testion, driving testion, driving testion, driving testion, driving testion, driving testion, and the properties of goods other than asymptes in connection with most finds.

In this properties of the carriage of goods other than asymptes in connection with most finds.

Loss of Use 2000cc

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Matrysia), are not to be included under these headings.

## 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) LOH ZHI PENG - \$800 (Own Damage), \$800 (Flood Cover)

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

Cycle & Carriage Euros Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818

2.Cyrile 6 Carriage Pandan Loop Service Center - Body Core & Repair Add: 188 Pandan Loop Singapore 128378 62061818

For other Approved Reporting Centres/AlG Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 6336 6200. Alternatively, you may refer to AlG wabsits www.sig.ag or AlG SG Mobile App. Simply search and download "AJS SG" from iTunes or Google Play.

### IMPORTANT NOTES

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

If you do not receive your Cartificate of insurance and policy documents within 30 days from the Ecoption sate stated on this cover note, please contact AIG immediately.

Who hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensatios) Act (Cop. 169), Part IV of the Road Transport Act, 1987 (Malassiya) and Motor Vehicles (Third Party Risks) Rules, 1939 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0604612259

CYCLE & CARRIAGE - VISAN

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

78 Shenton Way #09-16 AIG Building 5079120 | T+65 6419 3000 | www.nig.sg

AlG Asia Pactfu insurance Pin. Ltd.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

FOR CAC USE ONLY

NP 428A

































