SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	29/10/2020 13:23
Date Of Accident	28/10/2020 16:15
Exact Location Of Accident	TAMPINES AVE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMQ3550R
Insured/Policyholder	
Name Of Registered Owner	CHEAH EAN CHYE @ CHEAH AH BA
NRIC No	SXXXX812F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91478565
Alternative Phone No	OFFICE-91478565
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	A200
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	REPORTING ONLY
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	1900236608
Cover Note Number	
Driver	

Name of Driver CHEAH EAN CHYE @ CHEAH AH BA

SXXXX812F NRIC No Date Of Birth 05/06/1950 Occupation **INDOOR Date Of Driving Pass** 18/08/1973

Driving Experience 47 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91478565

Fax Number

OFFICE-91478565 Contact Number

EMail Address NOEMAIL Address 5 SIMEI ST 3 #08-05

Postcode 529892

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 NO 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

NO

ambulance?

YES

Was any other material or property damaged?

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

THERE WAS A CAR FOLLOW ME INTO A CARPARK AND CLAIMED THAT I HIT HIS CAR. THERE WAS NO DAMAGED TO OUR CARS AND HE ASK ME FOR MONEY. I REFUSED TO GIVE CAUSE I DID NOT HIT OR ANY DAMAGES TO OUR CARS. I INSISTED HIM TO FILE POLICE REPORT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: REFER CSE AQ

Was there any audio recorded?

Accident Sketch Plan

SKETCH PLAN

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- 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 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:
 - (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

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's

Name: NRIC/EIN NO

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Others was a car follow me into a car part and claim that I hit his car.

Others was no damage to our cars and he ask me for money. I refuse to sine cause I did not hit or any damage to our cars.

3) I insisted him to file police report.

DECLARATION

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

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Name: Hay ayl

25/10/20

NRIC/FIN No.:



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : CHEAH EAN CHYE @CHEAH AH BA

Period of Insurance

: 12 Nov 2019 To 11 Nov 2020

Engine No. Chassis No. : 28291480056770

: WDD1771872W018432

Vehicle No. Policy No.

: SMQ3550R : 1900236608

Endorsement No.

Issued Date

: 19 Nov 2019

ABOUT THE COVER

Make/Model

: MERCEDES Benz A200 Progressive

Engine Capacity/Tonnage: 1,332.00 CC

Sum Insured : Market Value

First Year of Registration : 2019

Driver Restriction Person or Classes of Persons Entitled to Drive*:

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

a) The Policyhader
 b) Any other teson who is driving on the Policyholder's order or with higher permission.
 This Policy will indemnify the Policyholder or any authorised driver only if he/sine meets the specified age condition.

You have to per 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

Age Condition

: All Age Condition

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyhologra business.

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-lessing, 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 2000cc

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

EXCESS

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

Windscreen: \$100

Named Driver and Excess (where applicable)

NEO SWEE YEN - \$800 (Own Damage), \$800 (Flood Cover), CHEAH EAN CHYE @CHEAH AM BA - \$800 (Own Damage), \$800 (Flood Cover)

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

Cycle & Certiage Euroe Service Center (For accident reporting only) Add: 330 Util Road 3 Singapore 408650 62061818
 Cycle & Certiage Panden Loop Service Center - Body Care & Repair Add: 168 Panden Loop Singapore 128378 62061818

For other Appleved Reporting Centres/ArG Authorised Repairers, please contact our 24-hour accident sinergency hotine at +65 6336 6200. Alternatively, you may refer to ArG website www.aig.ag.or ArG SG Mobile App. Simply search and download 'ArG SG' from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Dalmler Financial Services Africa & Asia Pacific Ltd

We hereby certify that the policy to which this Certificate of insurance relates a lesuod in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 169), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1999 (Melaysia).

0504812223

CYCLE & CARRIAGE - EVELYN

239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AlG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SISCHMO



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VOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) PASS DATE Class 2B Motorcycles not exceeding 200 cc 09 Feb 1979 Class 2A Motorcycles exceeding 400 cc 09 Feb 1979 Class 2 Motorcycles exceeding 400 cc 09 Feb 1979 Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms AND 428A Licence No: \$1484812FI

















