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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	02/11/2020 13:17
Date Of Accident	31/10/2020 18:00
Exact Location Of Accident	JCT OF RAFFLES QUAY & CROSS STREET
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJE2928R
Insured/Policyholder	
Name Of Registered Owner	ANG BOON KIAN
NRIC No	S0118311G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94562952
Alternative Phone No	OFFICE-94562952
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?	NO
If No, Please state action to be taken	THIRD PARTY
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	1900235686
Cover Note Number	

Driver

Name of Driver

ANG BOON KIAN
NRIC No

S0118311G

Date Of Birth

07/05/1952

Occupation

INDOOR

Date Of Driving Pass

24/04/1970

Priving Experience

Driving Experience 50 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94562952

Fax Number

Contact Number OFFICE-94562952

EMail Address NOEMAIL

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 **COLLISION - HEAD TO REAR**

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

NO

2

NO

NO

YES

NO

2

NAME: : UNKNOWN

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?

NO

NO

Circumstances of Accident

REFER TO ATTACHED.

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

Vehicle Category

TAXI

SHC5862K

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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
- 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
 - (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 (c) their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and
- (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 02/11/2020 0851

Driver's Signature

(If driver is not the policyholder)

Date & Time

Kerlyn Ong Kai Li

DID: 6771 4420 HP: 9186 5113

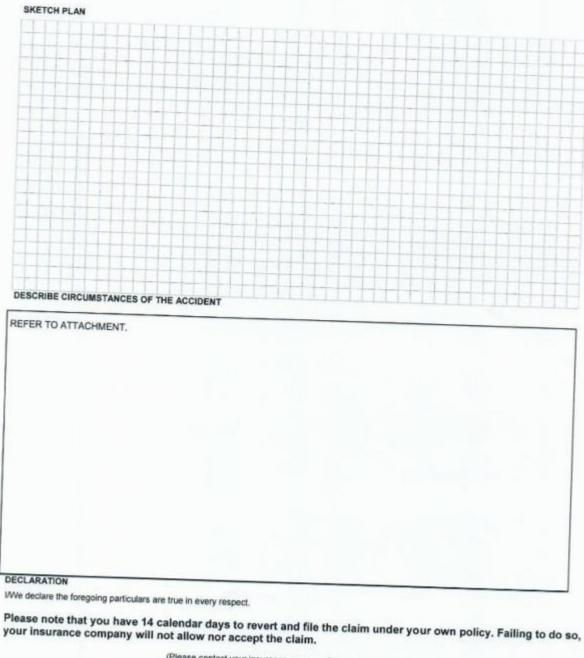
Email: kerlyn.ong@cyclecarriage.com.sg Cycle & Carriage Industries Pte Ltd

Customer Service Centre - Pandan Loop

Reporting Centre Personnel's

Name: KERLYN

NRIC/FIN No :



(Please contact your insurance company for any further details)

Policyholder's Signature Date & Time 02/11/2020 0851

AyBanka

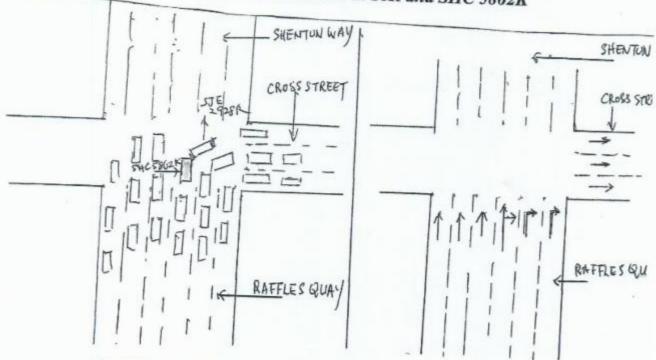
Driver's Signature (If driver is not the policyholder) Date & Time

Reporting Centre Personnel's Name: KERLYN NRIC/FIN No.:

Kerlyn Ong Kai Li

DID: 6771 4420 HP: 9186 5113 Email: kerlyn.ong@cyclecarriage.com.sg Cycle & Carriage Industries Pte Ltd Customer Service Centre - Pandan Loop

Traffic Accident on 31 Oct 2020 at Raffles Quay/ Cross Street between vehicles SJE 2928R and SHC 5862K



On 31 Oct 2020 at about 6pm, I, Ang Boon Kian I/C no. S0118311G was driving my car (SJE 2928R) along Raffles quay. I was travelling along the third lane of raffles quay all the way with turning RIGHT signal on as I was approaching the traffic light junction of raffles quay / Cross Street. The traffic was in GREEN and I was turning RIGHT to Cross Street. The speed I travelled was less than 20 km/hr as the turning traffic was heavy.

While I was turning half way, a Trans-cab taxi (SHC 5862K) from behind hit on the right portion of the back my car.

The weather was drizzling after earlier rain.

I wanted to exchange the driver's particular with the taxi driver but he refused

Ang Boon Kian

2/11/ 2024 Date



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Ang Boon Kian

Period of Insurance

: 26 Oct 2019 To 19 Jan 2021

Engine No.

: 27186030014680

Chassis No. : WDD2120472A116500 Vehicle No. Policy No.

: SJE2928R

: 1900235686 Endorsement No. : 000000000346668

Issued Date

: 16 Jul 2020

ABOUT THE COVER

Make/Model

: MERCEDES BENZ E250 CGI BE

Engine Capacity/Tonnage : 1,796.00 CC

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2010

Insuring with COE/PARF : Yes

Driver Restriction : NA 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/after 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

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 him or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-feeling, me 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 Optional

* 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, 1987 (Malaysia) and Road Transport Act, 1987

EXCESS

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

Property Damage - 50

Windscreen: \$100

Named Driver and Excess (where applicable)

Ang Boon Kian - \$800 (Own Damage), \$800 (Flood Cover)

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

Approved Reporting Centres/ 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 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.ag or AIG SG Mobile App. Simply search and download "AIG SG" from ITunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

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 IV of the Road Transport Act, 1987 (Malaysia). Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1999 (Malaysia).

DIRECT CLIENTS 01.4.95

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Shelton Van #19-18 Acu Rusting 9075128 | T +85-1419 30(n) ww





Licence Number: S 0 1 1 8 3 1 1 G

ANG BOON KIAN

Birth Date: 07 May 1952 Issue Date: 28 May 2003



FORCECUSTONIA

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

24 Apr 1970

NP 428A













