SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

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.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	12/11/2020 15:43
Date Of Accident	12/11/2020 12:35
Exact Location Of Accident	JLN BUKIT MERAH TWDS HENDERSON RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGH5454R
Insured/Policyholder	
Name Of Registered Owner	NG CHONG MENG
NRIC No	S1132558J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84975353
Alternative Phone No	Office-84975353
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250
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	2100285120-08
Cover Note Number	
Driver	
Name of Driver	NG CHONG MENG
NRIC No	S1132558J
Date Of Birth	28/05/1955

INDOOR

21/07/1977

43 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84975353

Fax Number

Contact Number OFFICE-84975353

EMail Address NOEMAIL

Address 11 JALAN DERMAWAN

Postcode 668956
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

renicie

Insurance Company of Driver's Own Vehicle

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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? 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?

NO 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)

Details of Police Action

Was the accident reported to the police?

NO

NO

1

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

I WAS DRIVING MY CAR ALONG JALAN BUKIT MERAH TWDS HENDERSON RD. AS I WAS AT THE SLIP RD, I CHECKED MY RIGHT AND THE MAIN RD WAS CLEAR SO I PROCEEDED TO MY WAY. CAR B (SHA3797P) INFORNT OF ME SUDDENLY STOPPED AT THE SLIP RD DID NOT MOVE OF EVEN THERE WAS NOT ANY VEHICLE ON THE MAIN RD WHICH CAUSED ME TO COLLIDED ONTO THE REAR PORTION.

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 SHA3797P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver RAMZANI BIN OMAR

NRIC/Passport Number Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

S7132092H

SKETCH PLAN

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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
- 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 referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government.
 - (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")
- (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
- 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.
- 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.

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

Policyholder's Signature

Date & Time 12/11/2020 1417

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Name: KERLYN

NRIC/FIN No.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING MY CAR (SGH5454R) ALONG JALAN BUKIT MERAH TOWARD HENDERSON ROAD. AS I WAS AT THE SLIP ROAD, I CHECKED MY RIGHT AND THE MAIN ROAD WAS CLEAR SO I PROCEEDED TO MY WAY.

VEHICLE B (SHA3797P) INFRONT OF ME SUDDENLY STOPPED AT THE SLIP ROAD DID NOT MOVE OF EVEN THERE WASNT ANY VEHICLE ON THE MAIN ROAD WHICH CAUSED ME TO COLLIDE ONTO THE REAR PORTION.

DECLARATION

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)

Policyholder's Signature Bate & Time 12/11/2020 1417 Kerlyn Ong Kai Li

DID: 6771 4420 HP: 9186 5113
Email: kerlyn.ong@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Services Congreent a state of the Customer Services Congreent and Customer Services Cus

Driver's Signature Costomer Set

(if driver is not the policyholder) Name: KERLYN

Date & Time

NRIC/FIN No.:



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

 Name of Policyholder
 : Ng Chong Meng

 Period of Insurance
 : 06 Jan 2020 To 05 Jan 2021

 Engine No.
 : 27186030369770

 Chassis No.
 : WDD2120472A535711

Vehicle No.

: SGH5454R

Policy No.

: 2100285120-08

Endorsement No.

Issued Date

: 17 Dec 2019

ABOUT THE COVER

Make/Model

: MERCEDES BENZ E250 CGI BE

Sum Insured : Market Value

Driver Restriction

Engine Capacity/Tonnage : 1,796,00 CC : NA

Off Peak Car : No

First Year of Registration : 2012 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 sure of \$3,000 as "Inexperienced Driver Excess" (1DR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition

: 40 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 him or reward, driving tuition, 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 Motor Trade.

Loss of Use 2000cc

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

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

Section 2 Property Damage - \$0

Named Driver and Excess (where applicable)

Ng Chong Meng - \$800 (Own Damage), \$800 (Flood Cover)

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

Cycle & Carriage Eunos Service Center (For accident reporting only). Add: 330 Lib Road 3 Singapore 408650 63061818
 Corriage Panden Loop Service Center - Body Care & Repair: Add: 186 Pendan Loop Singapore 126378 62561818

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotime at +85 6338 6200. Attenuatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and dewnload "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

I/We hareby 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. 180). Part I/V of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).

0500660347

CYCLE & CARRIAGE - STHAN

239 ALEXANDRA ROAD

SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1132558J

NG CHONG MENG

Birth Date: 28 May 1955 Issue Date: 10 Oct 2015



FOR CACUSE ON VIVE

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

EFFECTIVE DATE

Motor Cars =< 3000kg with =<7 passengers, exclusive $\,$ 21 Jul 1977 of the driver; and other motor vehicles =< $\,$ 2500kg Class 3

CACUSEONLY

NP 428A



























