SC1S211Q0004 / CYCLE & CARRIAGE INDUSTRIES PTE LTD ENTRY DATE & TIME: 26/01/2021 13:25 (SGT) SUBMITTED BY: LIM XIN YI VERSION: 1 (26/01/2021 13:25 (SGT))

© SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed</u> 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

- s. Information provided must be as truinid and securate as passible. Any white inserted entertainty of whitelening of material tacks may allow insurance companies to reputate 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 Monagement 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 ladgement 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 Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss | 26/01/2021 13;25 (SGT) 25/01/2021 16:08 (SGT) Singapore BEDOK NORTH FILTER LANE TOWARD PIE Singapore |
|---|--|
| DETAILS OF | OWN VEHICLE |
| Vehicle Registration Number | SMJ4947K |
| INSURED/POLICYHOLDER | |
| Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No | No DEXTER TAN BOON LIAT SXXXX256Z DEXTERTAN88@GMAIL.COM (Phone) +65-97356835 +65-97356835 |
| VEHICLE PARTICULARS | |
| Manufacturer Model Variant 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? Vehicle Category | Mercedes Cla180 Yes Private car |
| INSURANCE COMPANY | |
| Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number | AIG Comprehensive No 1900045108 |
| DRIVER | |
| Name of Driver NRIC No Date Of Birth | TAN SU LING DEBORAH (CHEN SULING) SXXXX006C 22/01/1986 |

Indoor

Occupation

| Date Of Driving Pass | 18/02/2009 |
|---|--|
| Driving experience | 11 YEARS AND 11 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-97356835 |
| Alt. Phone Number | |
| Email Address | DEXTERTAN88@GMAIL.COM |
| Address | BLK 232 SERANGOON AVE 3 #07-56 |
| Address complement | I |
| Postcode | 550232 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Sibling |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | |
| 20000000000000000000000000000000000000 | - |
| Insurance Company of Other Vehicle Owned by Driver | • |
| | I I SCHOOL FOR THE GRANT CONTRACT |
| GENERAL INFORMATION OF THE ACCIDENT | |
| | |
| Type of Accident | Collision - Head to Rear |
| Weather Conditions | Clear |
| Road Surface | Dry |
| | |
| OTHER INFORMATION | |
| 2 8 8 1 18 17 1 1 | |
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | • |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) | ' |
| soliciting/offering accident claims assistance? | No |
| | |
| DETAILS OF POLICE ACTION | |
| THE ACTION OF THE STATE OF THE | companies of property and the second of the second |
| | |
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | • |
| | |
| CIRCUMSTANCES OF ACCIDENT | |
| town a man a server retreated among co | THE PROPERTY OF THE PROPERTY O |
| I WAS LOOKING OUT ON COMING CAR FROM MAIN ROAD. THE (GBE8869H) HAS MOVE OFF. I ACCIDENTALLY COLLIDED CA | |
| 0 22 1 (6 0 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | s are a second of the second of |
| ATTACHMENT(S) | |
| As we see most near the second in the second in | promote present a set κ , κ , κ , and κ , and κ , and κ , and κ |
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Was there any audio recorded? | |
| True there any audio recorded F | No |
| DETAILS OF OTHER | VEHICLE PROPERTY 1 |
| DETAILS OF OTHER | VEHICLE PROPERTY 1 |
| Vehicle Registration Number | GBE9960H |
| Visited Manufactures | GBE8869H |

| Vehicle Registration Number | GBE8869H |
|-----------------------------|--------------------|
| Vehicle Manufacturer | |
| Vehicle Model | _ |
| Vehicle Variant | _ |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | • |
| Contact Number | - |
| Address | |
| Address complement | |
| Postcode | • |
| | |

26-01-21;14:11 ;

SINGAPORE ACCIDENT STATEMENT

| ACCIDENT DETAILS |
|---|
| Are you claiming under your own insurance policy for repair to your vehicle? |
| YES NO – Claiming Third Party NO – Reporting Only |
| Country/State of Loss: Singapore/ Malaysia Date of accident: |
| Exact Location of Accident: Belok North Fitter lane toward P.T. |
| Type of accident: Fresh Cullsive No. of vehicles involved in the accident: |
| Weather condition: Clear Raining Others: |
| Road surface: Dry Wet Dothers: |
| Was any foreign vehicle involved in accident? YES NO Category: |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? YES NO |
| Was notice of intended Prosecution given? |
| Was the accident reported to the police? |
| OWNER VEHICLE |
| Vehicle registration number: 5MT 4947K Vehicle Manufacturer: MERCEDES-BENZ |
| Vehicle Model: CLA 180 Transmission: Manual Auto CC: 1595 |
| Number of passengers (including driver): |
| Passenger 1: Male Female |
| Passenger 2: Male Female |
| Passenger 3: Male Female |
| Passenger 4: Male Female |

| OWNER VEHICLE POLICY | | |
|---|--|--|
| Owner Insurance Company: A. J. Coverage Type: Comprehensive | | |
| Fleet Policy: YES NO NO | | |
| Policy number: 1900045108 Cover Note No: | | |
| Name of Registered Owner/Company: Mr. Dexter. Tan Boon List | | |
| Registered Owner/Company ID: 580172567 | | |
| Email: dextenten88@gmail-com Mobile No: 9735 6835 | | |
| DRIVER INFORMATION | | |
| Name of Driver: MS Tan Sh Ling Debough Driver Gender: Male Female | | |
| Driver ID: 58603006C Driver Mobile No: | | |
| Driver Date of Birth: | | |
| Driver address: B/K 32 Sprayoun A.m. 3 #07-56 | | |
| Driver Postcode: 550 237 Driver Email: | | |
| Driver Occupation: Indoor Outdoor | | |
| Driver owner relationship: Owner Spouse Paid Driver Sibling Parent Other: | | |
| Does Driver own other vehicles? YES NO | | |
| If YES, Vehicle registration number: Category: | | |
| TP VEHICLE OR PROPERTY | | |
| Was there any other vehicle or property damaged? YES NO | | |
| Vehicle Or Property 1: | | |
| Vehicle Registration No: CBE 8869H Vehicle Manufacturer: | | |
| Vehicle Model : | | |
| Vehicle Color : | | |
| Vehicle Category : | | |
| Name of Insurance Company: | | |

7/1

26-01-21;14:11 ;

| Name of Driver: | Driver ID: |
|--|--|
| Contact Number:Numbe | r of passengers (including driver): |
| Address: | N:/- |
| Waltala Ou Duran and Ca | The same of the sa |
| Vehicle Registration No: | Vehicle Manufacturer: |
| Vehicle Model ; | Vernete Managemen. |
| Vehicle Color : | J |
| Vehicle Category : | 1 / 2 |
| Name of Insurance Company: | AA |
| Name of Driver: | Driver ID: |
| Contact Number: Number | r of passengers (including driver): |
| Address: | |
| INJURED | PERSON DETAIL |
| Was anybody injured in the accident? | YES NO (7) |
| Any injured conveyed to hospital by Ambulance? | YES NO NO |
| | |
| Injured person 1: | and provided the second |
| Name: G | ender: Male Female |
| Mobile No: Injuries Sustain | ned |
| Injured person in which vehicle? | Were seat belts worn? YES NO |
| | S DETAIL |
| | 1 |
| Was there any witnesses? YES NO | /// |
| Witness Name: Wi | tness Phone: |
| FILES | |
| Are accident photos available for attachment? | YES NO NO |
| Was there any video captured? | YES NO |
| Was there any audio captured? | YES NO |

SKETCH PLAN

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.
- 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:
 - 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 anguiries by me;
 - (Iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could invoive 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

for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time

Driver's Signature

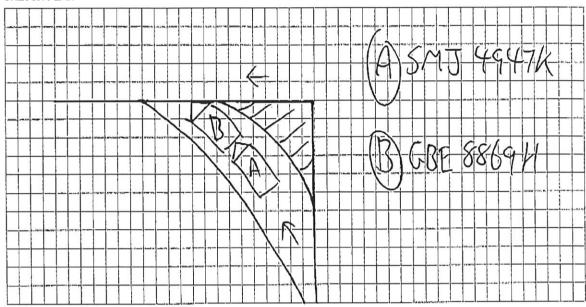
(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's

Name: Alc, Quk

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| I was looking and on coming can from | سداله ۲۵۲۶. |
|--------------------------------------|----------------|
| There is no can at main road and | I though |
| B' relicte her more off. I acci | Lety Collis of |
| Brokide noar. No one was inju- | |

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

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's
Name: Ala Quk



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder

: DEXTER TAN BOON LIAT (DEXTER CHEN WENLIE)

Period of Insurance

: 08 Mar 2020 To 07 Mar 2021

Engine No.

: 27091031818130

Chassis No.

: WDD1173422N750296

Vehicle No.

: SMJ4947K

Policy No.

Issued Date

: 1900045108-01

Endorsement No.

: 31 Jan 2020

ABOUT THE COVER

Make/Model

: MERCEDES BENZ CLA180 URBAN

Engine Capacity/Tonnage: 1,595.00 CC

Sum Insured : Market Value

First Year of Registration : 2019

Insuring with COE/PARF : Yes

Driver Restriction Person or Classes of Persons Entitled to Drive";

: NA

Off Peak Car: No

a) the Patsynoider b) Any other person who is driving on the Policyholder's order of with his/her permission. This Policy will indemnity 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* :

Use only for social, demeatic and pleasure purposes and for the Policyholder's business,
This Policy does not cover use for hire 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 inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compansation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Maleysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Fire - \$0 Own Damage - \$800 Thoft - \$0 Flood Cover - \$800

Saction 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

DEXTER TAN BOON LIAT (DEXTER CHEN WENLIE) - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Cycle & Carriago Euros Servica Center (For accident reporting only) Add: 330 Ubl Road 3 Singapore 408650 62061818 2.Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pendan Loop Singapore 128378 62081816

For other Approved Reporting Centres/AlG Authorised Repairers, plasse contact our 24-hour socident emergency hotline at +65 0338 0200, Alternatively, you may refer to AlG website www.slg.sg or AlG SG Mobile App, Simply search and download *AlG SG* from ITunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asia Pacific 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 Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1867 (Melayala), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Perty Risks) Rules, 1869 (Malayala).

0504612200

CYCLE & CARRIAGE - ATAY

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pts. Ltd.

ASPOCO



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

Q

Class 2B Motorcycles =< 200 CC
Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg

PASS DATE

27 Nov 2008 18 Feb 2009

\$8603006C

S/No. 9000091748

