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SN0821390004 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 09/03/2021 14:42 (SGT) SÜBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (09/03/2021 14:42 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver
- 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

09/03/2021 14:42 (SGT) Date of Submission 08/03/2021 08:20 (SGT) Date of Accident 2 Bishan Street 25, Singapore 573973 **Exact Location of Accident** CLOVER BY THE PARK CARPARK Additional Location Information Country/State of Loss Singapore

### DETAILS OF OWN VEHICLE

SLS60J Vehicle Registration Number

#### INSURED/POLICYHOLDER

No Is company? SOON LAY SOON Name Of Registered Owner SXXXX663Z NRIC No nigelsoonyx@gmail.com **Email Address** (Phone) +65-83392810 Mobile Phone No +65-83392810 Alternative Phone No

#### VEHICLE PARTICULARS

Mercedes Manufacturer C200 Model Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to

No - Claiming third party vour vehicle? Private car Vehicle Category

#### INSURANCE COMPANY

AIG Name of Insurance Company Comprehensive Type of Coverage Fleet Policy 2070071847 Policy Number Cover Note Number

#### DRIVER

NIGEL SOON YU XUAN Name of Driver SXXXX790E NRIC No

Date Of Driving Pass	20/01/2016
Driving experience	5 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83392810
Alt. Phone Number	-
Email Address	nigelsoonyx@gmail.com
Address	BLK 2 BISHAN STREET 25 #35-06
Address complement	
Postcode	573973
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
	-
Insurance Company of Other Vehicle Owned by Driver	<b>A</b>
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry
Rodu Sullace	5.,
and the contract of the contra	
OTHER INFORMATION	
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)	0
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
il yes, against whom:	
ALTO MATTANOFO OF A COIDENT	
CIRCUMSTANCES OF ACCIDENT	
TO SUSTINUE DI ANI	
PLEASE REFER TO SKETCH PLAN	
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 OTHE	ER VEHICLE PROPERTY 1
Vehicle Registration Number	SHA4525B
Vehicle Manufacturer	•
Vehicle Model	_
Company of the control of the contro	
Vehicle Colour Vehicle Category	
	Laco
Name of Driver	_

Contact Number

Address complement

Address

Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

### 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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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. 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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 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
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Personnel

Sketch Plan

VEHICLE A: SLS 60 J

VEHICLE B: SHA 4575 B

BUSHOW ST 25, CLOJAR BY 7/1/2 PORK CORPORK

ON 08/03/2021 PROUND OB: 20 HR. MY YEHICUE, SLS 60J, WAS
PARKED AT MY CONDO CARPARK (BLK ) BISHAN STREET 25, CLOVER BY THE
DARK). I RECEIVED NOTIFICATION FROM MY CONDO SECURITY THAT A TAXI
HAD COLLIDED MYO MY PARKED VEHICLE. THE ACCUDENT WAS NITNESSED
BY A NEIGHBOUR NHO HAD PARKED HER WEHLCLE OPPOSITE MY VEHICLE.
SHE CAID THAT VEHILLE B, SHA 4525 B WAS TRYING TO REVERSE
OUT FROM THE CORPARK AND REVERSED IMPO THE LEFT TRONT OF MY
VEHICLE.
THE TAXI DRIVER LATER CAME BACK TO LEAVE HIC CONTACT.

# Declaration

IWVe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Date of Accident	: 08 03 37 Accident Time: 08: 30 (24-HR-Format)
Accident Place	BUL I BISHAN STREET 25, CLOVER BY THE PARK CA
Vehicle No. (Car Plate No.)	SLS 60 J Make/Model: MERCEDES CHOO
Insurance Company	AIG POLICY No. 2070071847
Owner or Company Name /IC No.	SOON LAY SOON / S1823663 Z
Owner or Company Contact No.	: 8339 7810 Owner's Hp Company Tel
DRIVER'S Name / IC No.	MIGHL SUM YN XUOM S9712790E
DRIVER'S Date Of Birth	1 14 64 97 DRIVER'S License Pass Date 20 01 2016
Relationship of Owner & Driver	: Spouse\Parent\Children\Sibling\Employee\Cthers:
DRIVER'S Address	BLK 2 BISHAN STEET 25 #35-06 S(I 73973)
DRIVER'S Contact No./ Alt No.	:1)
DRIVER'S Occupation	DOOR LOUTDOOR (e.g. working inside or outside office)
Email Address	NIGELSOON YX @ GMAIL. COM
Weather & Road Surface	CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type : Rep	porting Only \ (laim Other Part) Claim Own Insurance
Number of Passengers (Including D	river):
Was there any video Captured by ca Exact purpose for which vehicle was Any Injury (If YES, PIs state):	s being used at time of accident: Crivate use) Work Purpose
Other P	arty Driver's Particular (if any)
Vehicle, No: SHA 4525	
Vehicle Make \Model:	Vehicle Make \Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

NEW – Passenger's name & gender:

\* - 2 -



# CERTIFICATE OF INSURANCE

# AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Soon Lay Soon

Period of Insurance

: 15 May 2020 To 14 May 2021

Engine No. : 26491530029865 Chassis No. : WDD2050772R441488 Vehicle No. Policy No. Endorsement No. Issued Date

: SLS60J : 2070071847 : 000000000346529

: 15 Jul 2020

# ABOUT THE COVER

Make/Model

MERCEDES BENZ C200 SEDAN AMG LINE

Engine Capacity/Tonnage : 1,991.00 CC

Sum Insured : Market Value

First Year of Registration : 2018

Driver Restriction : NA

Off Peak Car : No

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 helphs meets the specified age condition.

nil sum of \$3,000 as "Young anni/or inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unramed) is under the age of 23 and/or has less You have to pay an authtional at than 2 years' driving experience.

Age Condition

: All Age Condition

Mileage Condition

: Unlimited Mileage

mitation as to 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 fution, driving test, rating, pace-making, reliability to 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 1500cc - 1600cc Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cep. 189), Section 95 of the Road Transport Act, 1967 (Malaysia) and Road Transport Act, 1967

#### EXCESS

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

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Soon Lay Soon - \$800 (Own Damage), \$800 (Flood Cover)

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

Approved Reporting Centres/ AlG 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 the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop For other Approved Reporting Centred AlG Authorises Repairers, please contact our 24-hour accident emergency hotline at +65.6338.6200. Alternatively, You may refer to AlG website www.nig.sg. or AlG SG Mobile App. Simply search and downsor SG\* from Tunes 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 Party Risks and Compensation) Act (Cathe Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Yel Cles (Third Party Risks) Rules, 1959 (Malaysia).

0297000000 TAN TUCK YONG

3-P ADVISORY SERVICES MY MAILBOX 880413

SINGAPORE 191919

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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