SC1S213J0004 / CYCLE & CARRIAGE INDUSTRIES PTE LTD ENTRY DATE & TIME: 19/03/2021 14:40 (SGT) SUBMITTED BY: LIM XIN YI VERSION: 1 (19/03/2021 14:40 (SGT))

SINGAPORE ACCIDENT STATEMENT

- 1. Please report correctly the details of the accident to speed up the cialma process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Oriver
 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.

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 6. This report will be forwarded by the insurers of the GIA Recards 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 contre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 19/03/2021 14:40 (SGT) Date of Accident

Exact Location of Accident

Additional Location Information 18/03/2021 17:50 (SGT) Singapore SLIP RD PIE TWDS TOA PAYOH LOR 1 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMW6368A INSURED/POLICYHOLDER No Name Of Registered Owner TEO CHENG NAM SXXXX058D Email Address STEVENTEOCN@GMAIL.COM (Phone) +65-96666429 Alternative Phone No +65-96666429 VEHICLE PARTICULARS Manufacturer Mercedes E200 Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Private car Auto 1991 INSURANCE COMPANY contain the termination of the contains and the contains Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Comprehensive Fleet Policy No Policy Number 2070166778 Cover Note Number DRIVER Name of Driver TEO CHENG NAM NRIC No and minimize the street and and the con-SXXXX058D

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	28/05/1958 Indoor 17/10/1978 42 YEARS AND 5 MONTHS Male (Phone) +65-96666429 +65-96666429 STEVENTEOCN@GMAIL,COM 131 SERANGOON AVE 3 #09-15 - 556112 Yes - No
Insurance Company of Other Vehicle Owned by Driver	•
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No Yes 1 No
DETAILS OF POLICE ACTION	t e ee a a a a a
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACHED.	
ATTACHMENT(S)	4
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver NRIC No Contact Number Address	SKR5607S Volkswagen Private car ONG SHIMIN SXXXX748H (Phone) +65-91521476

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
- 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 partles.
- 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 made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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 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 of more of the above Purposes.
- my Personal Information will also be collected and used to compile claims history for the ptypese of fraud detection, (d) Investigation and management in present and all future claims.
- 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 have a great parties. regulators, law enforcement and government agencies as reasonably required for the purposition for complying with requirements under any regulations, laws or court orders.

(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:

13:05 PM Cycle & Carriage Industries Pro

19/03/2021

SKETCH PLAN photo offeched

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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 poolicy. 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

19/03/2021

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Certific Personnel's

Name:



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder

: TEO CHENG NAM

Period of Insurance

: 30 Nov 2020 To 29 Nov 2021

Engine No. Chassis No.

: 26492030292559

: W1K2130802A843771

Vehicle No.

: SMW6368A : 2070166778

Policy No.

Endorsement No.

Issued Date

: 09 Dec 2020

ABOUT THE COVER

Make/Model

: MERCEDES Benz E200 Sedan Avantgarde

Engine Capacity/Tonnage: 1,991.00 CC

Sum Insured : Market Value

First Year of Registration : 2020

Driver Restriction

Off Peak Car : No

: NA

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 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 loss than 2 years' driving experience.

Age Condition

: All Age Condition

Mileage Condition

: Unlimited Mileage

Use only for social, domestic 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 cannection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Meter Vehicles (Third-Party Risks and Compensation) Act. (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

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

Section 2 Property Damage - \$0

Windscroon: \$100

Named Driver and Excess (where applicable)

TEO CHENG NAM - \$800 (Own Damage), \$800 (Flood Cover)

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

1.Cyclo & Carriage Eunos Service Center (For accident reporting unity) Add: 330 Ubi Road 3 Singapore 408650 62081818 2.Cycle & Carriage Pandan Loop Service Centor - Body Care & Ropair Add: 188 Pandan Loop Singapore 128378 62081818

For other, Approved Reporting Contres/AlG Authorised Repairers, please contact our 24-hour accident emergency hotline at #65 6338 6200. Alternatively, you may refer to AlG website www.alg.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: MayBank

I/We hereby certily that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Peny Risks and Componsation) Act (Cep. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Penty Risks) Rules, 1959 (Malaysia).

0504688288

CYCLE & CARRIAGE - STELLA

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 Pte. Ltd.

SSCABI



Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 17 Oct 1978 of the driver; and other motor vehicles =< 2500kg

FOR C&C USE ONLY

NP 428A



