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 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.

- 4. The issue and acceptance of this is form by instrained 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

Date of Submission 26/04/2021 13:26 (SGT) Date of Accident 24/04/2021 14:00 (SGT) Exact Location of Accident Singapore Additional Location Information **BARTLEY RD** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU8178R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SEOW ANN KEN JASON NRIC No. S7816423I Email Address ZIXEES@GMAIL.COM Mobile Phone No (Phone) +65-94560377 Alternative Phone No +65-94560377

VEHICLE PARTICULARS

Manufacturer Mercedes Model Cla180 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? Yes Vehicle Category Private car Transmission Manual CC 1595

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1700073813 Cover Note Number

DRIVER

Name of Driver SEOW ANN KEN JASON NRIC No. S7816423I

Date Of Birth 10/06/1978 Occupation Indoor Date Of Driving Pass 13/11/2001 Driving experience 19 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-94560377 Alt. Phone Number +65-94560377 Email Address ZIXEES@GMAIL.COM Address 10B HOUGANG #07-39 Address complement Postcode 534078 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **UNKNOWN** Gender Female PASSENGER 2 Name **UNKNOWN** Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20210426/2012 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera?

REFER TO CSE AQ

Nο

Was there any audio recorded?

Reasons for not uploading a video of the accident

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK1117D
Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	_
Contact Number	-
Address	_
Address complement	-
Postcode	_
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFQ663B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLL535T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Address	SEOW KAI TONG
Address Complement Post Code	-
Approximate Age Years Old Injuries Sustained	- BACK AND NECK

Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	SLU8178R Yes Yes
INJURED 2	
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	-
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	- - - BACK AND NECK PAIN

SKETCH PLAN

IMPORTANT NOTICE

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

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

ynolder)

Date & Time

Reporting Centre Personnel's Name:

Alan Quel

Cycle & Carriage Industries Pte Ltd

Version 1.3 | Undated 02 DEC 2020

SKETCH PLAN

(a) SL 4 8178R (b) SM KIII7D (c) SF Q 663 B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Rof John reject for detail.

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

Driver's Signature

(If driver is not the policyholder)

Date & Time

Name: ACG QUI

Reporting Centre Personnel's

Cycle & Carriage Industries Pte Ltd

Version 1.3 | Updated 02 DEC 2020



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : SEOW AUN KEN, JASON (XIAO ANQING, JASON)

Period of Insurance

: 08 Nov 2020 To 07 Nov 2021

Engine No. Chassis No.

: 27091031236037 : WDD1179422N488460 Vehicle No. Policy No. Endorsement No.

: SLU8178R : 1700073813-03 : 000000000364687

Issued Date

: 31 Oct 2020

ABOUT THE COVER

Make/Model

: MERCEDES Benz CLA180 Shooting Brake

Engine Capacity/Tonnage : 1,595.00 CC Driver Restriction

: NA

Sum Insured : Market Value

First Year of Registration : 2017

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Pplicyholder 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 "inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition

: 30 years old and above

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-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 Compensation) Act (Cap. 169), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

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

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

SEOW AUN KEN JASON (XIAO ANQING - \$800 (Own Damage), \$800 (Flood Cover)

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

Corriage Eunos Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408550 62081818
 Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 126376 62061818

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.sg or AIG SG Mipble App. Simply search and download "AIG SG" from ITunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

IWe 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 (Cep. 189). Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612233

2019

CYCLE & CARRIAGE - JULI

239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

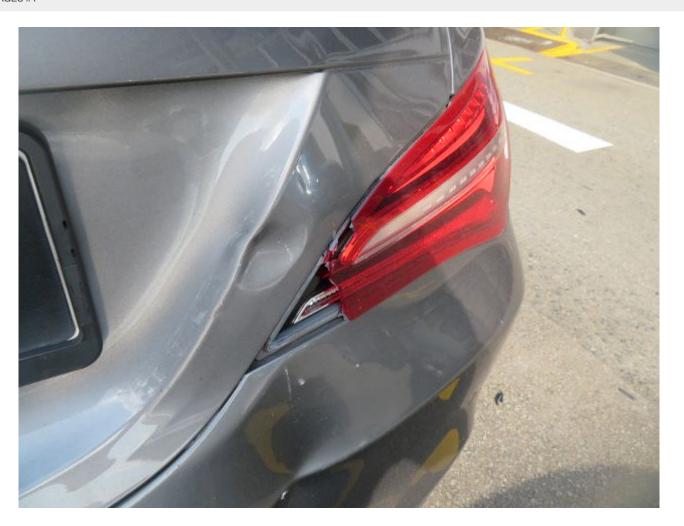
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SSPCUE















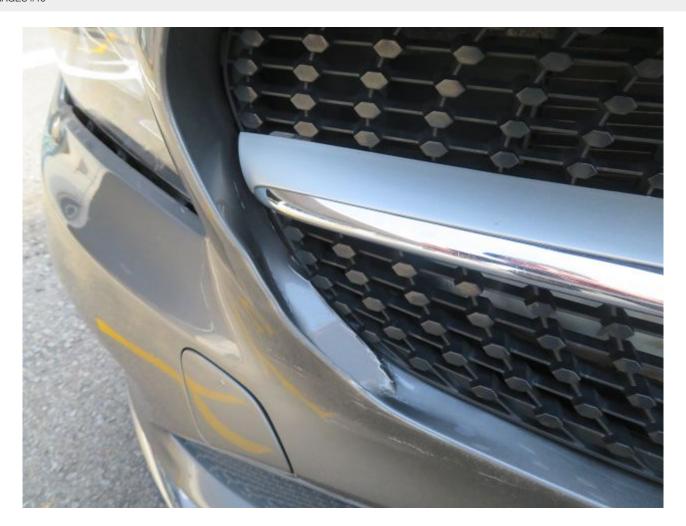


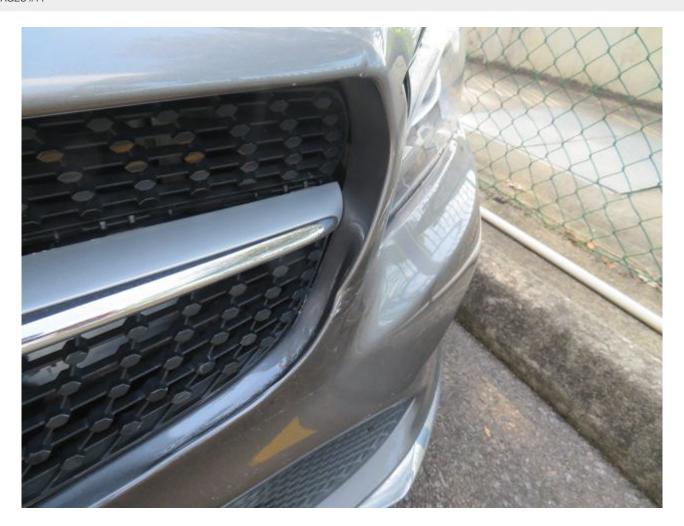


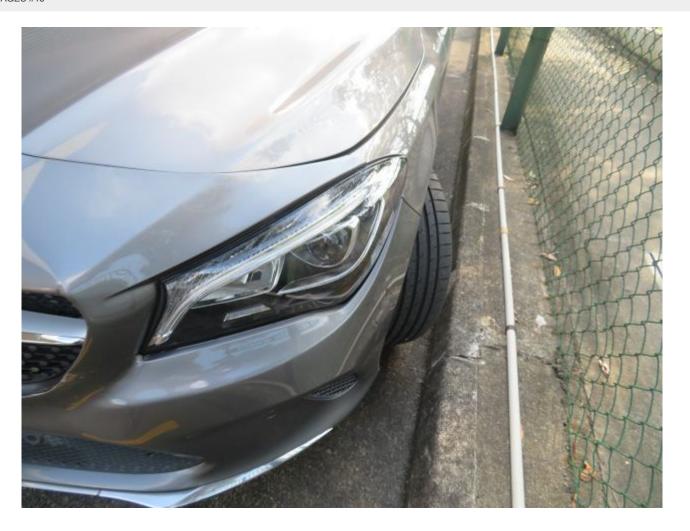


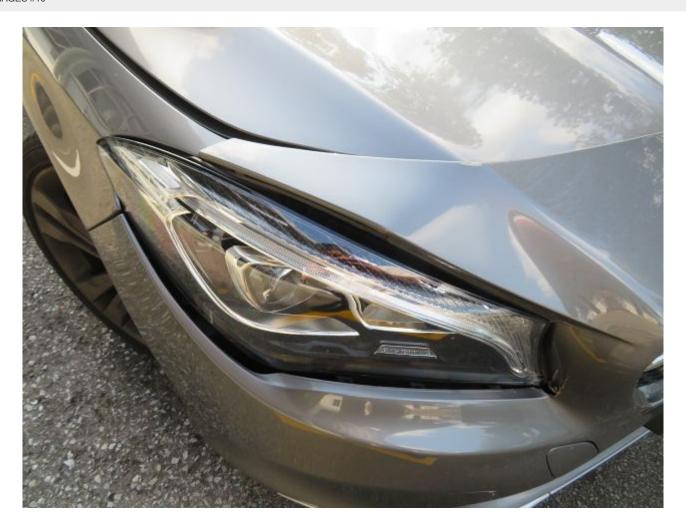




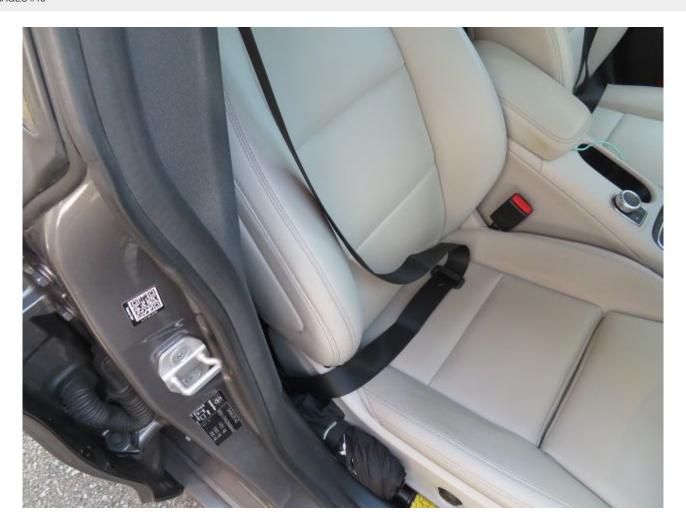


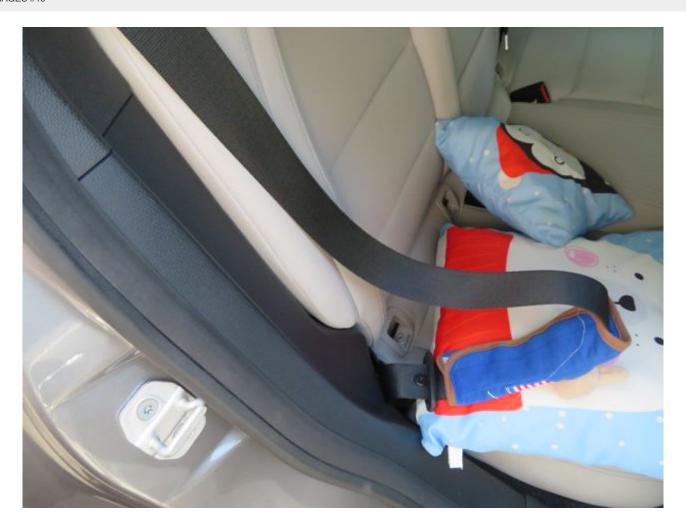


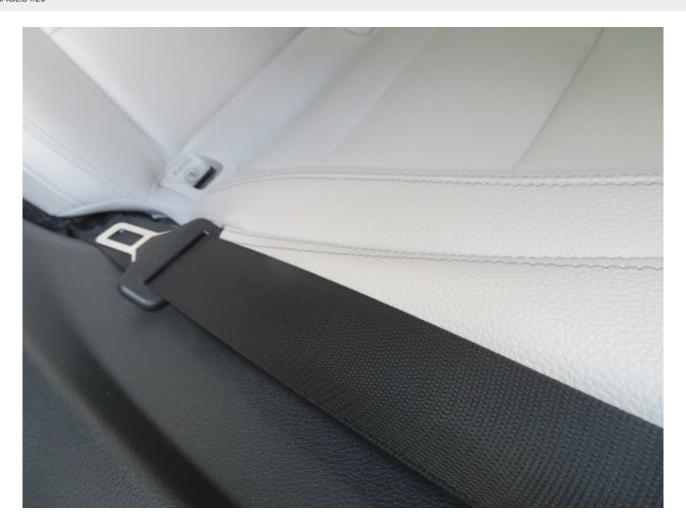








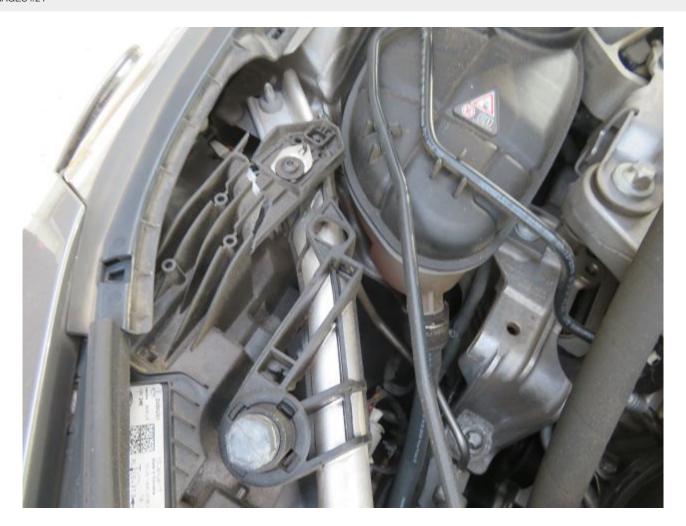
















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

T/20210426/2012

Report No. T/20210426/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.: Station Diary No.: 26/04/2021 10:28

Informa	nt's Partici	ılars			
Name of Informant: SEOW AUN KEN, JASON			Address: 10B HOUGANG STREET 11 #07-39 THE MINTON SINGAPORE 534078		
ID Type NRIC NO	/ ID No.: D / S781642	231	Contact No.: Home/Office:	Mobile: 94560377	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 42	Date of Birth: 10/06/1978	Type of Informant: Driver		
Race: Chinese		Language: Institution / School Nar			
Occupat			Driving Licence Inform Class: 3	ation: Date of Expiry:	

Type of Accident:	Injury Drink Date/Time of Onveyed By Ambulance Drive: Accident: No 24/04/2021 19:0			Type of Location	
Location: BARTLEY RO		Road Surface:	l F	Road Speed Limit:	
Clear		Dry			
The state of the s		Traffic Control:	17	raffic Volume:	
Traffic Flow:		rranic Control.	12	ranic volume.	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SFQ663B	Car					3
SLL535T	Car					0
SLU8178R	Car	MERCEDES BENZ	CLA180 SB URBAN (R18 LED)	Grey		2



T/20210426/2012

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210426/2012

CONTINUATION OF REPORT

Insurance Company	Insurance No	Effective	Expiry Date
	1700073813-03	08/11/2020	07/11/2021
	Insurance Company AIG ASIA PACIFIC INSURANCE PTE.	modration company	moditance company

Details of Perso	n Involved					
Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	destrian	Cross	ing: NA
Driver		ale Period	motella maca			
Name	SEOW AUN KEN,	JASON		ID No		S7816423I
Related Vehicle	SLU8178R (Car)			Conta	ct No.	94560377
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	000-	Date Disc	charge	NIL	
	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION

I WAS INVOLVED IN A 4-CAR CHAIN COLLISION ACCIDENT. I WAS TRAVELLING ON THE MOST LEFT LANE OUT OF 3 LANES. AS I WAS TRAVELLING, THE FIRST CAR (SLL535T) FROM THE FRONT SUDDENLY MADE AN E-BRAKE. THE 2ND CAR (SFQ663B) AND THE 3RD CAR WHICH IS MY CAR MANAGED TO BRAKE ON TIME. BUT UNFORTUNATELY, THE 4TH CAR (SMK1117D) DID NOT MANAGE TO BRAKE ON TIME AND COLLIDED TO THE CAR THAT WAS INFRONT OF IT AND CAUSE IT AS A CHAIN COLLISION ACCIDENT AMOUNG THE 4 CARS. THERE WAS A DENT FOUND ON THE REAR RIGHT PORTION OF MY CAR AND ALSO DAMAGES ON THE PLATE NUMBER AND CAR LOGO LOCATED ON THE FRONT OF THE CAR. THE DRIVER OF THE FIRST CAR STATED THAT THERE WAS SOMETHING ON HIS WINDSCREEN THAT CAUSE HIM TO JAM BRAKE HIS VEHICLE. BOTH AMBULANCE AND POLICE WERE AT SCENE. MYSLEF, MY WIFE AND MY DAUGHTER WERE HAVING MINOR INJURIES BUT ONLY MY DAUGHTER WERE CONVAYED TO THE KK CHILDERN HOSPITAL. AFTER SEEING MY DAUGHTER IN THE HOSPITAL. MYSELF AND MY WIFE WENT TO TAN TOCK SENG HOSPITAL ON OURSELVES. THAT IS ALL.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20210426/2012

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: Signature Of Informant: TP/ SC SAIFUL ILHAM BIN ZAHARI Signature Of Interpreter: Date/Time: Not applicable 26/04/2021 10:28 Officer In Charge Of Case: Classification Of Case: TP / GIT / Staff \$gt MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476201