

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 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. 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	15/06/2021 13:42 (SGT)
Date of Accident	15/06/2021 05:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JLN AHMAD IBRAHIM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ7733S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOKE TUCK KONG
NRIC No	S1434732A
Email Address	NO@EMAIL.COM
Mobile Phone No	(Phone) +65-96646228
Alternative Phone No	+65-96646228

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
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	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1700017362-03
Cover Note Number	-

DRIVER

Name of Driver	LOKE TUCK KONG
NRIC No	S1434732A

Date Of Birth	02/04/1960
Occupation	Indoor
Date Of Driving Pass	06/09/1991
Driving experience	29 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96646228
Alt. Phone Number	+65-96646228
Email Address	NO@EMAIL.COM
Address	24 BT BATOK ST 52 #06-02
Address complement	-
Postcode	659246
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	Collision - Opening Door of Vehicle
Weather Conditions	Clear
Road Surface	Dry

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)	1
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?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	REFER TO CSE YK
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YL1593P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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 :
 - (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 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
 - (ii) for complying with requirements under any regulations, laws or court orders.

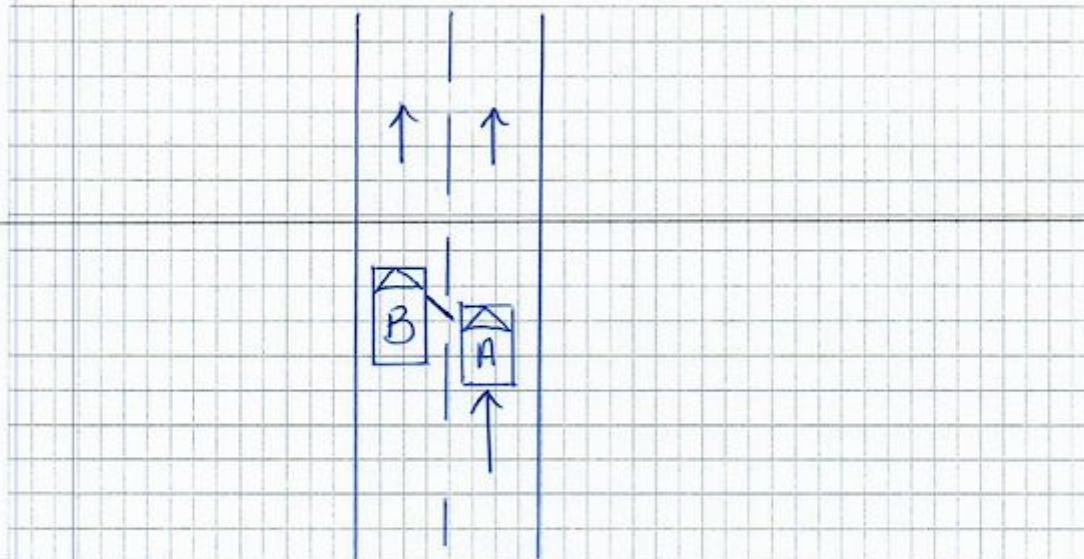
Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's
Name:

Yik Chan Hoe
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
DID: 6771 4353 HP: 9186 5100 Fax: 6872 1272
Email: chanhoe.yik@cyclecarriage.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on the right lane and Car B (lorry) was stationary on the left lane, as I was passing Car B, the driver suddenly open the door and hit the left wing mirror of my car.

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.

Policyholder's Signature
Date & Time

(Please contact your insurance company for any further details)

Yik Chan Hoe
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
DID: 6771 4353 HP: 9186 5109 Fax: 6872 1272
Email: chanhoe.yik@cyclecarriage.com.sg

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

Reporting Centre Personnel's
Name:



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : LOKE TUCK KONG
Period of Insurance : 22 Jun 2020 To 21 Jun 2021
Engine No. : 27492030890848
Chassis No. : WDD2130452A154850

Vehicle No. : SJZ7733S
Policy No. : 1700017362-03
Endorsement No. :
Issued Date : 20 May 2020

ABOUT THE COVER

Make/Model : MERCEDES Benz E250 Sedan Avantgarde
Engine Capacity/Tonnage : 1,991.00 CC **Sum Insured** : Market Value **First Year of Registration** : 2017
Driver Restriction : NA **Off Peak Car** : No **Insuring with COE/PAF** : 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 "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
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 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 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

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

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

LOKE TUCK KONG - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Cycle & Carriage Eunus Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818
 2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 126378 62061818

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asia Pacific Ltd

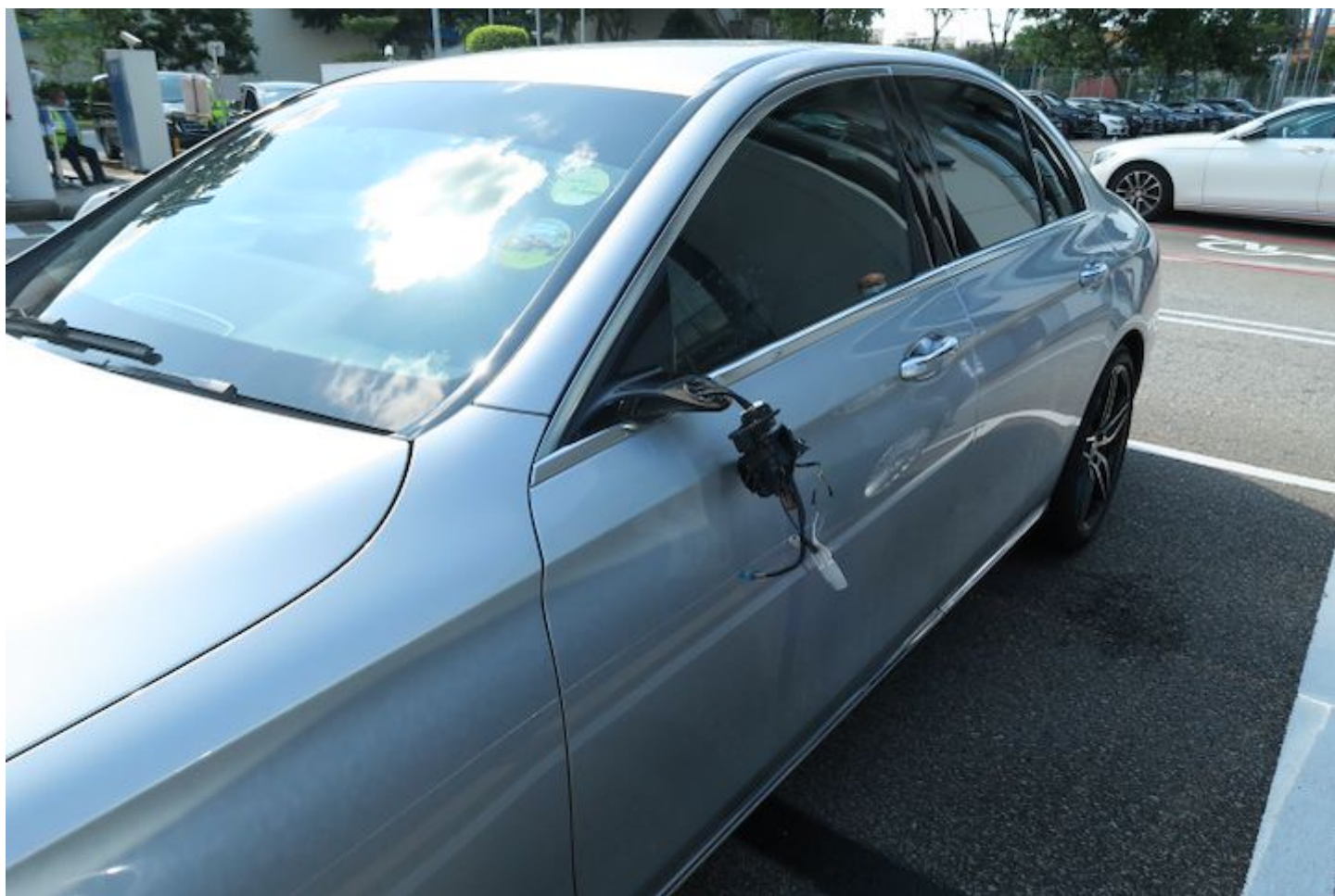
I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles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

0504380252
 CYCLE & CARRIAGE - TOMMY
 239 ALEXANDRA ROAD
 SINGAPORE 159930

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SC1S216F0006 Vehicle Registration No: 8JZ77339
Name (as shown in NRIC) : Loke Tuck Kong NRIC/FIN/Passport No : Sxxxx732A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 15/6/21 Time of Accident : 0515

Place of Accident : SM Ahmad Ibrahim

Insurance Company : Alfa

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

① Revert to 'OD' claim.

② Upload Interview form.

Policyholder / Driver's Signature
Date: _____

Yik Chan Hoo
Cycle & Carriage Industries Pte Ltd
Body & Paint Repair Center
DID: 6771 4343 Hot Line: 5100 Fax: 6872 1272
Email: chanhooyik@cyclecarriage.com.sg

Reporting Centre Personnel's Signature: _____



AIG Asia Pacific Insurance Pte. Ltd
AIG Building
78 Shenton Way
#07-16

MOTOR ACCIDENT INTERVIEW FORM

NAME : Loke Tuck Kong
VEHICLE NUMBER : 35Z773330
DATE/TIME OF ACCIDENT : 15/6/21 @ 0515
PLACE OF ACCIDENT : Jln Ahmad Ibrahim
THIRD PARTY VEHICLE (IF ANY) : YL1593P

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

From home on the way to office.

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?

NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Left wing mirror damaged, left foot
door dented.

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO

NAME:

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

UNDERTAKING

I, LOKE Tuck Kong, (NRIC No. 314134732-A), hereby
 confirm that the Singapore Accident Statement lodged by me on 15/6/21
 at 1030 hours pertaining to the accident involving motor car Reg. No:
35277338 in which I was the driver are true and accurate to the best of my
 knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is
 a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or
 there is evidence emerges that there is a breach of policy terms and conditions, I
 irrevocably undertake to absolve my insurer from all liability under the contract of
 insurance and I undertake to re-pay any sums paid by my insurers pursuant to the
 contract of insurance upon receipt of written demand by my insurers.

Signature :

Name of Insured / Driver :

Nric No. :

Date :

18/6/21

Signature :

Name of Policyholder :

Nric No. :

Date :