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 21/07/2021 13:51 (SGT) Date of Accident 21/07/2021 09:45 (SGT) Exact Location of Accident Singapore Additional Location Information SLIP RD IRRAWADDY RD TWDS THOMSON RD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN5902L

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner WILLIAM JOHN MUNDEN RICQUIER NRIC No. S2567694G Email Address ANITA@CAMELOTTRUST.COM Mobile Phone No (Phone) +65-97346193 Alternative Phone No +65-97346193

VEHICLE PARTICULARS

Manufacturer Mercedes Model Glc200 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 1991

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1900150479-01 Cover Note Number

DRIVER

Name of Driver ANITA CHEW PECK HWA NRIC No. S1562051Z

Date Of Birth 05/12/1962 Occupation Indoor Date Of Driving Pass 22/06/1984 Driving experience 37 YEARS AND 1 MONTH Gender Female Mobile Number (Phone) +65-96786087 Alt. Phone Number Email Address ANITA@CAMELOTTRUST.COM Address 38A JALAN MAT JAMBOL #02-11 Address complement Postcode 119519 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse 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 - Head to Rear 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? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT AS BOTH VEHICLE ARE TURNING OUT FROM IRRAWADDY RD TWDS THOMSON RD, VEHICLE YQ2933J CUT INTO MY LANE AND HIT MY VEHICLE SMN5902L LEFT FRONT. 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 OTHER VEHICLE PROPERTY 1**

 Vehicle Registration Number
 YQ2933J

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Commercial vehicle

 Name of Driver
 TEE TIAN HAW

 Work Permit No
 G7713744R

 Contact Number
 (Phone) +65-97405775

Address	AGAPE LOGISTICS PTE LTD
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

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 <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.
- 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
- 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.
- 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.

Vincent Seah

Cycle & Carriage Industries Pte Ltd Body Care & Repair Center OID: 6771 4401 HP: 8332 0062 Fax: 6872 1272

Email: vincent, senh@cyclecarriage.com.sg Reporting Centre Personnel's

Name:

Policyholder's Signature

Date & Time

21/07/2021

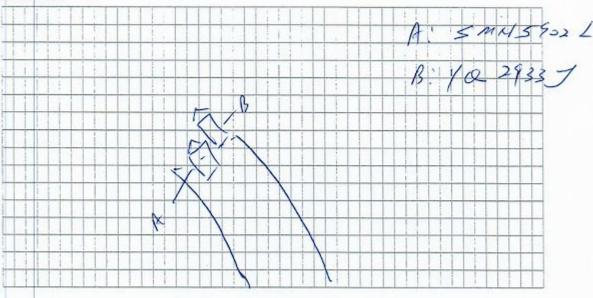
Driver's Signature

(If driver is not the policyholder)

Date & Time

21/07/2021

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As both delile are wring out from Francody Rd Tols Thomson Rd, velicle
you 29337 cut-into my lease and lit my Welicle SMN 5902 L Left Tout

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 detMincent Seah

Cycle & Carriage Industries Pte Ltd

Body Care & Repair Center
DID: 6771 4401 HP: 8332 0062 Fax: 6872 1272
Email: vincent.senh@cyclecurrtage.com.sg

Policyholder's Signature

Date & Time

21/07/2021

Driver's Signature

(If driver is not the policyholder)

Date & Time

21/07/2021

Reporting Centre Personnel's

Name:



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : WILLIAM JOHN MUNDEN RICQUIER

Period of Insurance : 20 Aug 2020 To 19 Aug 2021

Engine No. : 27492031786428

Chassis No. : WDC2539422F612164 Vehicle No. : SMN59021 Policy No. : 1900150479-01

Endorsement No.

Issued Date : 20 Jul 2020

ABOUT THE COVER

Make/Model : MERCEDES Benz GLC200

Engine Capacity/Tonnage : 1,991.00 CC Sum Insured : Market Value First Year of Registration : 2019 Off Peak Car : No Driver Restriction : NA Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

Any person other than the Policyholder who is driving on the Policyholder's order or with his/her permission. This Policy will indemnify any authorised driver other than the Policyholder 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 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 hire or reward, driving trist, 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

Windscreen: \$100

Named Driver and Excess (where applicable)

ANITA CHEW PECK HWA - \$800 (Own Damage), \$800 (Flood Cover)

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

Cycle & Carriage Éunos Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 48850 62051818
 Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128378 62051818

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine at +85 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: DBS BANK 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 Adt, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612207

CYCLE & CARRIAGE - ANNE

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

239 ALEXANDRA ROAD CINCADORE 450000





