SC1S217S0003 / CYCLE & CARRIAGE INDUSTRIES PTE LTD ENTRY DATE & TIME: 28/07/2021 13:33 (SGT) SUBMITTED BY: Angel Lee Jia Lin VERSION: 1 (28/07/2021 13:33 (SGT))

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.

 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	28/07/2021 13:33 (SGT)
Date of Accident	26/07/2021 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MARINA BLVD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number	SMF7892U	

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CONG PEILIAN
NRIC No	S6874864Z
Email Address	ANNCONGPL@HOTMAIL.COM
Mobile Phone No	(Phone) +65-90308663
Alternative Phone No	+65-90308663

VEHICLE PARTICULARS

Manufacturer

	111010000
Model	Gla180
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	1595

INSURANCE COMPANY

Name of Insurance Company Type of Coverage	AIG Asia Pacific Insurance Pte. Ltd. Comprehensive
Fleet Policy	No
Policy Number	1800137537
Cover Note Number	_

DRIVER

Name of Driver	CONG PEILIAN
NRIC No	S6874864Z

Date Of Birth 29/08/1968 Occupation Indoor Date Of Driving Pass 18/07/2006 Driving experience 15 YEARS Gender Female Mobile Number (Phone) +65-90308663 Alt. Phone Number +65-90308663 Email Address ANNCONGPL@HOTMAIL.COM Address 18 SIMEI ST 1 #10-07 Address complement Postcode 529943 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 Side Swipe 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? Nο PASSENGER 1 Name **UNKNOWN** Gender Female 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? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SH8308T Vehicle Manufacturer

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Vehicle Model

Name of Driver	-
Contact Number	(Phone) +65-89338268
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

- 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.
- 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
 interested parties.
- 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 ant/for 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;
 - (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

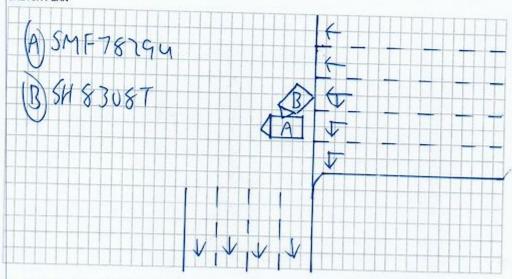
Reporting Centre Personnel's

Name: Al., Qw/

Cycle & Carriage Industries Pte Ltd

Version 1.3 | Updated 02 DEC 2020

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

O'A' vehicle drive straight
O'B' rehicle left turn and collided (A) rehicle.
O'B' drive refuse to exchange particula

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. Falling 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

Reporting Centre Personnel's

Name: Alan and

Cycle & Carriage Industries Pte Ltd

Version 1.3 | Updated 02 DEC 2020



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : CONG PEILIAN

Period of Insurance Engine No.

: 26 Nov 2020 To 25 Nov 2021

Chassis No.

: 27091031770442 : WDC1569422J564394 Vehicle No. Policy No.

: SMF782911 : 1800137537-02

Endorsement No. Issued Date

: 20 Nov 2020

ABOUT THE COVER

Make/Model

: MERCEDES Benz GLA180

Engine Capacity/Tonnage : 1,595.00 CC Driver Restriction

: NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2018 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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition

: 40 years old and above

Mileage Condition

: Unlimited Mileage

Limitation as to use* :

Use only for spoial, domestic and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for hire or reward, driving fultion, driving fest, 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.

* 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 (Arriendment) Act 2019, are not to be included under these headings.

Section 1 Fire - \$0 Own Damage - \$500 Theft - \$0 Flood Cover - \$500

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

CONG PEILIAN - \$500 (Own Damage), \$500 (Flood Cover)

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

Cycle & Carriage Euros Service Center (For accident reporting only). Add: 330 Ubi Road 3 Singapore 408550 82061818
 Cycle & Carriage Pandan Loop Service Center - Body Care & Repair. Add: 188 Pandan Loop Singapore 128378 62061818

For other Approved Reporting Centret/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 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. 159), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

CYCLE & CARRIAGE - ALC

239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

