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 13/09/2021 13:53 (SGT) Date of Accident 11/09/2021 15:20 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TWDS CTE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDJ8278M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner WAN MEE FEM NRIC No. S1495247J Email Address FEMWAN@GMAIL.COM Mobile Phone No (Phone) +65-90603072 Alternative Phone No +65-90603072

VEHICLE PARTICULARS

Manufacturer Mercedes Model B200 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 1332

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 2000003227-01 Cover Note Number

DRIVER

Name of Driver NG SI LIN, LYNETE NRIC No. S9319713E

Date Of Birth 04/06/1993 Occupation Indoor Date Of Driving Pass 10/09/2012 Driving experience 9 YEARS Gender Female Mobile Number (Phone) +65-92226246 Alt. Phone Number Email Address FEMWAN@GMAIL.COM Address 57 YIO CHU KANG DR Address complement Postcode 786307 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο 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? No 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? Police Station Name Ang Mo Kio North Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004849999 Alt. Police Station Phone No (Fax) +65-62181399 Police Station Address 51 Ang Mo Kio Avenue 9 Singapore 569784 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20210911/2093 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMY7962S Vehicle Manufacturer Vehicle Model Vehicle Variant

Private car

Vehicle Colour
Vehicle Category

Name of Driver NRIC No	SIEW WENQIN S8703152G
Contact Number	(Phone) +65-96216599
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 Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	SDJ2577A - - -
Vehicle Category	Private car
Name of Driver NRIC No	FAZLY BIN ISNIN
Contact Number	(Phone) +65-96842274
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 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.
- 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
- 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 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
- 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.
- 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.

der's Signature

Date & Time

12/0/201

(If driver is not the policyholder) Date & Time

Vincent Seah

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

Email: vincent.seah@cycleearriage.co Reporting Centre Personnel's

Name:

RIBE CIRCUMSTANCES OF THE ACCIDENT Refer folice Report. ARATION Modare the foregoing particulars are true in every respect.	T	CHI	PLA	AN																								
RIBE CIRCUMSTANCES OF THE ACCIDENT Refer Police Regard.	A contract of	1	I		I	1			Ţ	:			1	1	1	: 1	11					1	1	1 1	T i	T		H
RIBE CIRCUMSTANCES OF THE ACCIDENT Refer Police Report.					1				1	1			I	1		1						1	П		1	-	1	Ħ
RIBE CIRCUMSTANCES OF THE ACCIDENT Refer Police Report.		-			1	1			1	1			j	1			1	H				1	П	11	1	T	H	1
RIBE CIRCUMSTANCES OF THE ACCIDENT Refer Police Report.					i	-			1					H	T	1			1			1		11	1	T	1	1
RIBE CIRCUMSTANCES OF THE ACCIDENT Refer Police Report.									-	1				1	T	1	II						Ħ	II		T		H
RIBE CIRCUMSTANCES OF THE ACCIDENT Refer Police Report.									T		I	П						T					П	11	Ħ	t		
RIBE CIRCUMSTANCES OF THE ACCIDENT Refer Police Report.		-				1				III		П							П	T			Ħ	11	11	t	1	H
RIBE CIRCUMSTANCES OF THE ACCIDENT Refer Police Report.														П					Ħ					11	1	t	1	H
RIBE CIRCUMSTANCES OF THE ACCIDENT Refer Police Report.					T				T	П		П		П					T					11	Ħ	+	1	H
RIBE CIRCUMSTANCES OF THE ACCIDENT Refer Police Report.				П	T								1			П	1							11	H	+	+	+
RIBE CIRCUMSTANCES OF THE ACCIDENT Refer Police Report.		1	I		T		-					П		П			IT		1				H	Ħ	H	+	-	H
RIBE CIRCUMSTANCES OF THE ACCIDENT Refer Police Report.			T											IT		П	11	11	H	T				1	H	+	1	Н
RIBE CIRCUMSTANCES OF THE ACCIDENT Refer Police Report.			T	П	I	1						11		П		T	TT	Ħ	1			1		11	+	+	+	+
Refer Police Report.			T		T	1						П	T	11			IT	1	11			1	H	+	+	+	+	H
Refer Police Report.			T		T	18						Ħ		Ħ	T	П	11	I	H	T	+		H	11	+	+		H
Refer Police Report.		T	1	П	T				1	11		П		11		Ħ	11	1	11		+			+	+	+	1	-
			K	eg	le	/	,	Po	l:	ı		Re	10.	nd														
		33	K	eg	le	,	,	Po	l: c	æ		Re	10	nd														
			K	eg	le	,	,	lo	lie			Re	10.	nd.														
			K	ej	le		,	lo	lice	×		Re	101	nd														
			K	eg	le	, ,	,	lo	lis			Re	4 21	nd														
			K	e j	le	,	,	lo	lice			Re	101	nd.														
declare the foregoing particulars are true in every respect			K	ej	le	, ,	,	Po	les .			Re	4 >1	nd											to			
					le	, ,	,	lo	lice			Re,	100	nd														
		ARA	ATI	ON the f	ore	goir	g pa	articu	lars	are t	true	in e	very	гезр	ect.										to the second se			
se note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, insurance company will not allow nor accept the claim.		AR,	ATI	ON the f	fore at y	-goir	g pa	articu re 14	lars	are :	true	in ex	very to to	resp	ect.	and	file t	he c	laim	une	der y	our	owr	ı polic	cy. Fa	ailir	ng to	o do :
mediane company with not allow not accept the claim.	a	AR,	ATI	ON the f	fore at y	-goir	g pa	articu re 14	llars	are	true	in en	very s to	resp rev cep	ect.	and e cla	um.									ailir	ng to	o do :
(Please contact your insurance company for any further details) incent Seah Cycle & Carriage Industries Pte Ltd	e	AR,	ATI	ON the f	fore at y	-goir	g pa	articu re 14	llars	are	true	in en	very s to	resp rev cep	ect.	and e cla	um.			furti	ner de	etaile) & Ca	inc	ent S	eah	Pte	Ltd	
(Please contact your insurance company for any further details/incent Seah Cycle & Carriage Industries Pte Ltd Body Care & Repair Center 2D: 6771 4401 HP: 8332 0062 Fay: 6872 1272	a	AR,	ATI	ON the f	fore at y	-goir	g pa	articu re 14	llars	are	true	in en	very s to	resp rev cep	ect.	and e cla	um.		r any	furti (0	er de Cycle B	etaile) & Ca ody C	inc	ent S ge Indu & Repo	eah Istries Bir Ce	Pte	Ltd	127
Please contact your insurance company for any further details incent Seah Cycle & Carriage Industries Pte Ltd Body Care & Repair Center ID: 6771 4401 HP: 8332 0062 Fax: 6872 1272 Small vincent.seah@cyclecarriage.com.sg	a r	AR. declar	ATI	ON the fi	fore at y	goir you omp	g pa hav	articu re 14	llars	are	true	in en	very s to r ac	respores cepi	ect.	and e cla	compa		r any	furti (0	er de Cycle B	etaile) & Ca ody C	inc	ent S ge Indu & Repo	eah Istries Bir Ce	Pte	Ltd	127
(Please contact your insurance company for any further details/incent Seah Cycle & Carriage Industries Pte Ltd Body Care & Repair Center 2D: 6771 4401 HP: 8332 0062 Fay: 6872 1272	3 7	AR. decli	ATI are noti ura	ON the thance	fore at y	goir you omp	g pa hav	articu re 14	llars	are	true	in en	very s to r ac	resporevoir in	ect.	and e cla	compa	ny fo	r any	furti (0: 6) Sme	er de Cycle B	etaile) & Ca ody C	inc orriag are AP:	ent S ge Indu & Reps 3332 0 (@cycl	eah istries air Ce 062 1 lecarri	Pte nter ax:	Ltd 6872 com	2 1272 .sg



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : WAN MEE FEM

Period of Insurance : 17 Jan 2021 To 16 Jan 2022

Engine No. Chassis No.

: 28291480256915

: WDD2470872J076404

Vehicle No.

: SDJ8278M

Policy No.

: 2000003227-01

Endorsement No. Issued Date

: 04 Jan 2021

ABOUT THE COVER

Make/Model

: MERCEDES Benz B200 Progressive

Engine Capacity/Tonnage: 1,332.00 CC Driver Restriction

Sum Insured : Market Value

First Year of Registration : 2020

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

a) The Policyholder

Person or Classes of Persons Entitled to Drive*;

a) The Posicynoseer 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 heishe 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

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 fullon, driving test, racing, pace-making, reliability trial or speed-lessing, 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, age not to be included under these headings.

EXCESS

Fire - \$0 Own Darmage - \$800 Theft - \$0 Flood Cover - \$800

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

WAN MEE FEM - \$800 (Own Damage), \$800 (Flood Cover)

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

Cycle & Carriage Eunos Service Center (For accident reporting only) Add: 330 Ubl Road 3 Singapore 408650 52061818
 Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128378 62061818

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

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

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, 1959 (Malaysia)).

0504612240

CYCLE & CARRIAGE - NL

AIG Asia Pacific Insurance Pte. Ltd. This computer generated document does not require a signature.

239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia















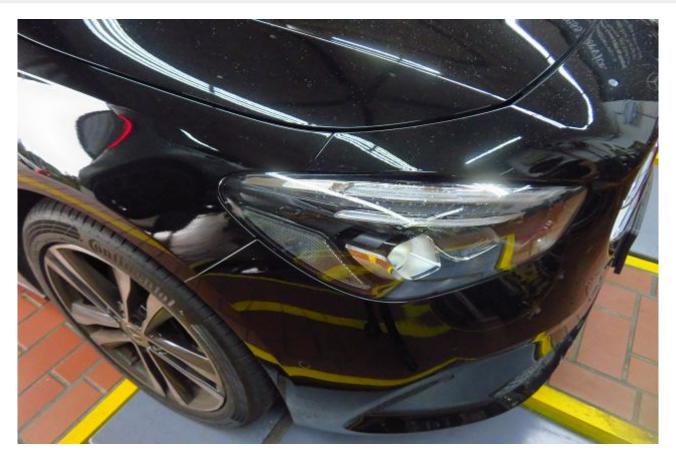




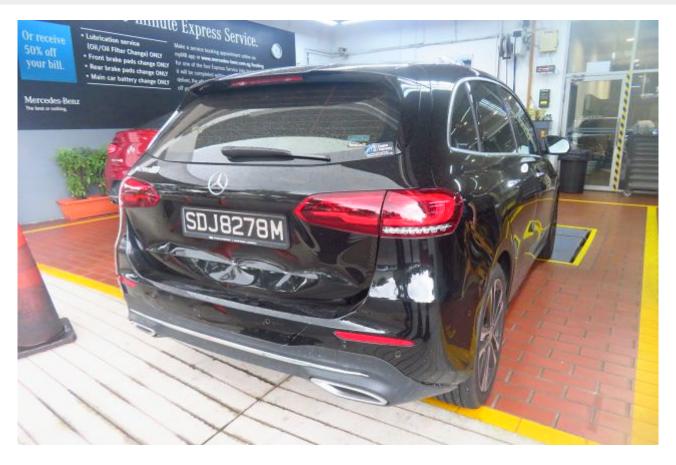




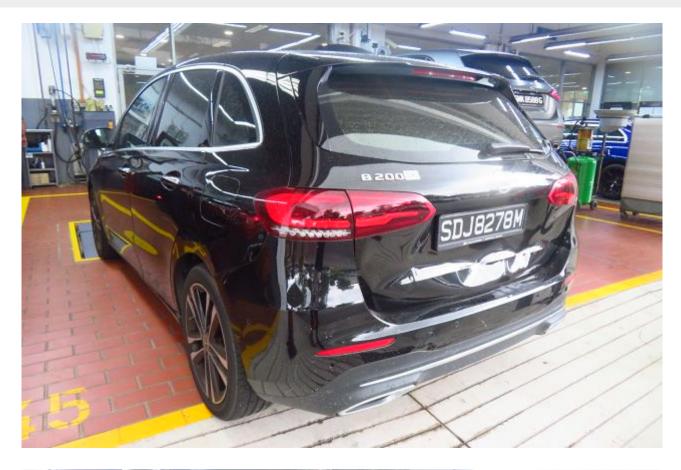




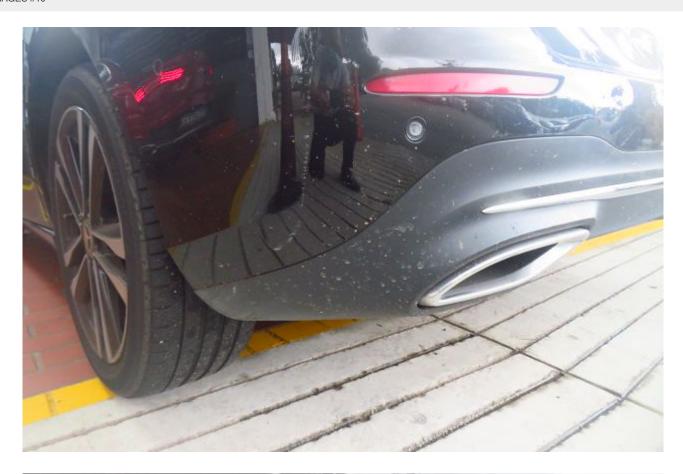




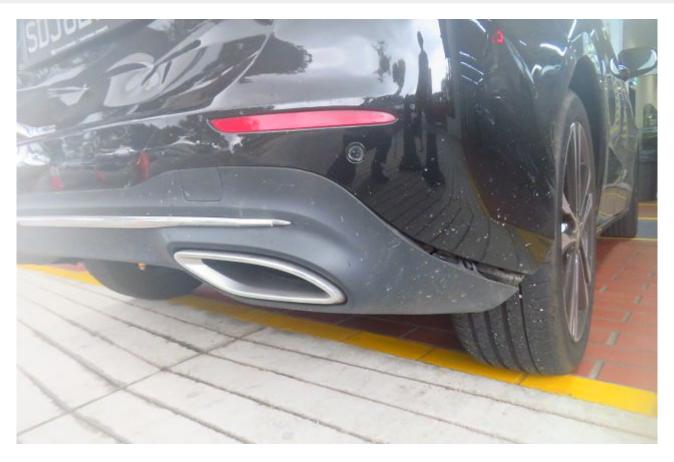














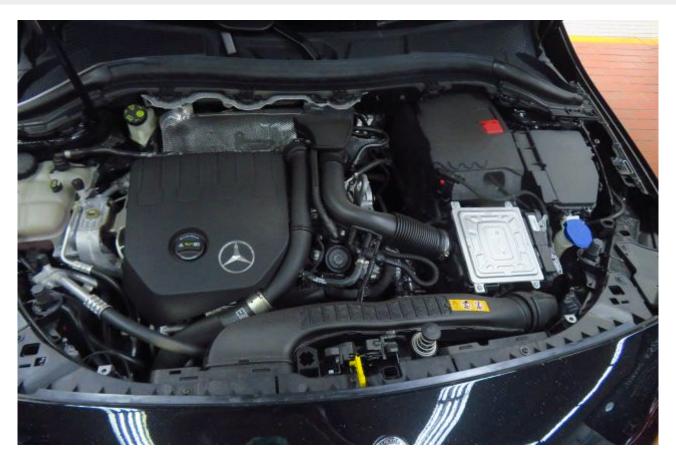


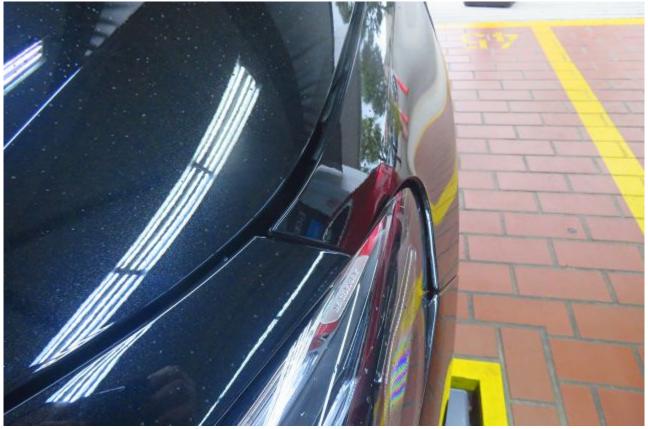






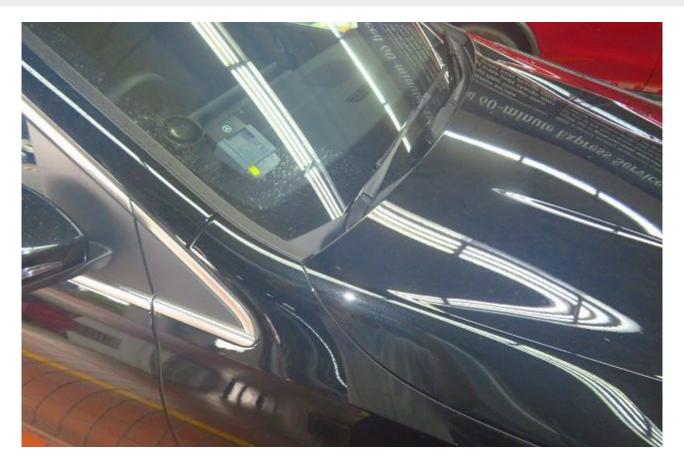


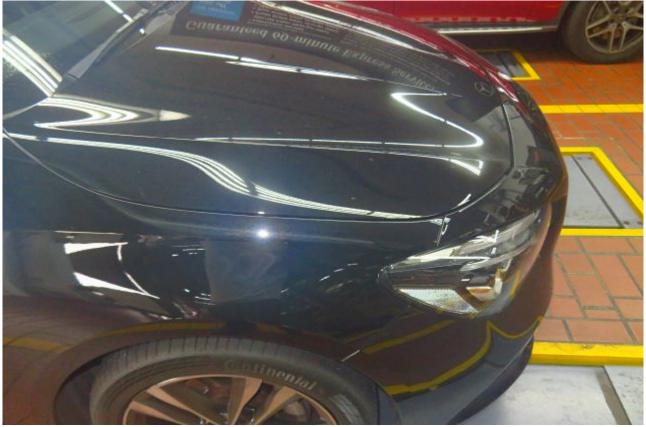


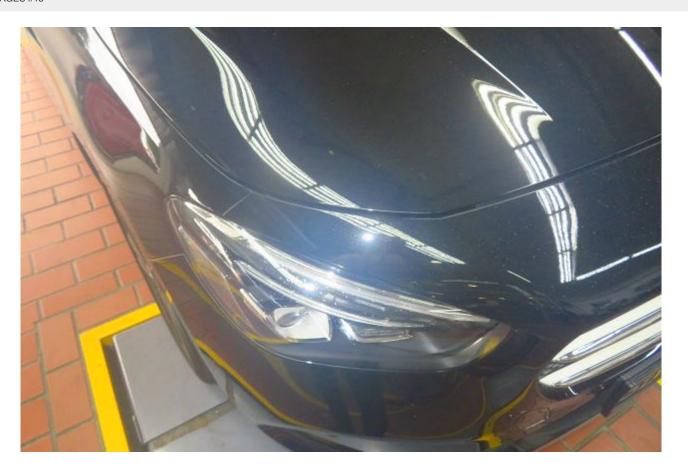
















Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

I of 4 Report No. T/20210911/2093

Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

11/09/202	e Report I 21 17:49	Made;	Vide Report No.:	Station Diary No.:
Informan	t's Partic	ulars		
Name of NG SI LIN	Informant: N, LYNET		Address: 57 YIO CHU KANG DRIVE S	INGAPORE 786307
ID Type / NRIC NO	ID No.: (/ S93197	13E	Contact No.: Home/Office:	Mobile: 92226246
Nationalit SINGAPO		EN	Email:	WOUNE, 92226246
Sex: Female	Age:	Date of Birth: 04/06/1993	Type of Informant: Driver	
Race: Chinese	10		Language:	Institution / School Name:
Occupation PRODUC		ER	Driving Licence Information: Class: 3	Date of Expiry

General Inform	nation of the Accid	ent	STATE OF THE PARTY	
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 11/09/2021 15:20	Type of Location:
PAN-ISLAND Weather: Sunny	EXPRESSWAY	Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Fraffic Volume:
Type of Collisi Between Movi	on: ng Vehicles - Head 1	o Rear	8	Anyone conveyed by ambulance:

Slightly	No of Passenge
Slightly	
	0
SJD2577A Car Damaged	
SJD2577A Car Slightly	1
Democrat	*
SMY7962S Car Slightly	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Pélice Station Of Origin: Ang Mo Kie North N.P.C 51 Ang Mo Kie Avenue 9 SINGAPORE 569784

2 of 4 Report No. T/20210911/2093

Tel No: 1800-4849999

CONTINUATION OF REPORT

Driver		STATISTICS.	12 12 12 12 12 12 12 12	1	THE REAL PROPERTY.	A STATE OF THE PARTY OF THE PAR
Name	NG SI LIN, LYNET	ΓE		ID No	D.	S9319713E
Related Vehicle	OD IOOMALI I					
Related Vehicle	elated Vehicle SDJ8278M (Car)				act No.	92226246
Hospital/Clinic	NIL .			Class Drivin Licen Expin	ng	Class: 3 Date of Expiry: NIL
Date Treatment			Date Dis			<u> </u>
No. of Days grant	ted Medical Leave	NIL	Degree o	of Injury	NIL	
Driver				- Injury	TAIL.	
Name	FAZLY BIN ISNIN			ID No		S7713448D
Related Vehicle	SJD2577A (Car)		Contact No.		96842274	
Hospital/Clinic	al/Clinic NIL			Class of Driving Licence Expiry		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
lo. of Days grant	ed Medical Leave	NIL	Degree o	f Injury	NIL	
Oriver					1000	A STATE OF THE PARTY OF THE PAR
Name	SIEW WENQIN			ID No.		S8703152G
Related Vehicle	SMY7962S (Car)		Conta	ct No.	96216599	
inspiral/Clinic	NIL	NIL			of e & Date	Class: NIL Date of Expiry, NIL
ate Treatment	NIL		Date Disc		NIL	
o of Dove seed	a Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 11/9/2021 at 15.20hrs, I was driving my car (SDJ 8278M) along PIE expressway on the outermost lane heading towards CTE in heavy traffic. About 1km away from the exit towards CTE, the vehicle in front of me (SJD 2577A) braked suddenly. I then reacted and braked suddenly and managed to stop without hitting the vehicle in front of me. However, the vehicle behind me (SMY 7962S) also braked suddenly and hit me from behind. This caused my vehicle to move forwards and hit the vehicle in front of me (SJD 2577A). No one was injured or conveyed to hospital. My car was slightly damaged and had dents on the front and rear. I wish to lodge this report for record purposes.



Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-4849999



3 of 4

Report No. T/20210911/2093

CONTINUATION OF REPORT





Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

4 of 4 Report No T/20210911/2093

Tel No: 1800-4849999

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 F /

SC2 ARUNVELAYUTHAM RAMANATHAN

Signature Of Interpreter: Not applicable

Office In Charge Of Case: TP / GIA / SI TAN JEOK LENG

Contact No.: 65476151

Authentication Sump

SNI

Signature,Of Informant:

Date/Time:

11/09/2021 17:49

Classification Of Case: