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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.

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 25/10/2021 12:46 (SGT)
Date of Accident 22/10/2021 08:50 (SGT)
Exact Location of Accident 3 Mount Elizabeth, Singapore 228510
Additional Location Information MEDICAL CENTER CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFL813L

INSURED/POLICYHOLDER

Is company?

No
Name Of Registered Owner

NRIC No
Email Address
Mobile Phone No
Alternative Phone No

No
LOY HENG CHIAN ANDREW
SXXXX690E
andrewloyhc@yahoo.com
(Phone) +65-97370654
+65-97370654

VEHICLE PARTICULARS

Manufacturer Mercedes Model C180 Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1595

INSURANCE COMPANY

Name of Insurance Company
Type of Coverage
Comprehensive
Fleet Policy
Policy Number
Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd.
Comprehensive
No
1900083998-02
-

DRIVER

Name of Driver LOY HENG CHIAN ANDREW NRIC No SXXXX690E

Date Of Birth	15/10/1069
Occupation	15/10/1968
Date Of Driving Pass	Indoor
Driving experience	14/09/1987
Gender	34 YEARS AND 1 MONTH
	Male
Mobile Number	(Phone) +65-97370654
Alt. Phone Number	+65-97370654
Email Address Address	andrewloyhc@yahoo.com
	135 SUNSET WAY #06-12
Address complement	CLEMENTI PARK
Postcode	597158
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	3
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Income of Other Walds to Other Walds	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	0.111.1.0.1.0.1.0.1.1.1.1
Weather Conditions	Collision - Opening Door of Vehicle
Road Surface	Clear
Tiona Gariago	Dry
TO SECULAR SERVICES AND A SECULAR SECURIOR SECUR	
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 vehicle 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?	MCD:
If yes, against whom?	No
in you, against whom:	=
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
A	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	SLG1800Y
Vehicle Manufacturer	JEG 1000 I
Vehicle Model	
The state of the s	-

Vehicle Registration Number	SLG1800Y	
Vehicle Manufacturer	PORTOR OF THE PARTY 1	
Vehicle Model		
Vehicle Variant		
Vehicle Colour		
Vehicle Category	Private car	
Name of Driver	5510 51	
Contact Number	(Phone) +65-90289873	
Address	A CONTRACTOR OF	
Address complement		
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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 flability.
- 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. 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time	& Driver's Signature (If driver is not the policyholder & Time		e policyholder) / Date	te Witnessed by Reporting Centre	
Sketch Plan	Modri	EUZOSANH	musica	CANTRY CARPARK	
		BA		A - SFL 813L B - SLG 1800Y	

Declaration

VVVa declare the foregoing particulars are true in every respect.

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Trivar's Signatur

22/10/21.

of (If driver is not the paticy holder) / Date

Witnessed by Reporting Centra

Pecionnel

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 22 / 10	_/_2021_ (dd/mm/yy)	Time of Accident: 08:50 (24-HR-FORMAT)
Vehicle No.: SFL813L	Vehicle Make & Model:	MERCEDES C180
*Transmission : o Manual	«Auto *C.c:	1595
Exact location of Accident: _M	OUNT ELIZABETH MEDICAL CENT	RE CARPARK
Policyholder's Name: LOY HI	NG CHIAN ANDREW	NRIC/FIN/REG No.: S6839690E
*Policyholder's email address	: _ANDREWLOYHC@YAHOO.COM	И
Driver's Name: LOY HENG C	HIAN ANDREW	NRIC/FIN/REG No.: S6839690E
*Driver's email address :	ANDREWLOYHC@YAHOO.COM	
Driver's Contact No.: 9737065	34	Company Contact No (If any):
Date of birth: 15/10/1968	Drivin	g Pass Date: 14/09/1987
Driver's Address: 135 SUNSET	WAY, #06-12 CLEMENTI PARK, SIN	GAPORE (597158)
Insurance Company: AIG		
		age: Comprehesive / Third Party / Third Party, Fire & Theft
Relationship between Owner	r & Driver: (Please <u>CIRCLE</u> one of	nly)
Owner/Spouse / Children / Fr	iend / Parents / Sibling / Relative	/ Employee / Hirer or Others specify:
What do you wish to claim? (Please_ <u>TICK</u> one only)	
o Own Insurance Loother Ve	hicle (The one you want to claim	against)/ o Reporting (For Record Purpose)
Tyce of Accident		
o Chain Collision o Head To	Rear Side Swipe o Other	
		of Passengers / Including Driver):1
*Passenger Name:		Gender: Male / Female
*Passenger Name:		Gender: Male / Female
Weather condition & Road co	onditions? (On the day of acciden	<u>t)</u>
oClear & Dry / o Raining & V	Vet / o After-Rain & Wet / o Drizz	rling & Wet / Others:
Was there any video capture	d by your car Car camera? Yes	/ o No
Any Injuries: o Yes LorNo (If YES) Injured Person' Name:	
Injuries Sustain :	Injured	Person in Which Vehicle:
Police Report field: o Yes	To (If YES) Which Police Station:	
	The Other Party (S) Details:
1. Driver's Name / IC No: DE	NG DI	Vehicle No: SLG1800Y
		surance Company :
2. Driver's Name / IC No (If A	ny):	Vehicle No:
		surance Company :
		Contact No:
		Contact No: 83447681



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder

: LOY HENG CHIAN ANDREW

Period of Insurance

: 29 Apr 2021 To 28 Apr 2022

Engine No.

: 27491031583634

Chassis No.

: WDD2053402F775843

Vehicle No.

: SFL813L

Policy No.

: 1900083998-02

Endorsement No.

Issued Date

Control of the Contro

: 19 Mar 2021

ABOUT THE COVER

Make/Model

: MERCEDES Benz C180 Coupe

Engine Capacity/Tonnage: 1,595.00 CC Driver Restriction

Sum Insured : Market Value

First Year of Registration : 2019

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder
b) Any other permission.
This Policy will indemnify the Policyholder's order or with his/her permission.
This Policy will indemnify the Policyholder or any authorised driver only if ho/she mouts 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 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

* Limitalions rendered inoperative by Section 6 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 - \$1000 Theft - \$0 Flood Cover - \$1000

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

LOY HENG CHIAN ANDREW - \$1000 (Own Damage), \$1000 (Flood Cover)

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

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

For other Approved Reporting Centrot/AIG Authorised Repairers, please contact our 24-hour accident emergency hollins 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, 1967 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612232

CYCLE & CARRIAGE - LCY

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.

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