SC1S21230001-01 / CYCLE & CARRIAGE INDUSTRIES PTE LTD ENTRY DATE & TIME: 03/02/2021 11:15 (SGT) SUBMITTED BY: ANG THIAM TECK VERSION: 2 (04/02/2021 09:33 (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.

- 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 03/02/2021 11:15 (SGT) Date of Accident 18/01/2021 15:20 (SGT) Exact Location of Accident Singapore Additional Location Information JURONG HILL Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF8666R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner WONG KIM MOI NRIC No S6975326D Email Address RENE.WONG@TIMESOFTSG.COM.SG Mobile Phone No (Phone) +65-91150583

+65-91150583

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Model E200 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?

Vehicle Category

Private use

No - Reporting only

Private car

INSURANCE COMPANY

Name of Insurance Company AIG

Type of Coverage Comprehensive

Fleet Policy

Policy Number 1800112995

Cover Note Number

DRIVER

Name of Driver WONG KIM MOI NRIC No S6975326D Date Of Birth 15/07/1969 Occupation Indoor

Date Of Driving Pass 09/07/2007 Driving experience 13 YEARS AND 6 MONTHS Gender Female Mobile Number (Phone) +65-91150583 Alt. Phone Number +65-91150583 Email Address RENE.WONG@TIMESOFTSG.COM.SG Address BLK 11 JURONG LAKE LINK #13-41 Address complement Postcode 648155 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 Collided into Parked 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Nanyang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007929999 Alt. Police Station Phone No (Fax) +65-67912972 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT 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 **UNKNOWN** Vehicle Manufacturer

Private car

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

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

- 1. Please report correctly 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.
- 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:
 - 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. Yik Chan Hoe

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

Policyholder's Signature

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's

Name:

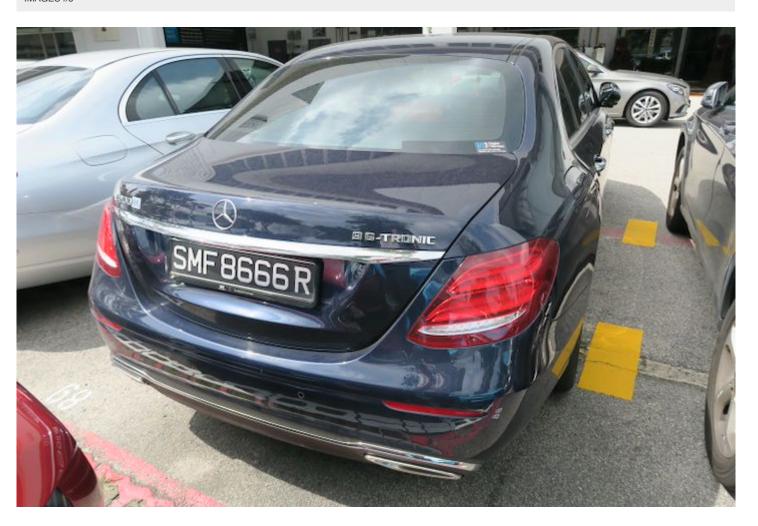
Cycle & Carriage Industries Pte Ltd

Version 1.3 | Updated 02 DEC 2020

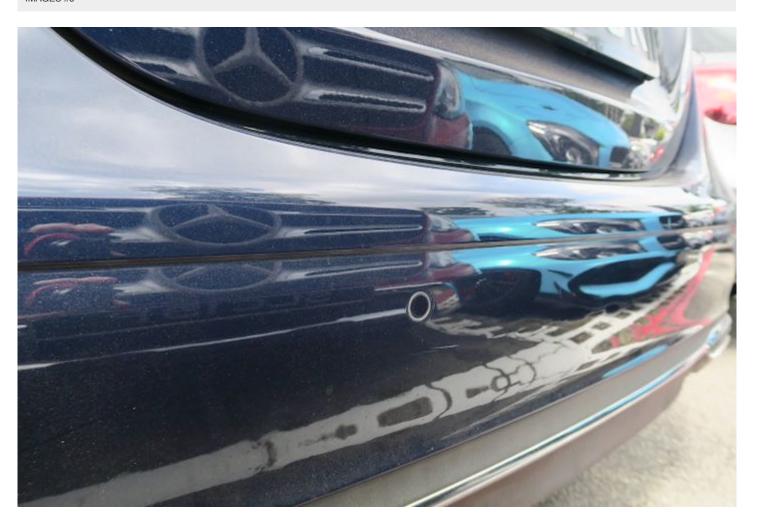
SKETCH PLAN			
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DESCRIBE CIRCUMSTANCES O	F THE ACCIDENT		
Refu -	to police ceps	ect.	
Refu -	to police ceps	ect.	
ECLARATION We declare the foregoing particulars	s are true in every respect.		policy. Failing to do s
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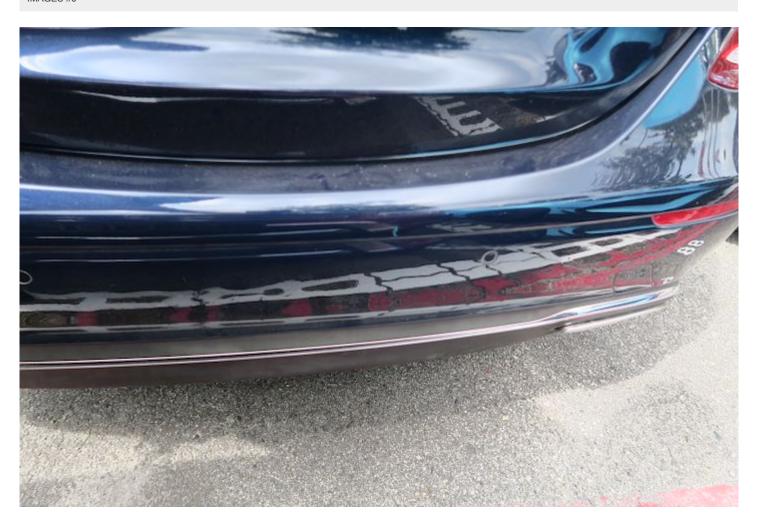
























T/20210203/2152

Report No. T/20210203/2152

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No 0

Report Number

T/20210203/2152

Vide Report Number

T/20210203/2016

Date/Time of Report Made

03/02/2021 20:26

Place Report Lodged

Traffic Police

Type of Informant

Driver

Name of Informant

WONG KIM MOI

ID Type / ID No.

NRIC NO / S6975326D

Home/Office

0

Mobile

91150583

Email

Type of Accident

Non-Injury

Drink Drive

No

Anyone conveyed by

ambulance

No

Date/Time of Accident

18/01/2021 15:20

Accident Location

JURONG HILL

Vehicle No.	Type	Make				
SMF8666R			Model	Color	Condition	NI- CD
	Cai	MERCEDES BENZ		Blue	Slightly	No of Passenger
	Car	DE112	(R18 LED)		Damaged	
					Slightly	0

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



T/20210203/2152

2 of 3 Report No. T/20210203/2152

Continuation of CSF For NP168

Driver	N. R. Belle S. E. E. S.		3203037			
Name	WONG KIM MOI			ID No),	S6975326D
Related Vehicle	SMF8666R (Car)		Contact No.		0	
Hospital/Clinic	NIL			Class Drivin Licend Expire	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc			
No. of Days grant	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Facts.

This is just an amendment to the original traffic police report T/20210203/2016. I've indicated the date wrongly, as the correct date of accident should be 18/01/2021 instead of 18/12/2020. Everything else remains the same.



Report No. T/20210203/2152

Continuation of CSF For NP168

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.

Case Sensitivity

No

Officer-In-Charge of Case

TP/GIA/

WONG SIEU LUI

Classification of Case

1) NON-INJURY





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SCISJ123000/Vehicle Registration No: SWF8666R Name (as shown in NRIC): WONG Kim Moi NRIC/FIN/Passport No: 569753 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address _Singapore(Contact (Tel) Mobile No.: Email Address Date of Accident Time of Accident : Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or mend accident tach appropriate Body Ga Email: ch Policyholder Reporting Centre Personnel's Signature Date: Name:

NRIC/FIN No .: Date:

GIARMC addendumform_V3