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.

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 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 22/11/2021 14:25 (SGT) Date of Accident 20/11/2021 10:08 (SGT) Exact Location of Accident Cecil St, Singapore Additional Location Information NEAR RAFFLES PLACE MRT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM5894G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner OW TUCK MENG NRIC No. S1181784Z Email Address ow_tuck_meng@hotmail.com Mobile Phone No (Phone) +65-96832385 Alternative Phone No +65-96832385

VEHICLE PARTICULARS

Manufacturer Mercedes Model E200 Variant Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

No - Reporting only Vehicle Category Private car Transmission Auto 1991

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1900113595-02 Cover Note Number

DRIVER

Name of Driver **OW TUCK MENG** S1181784Z

Date Of Birth 17/01/1956 Occupation Indoor Date Of Driving Pass 30/09/1976 Driving experience 45 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-96832385 Alt. Phone Number +65-96832385 Email Address ow_tuck_meng@hotmail.com Address BLK 145 PETIR ROAD #01-204 Address complement Postcode S(670145) 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? 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? Nο PASSENGER 1 Name HO PAIK GEOK 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 KINDLY REFER TO SKETCH PLAN. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SHD3373M

Hyundai

Blue

Taxi

Vehicle Model

Vehicle Colour

Vehicle Manufacturer

Vehicle Variant

Vehicle Category

Name of Driver	TAN MENG KOON
NRIC No	S1515172B
Contact Number	(Phone) +65-96234439
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

SKETCH PLAN

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- 5. 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.
- 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.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN		
T: 1:11	5mm 5894G	
	Out m	
1 1 1 1		
DESCRIBE CIRCUMSTANCES OF TH	HE ACCIDENT	
On Sat (20-NOV-	21) at Cozil St I was	on the most right lane
to been left but	/ 1 / 1	triaght. My car left
cide lies strately	again the taxi from	11) . 1
This strait mad	7) 1 10	road signage was not
Pamilia The ros	ad around the down	11 / 0 0 1
James . 10 10.	to work the love.	seed are vary confusing
	NY	
	Milm	
+	***************************************	
		Reporting Only
	p that in the event that you wish to claim	
	im), there is a Fourteen (14) days clause de within the stipulated timeframe from	Claim TP
the da	y of occurance.	Claim OD / TP at other workshop
DECLARATION		
I/We declare the foregoing particulars	are true in every respect.	
Mr. Samuel		ak)
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : OW TUCK MENG

Period of Insurance : 05 Jul 2021 To 04 Jul 2022 Engine No. : 26492030116985

Chassis No. : WDD2130802A638699 Vehicle No. : SMM5894G Policy No.

: 1900113595-02

Endorsement No.

Issued Date : 07 Jun 2021

ABOUT THE COVER

Make/Model : MERCEDES Benz E200 Sedan Avantgarde

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

* 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 - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

OW TUCK MENG - \$800 (Own Damage), \$800 (Flood Cover)

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

Cycle & Carriage Euros Service Center (For accident reporting only). Add: 330 Ubi Read 3 Singapore 408650 62081818

Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128378 62061818

For other: Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hottine 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: 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 Act, 1987 (Matrysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Matrysia).

0504612260

CYCLE & CARRIAGE - MEI

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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