

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 06/12/2021 09:26 (SGT) Date of Accident 03/12/2021 20:00 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG CTE TOWARDS ANG MO KIO AVE 5 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJS717Y

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHUA HUI CHE NRIC No. S6820011C Email Address HCCHUA@LEXONCONTROL.SG Mobile Phone No (Phone) +65-97275770 Alternative Phone No +65-97275770

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? Yes Vehicle Category Private car Transmission Auto CC 1991

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 18000646841-03 Cover Note Number

DRIVER

Name of Driver CHUA HUI CHE NRIC No. S6820011C

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	01/06/1968 Indoor 16/07/1991 30 YEARS AND 5 MONTHS Male (Phone) +65-97275770 +65-97275770 HCCHUA@LEXONCONTROL.SG 43 SUNRISE CLOSE - 806640 Yes - No	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry	
OTHER INFORMATION		
Was any foreign vehicle involved in the accident? 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? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 2 No	
PASSENGER 1		
Name Gender	SUDHIR JOHN Male	
DETAILS OF POLICE ACTION		
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -	
CIRCUMSTANCES OF ACCIDENT		
REFER TO SKETCH PLAN		
ATTACHMENT(S)		
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?	Yes Yes REFER TO CSE KO No	
DETAILS OF OTHER VEHICLE PROPERTY 1		
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	SLF6370T - -	

Vehicle Variant
Vehicle Colour

Vehicle Category Name of Driver NRIC No	Private car KOH HOCK SIEW S1171714D
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

- 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
- 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)

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 personal information in this personal information information and disclose and transfer such vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of a superior of the purpose of the purp
 - 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 04/12/2021 1026

Oriver's Signature (If driver is not the policyholder) Date & Time Email: kerlyn.ong@cyclecarriage.com.sg Cycle & Charriage Hudundsonn Mrs. Ltd Customer Santica Confront Pandan Loop

Kerlyn Ong Kai Lt DID: 6771 4420 HP: 9186 5113

Cycle & Carriage Industries Pte Ltd

SKETCH PLAN A: 1357174 B: 6186570T B A)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING MY CAR (SJS717Y) ALONG CTE TOWARD ANG MO KIO AVENUE 5. I WAS TRAVELLING AT THE EXTREME RIGHT LANE AND WAS GOING STRAIGHT.

VEHICLES INFRONT OF ME STOPPED, I THEN SLOW DOWN TO STOP BUT HAD ACCIDENTALLY STEPPED ON THE WRONG ACELERATOR AND MY CAR WENT FORWARD AND HIT ONTO VEHICLE B (SLF6370T) REAR PORTION.

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. Failing 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 04/12/2021 1026

Driver's Signature

(If driver is not the policyholder)

Date & Time

Kerlyn Ong Kai Li DID: 6771 4420 HP: 9186 5113

Email: kerlyn.ong@cyclecarriage.com.sg Cycle & Ousporting Control Pro Ltd

Customer Service Centre Customer Service KERLYN

Cycle & Carriage Industries Pte Ltd



CERTIFICATE OF II

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : CHUA HUI CHE Period of Insurance : 21 Jun 2021 To 20 Jun 2022 Engine No : 27492031474463

Chassis No.

: WDD2130422A454592

Vehicle No. Policy No. Endorsement No.

Issued Date

ABOUT THE COVER

Make/Model

MERCEDES Benz E200 Sedan Avantgarde

Engine Capacity/Tonnage : 1,991.00 CC

Sum Insured : Market Value

Off Peak Car : No

First Year of F Insuring with (

Driver Restriction : NA Person or Classes of Persons Entitled to Drive*

a) The Policyholder
b) Any other person who is driving on the Policyholder's under or with histoire permission.
This Policy will indernelly the Policyholder or any authorised driver only if histoire meets the specified age condition.
This Policy will indernelly the Policyholder or any authorised driver only if histoire meets the specified age condition. You have to pay an additional such of \$3,000 as "Young ansion inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver Excess "("YIDR") if You are or Your Authorised Driver Excess "("YIDR") if You are or Your Authorised Driver Excess "("YIDR") if You are or Your Authorised Driver Excess "("YIDR") if You are or Your Authorised Driver Excess "("YIDR") if You are or Your Authorised Driver Excess "("YIDR") if You are or Your Authorised Driver Excess "("YIDR") if You are or Your Authorised Driver Excess "("YIDR") if You are or Your Authorised Driver Excess "("YIDR") if You are or Your Authorised Driver Excess "("YIDR") if You are or Your Authorised Driver Excess ("YIDR") if You are or Your Authorised Driver Excess ("YIDR") if You are or Your Authorised Driver Excess ("YIDR") if You are or Your Authorised Driver Excess ("YIDR") if You are or Your Authorised Driver Excess ("YIDR") if You are or Your Authorised Driver Excess ("YIDR") if You are or Your Authorised Driver Excess ("YIDR") if You are or Your Authorised Driver Excess ("YIDR") if You are or Your Authorised Driver Excess ("YIDR") if You are or Your Authorised Driver Excess ("YIDR") if You are or Your Authorised ("YIDR") if You are or Your Authorised ("YIDR") if You are or Your Authorised ("YIDR") if YIDR ("YIDR") if YIDR" ("YIDR") if Y

Age Condition : All Age Condition

Mileage Condition

: Unlim

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 revisin, driving fusion, driving hist, racing, pace-misting, reliability trie or speed-leading, the carriage of goods other that business or use for any purpose is connection with Motor Trade.

Loss of Use 2000cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Thirs-Party Risks and Compensation) Act (Cap. 169). Section 95 of the Road Trans (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

Property Darnage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

CHUA HUI CHE - \$800 (Own Damage), \$800 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIR

Cycle & Carriage Eurics Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818
 Cycle & Carriage Pendan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 126378 62061818

For other: Approved Reporting Centres/A/G Authorised Repairers, please contact our 24-hour accident emergency notine at +65 6338 6200. Attenuative A/IG SG Mobile App. Simply search and download "A/IG SG" from ITuties or Google Play.

IMPORTANT NOTES

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

(We hereby certify that the pokey to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Porty Risks) Rules, 1959 (Malaysia) and Motor Vehicles (Third Porty Risks) Rules, 1959 (Malaysia)

























