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 18:09 (SGT) Date of Accident 05/12/2021 21:20 (SGT) Exact Location of Accident Singapore Additional Location Information **BRADDELL ROAD** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS3993K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner

LIM YEW HWA NRIC No. S1615193I Email Address

YHLIM3993@GMAIL.COM Mobile Phone No (Phone) +65-91289339

Alternative Phone No +65-91289339

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 2070031935-01

Cover Note Number

DRIVER

Name of Driver LIM YEW HWA NRIC No. S1615193I

Date Of Birth 02/03/1963 Occupation Indoor Date Of Driving Pass 12/05/1980 Driving experience 41 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-91289339 Alt. Phone Number +65-91289339 Email Address YHLIM3993@GMAIL.COM Address 97B UPP THOMSON ROAD #15-08 Address complement Postcode 574328 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 Collision - Head to Rear 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? 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 **UNKNOWN** Gender Male PASSENGER 2 Name **UNKNOWN** Gender Female PASSENGER 3 Name **UNKNOWN** Gender Female PASSENGER 4 Name **UNKNOWN** Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Bishan Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005529999 Alt. Police Station Phone No (Fax) +65-65561905 Police Station Address 20 Bishan Street 23 Singapore 579757 Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	SLU8888A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-88288383
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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts
- 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.
- 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
- 7. 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
- 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 :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (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
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the
- all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to (b) 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 (c) 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, (d) investigation and management in present and all future claims.
- the information so collected under (d) above may be shared / disclosed (e)
 - (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
Name: Alan Club

SKETCH PLAN		
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-	(A)	
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<u> </u>		
A)5M5 39974		
A)SMS 3993k B)SLU88888A		
B) SLU8888A		
SCRIBE CIRCUMSTANCES OF TH	HE ACCIDENT	
E. Grand rebon	t tim detail.	
E. Grand reson	t tim detail.	
ARATION		
ARATION declare the foregoing particulars are	re true in every respect.	
ARATION Jeclare the foregoing particulars are	re true in every respect.	
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ARATION declare the foregoing particulars are se note that you have 14 cales insurance company will not a (Plea	re true in every respect. Indar days to revert and file the claim under your own policy. Failing to do so, allow nor accept the claim.	
	re true in every respect. Indar days to revert and file the claim under your own policy. Failing to do so, allow nor accept the claim.	



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : LIM YEW HWA Period of Insurance

: 10 Mar 2021 To 09 Mar 2022

Engine No. Chassis No.

: 28291480304512 : W1K2470872J095022 Vehicle No. Policy No.

: SMS3993K : 2070031935-01

Endorsement No.

Issued Date

: 18 Feb 2021

ABOUT THE COVER

Make/Model

: MERCEDES Benz B200 Progressive

Engine Capacity/Tonnage : 1,332.00 CC

Sum Insured : Market Value

First Year of Registration : 2020

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

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

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

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 tuison, 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 - \$1000 Theft - \$0 Flood Cover - \$1000

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

LIM YEW HWA - \$1000 (Own Damage), \$1000 (Flood Cover)

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

Cycle & Carriage Eunos Service Center (For accident reporting only). Add: 330 Ubi 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 Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine 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, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612274

CYCLE & CARRIAGE - BERNIC

AIG Asia Pacific Insurance Pte. Ltd.

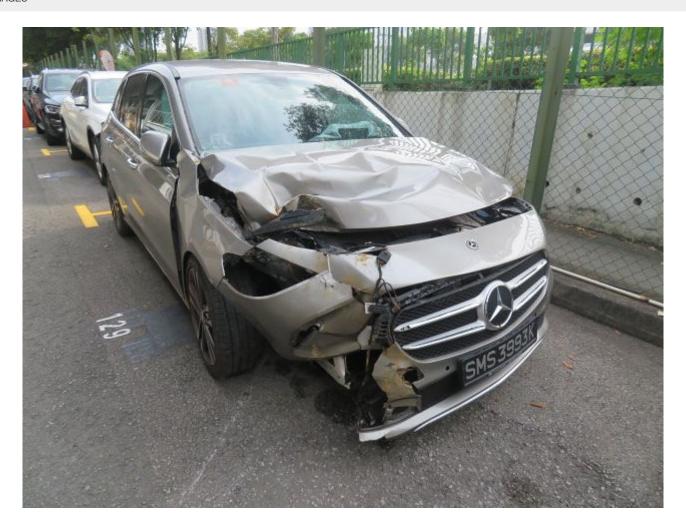
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239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

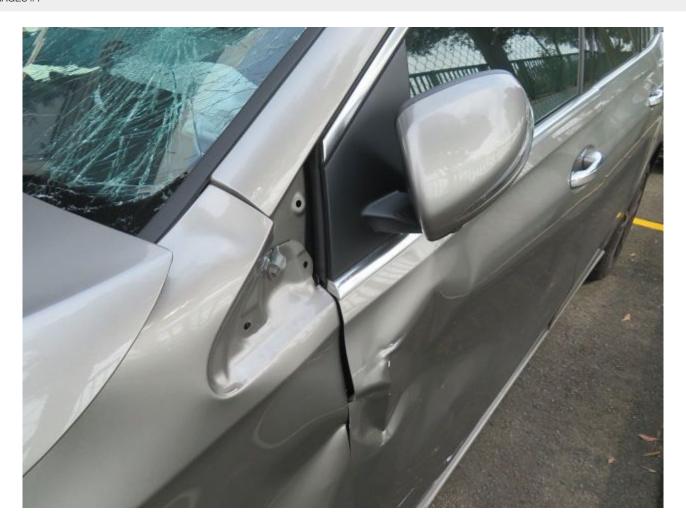
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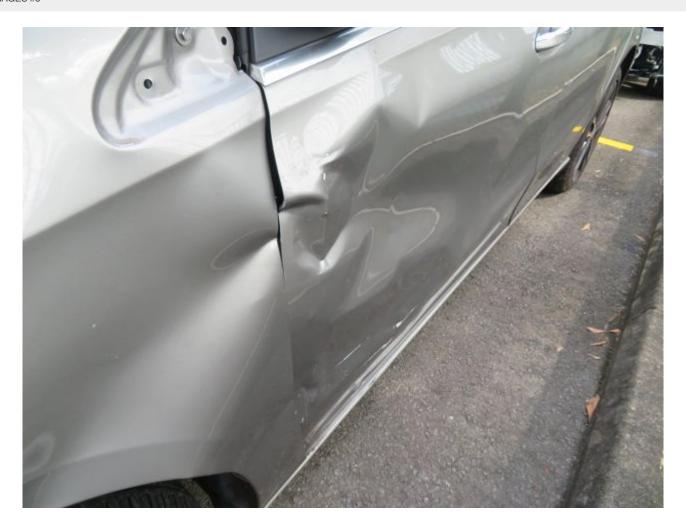
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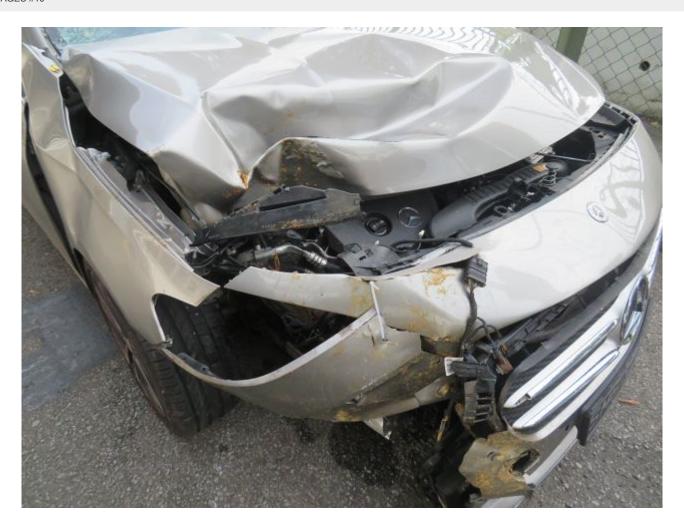


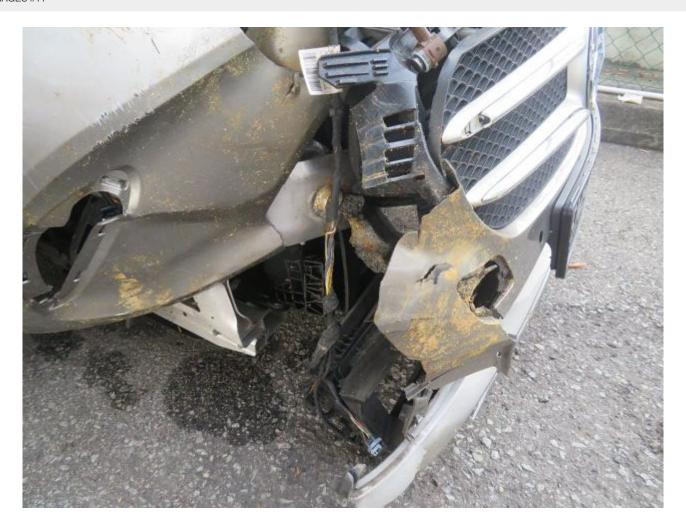


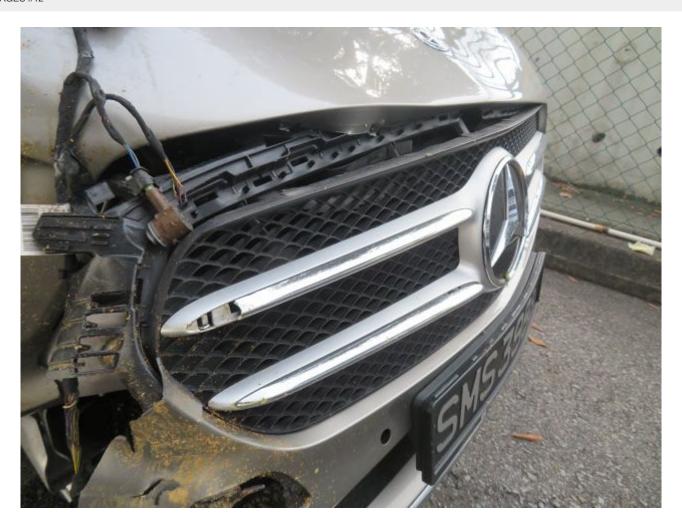




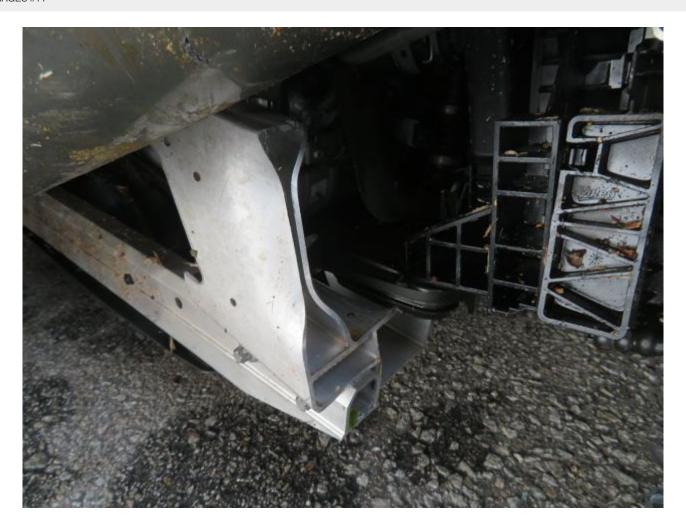


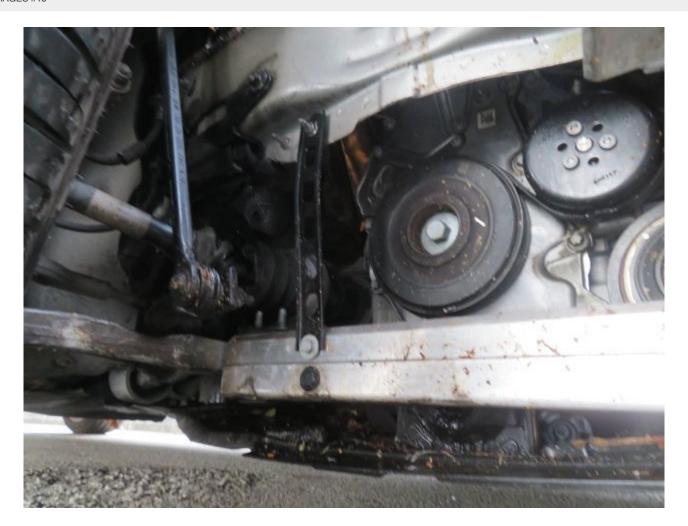




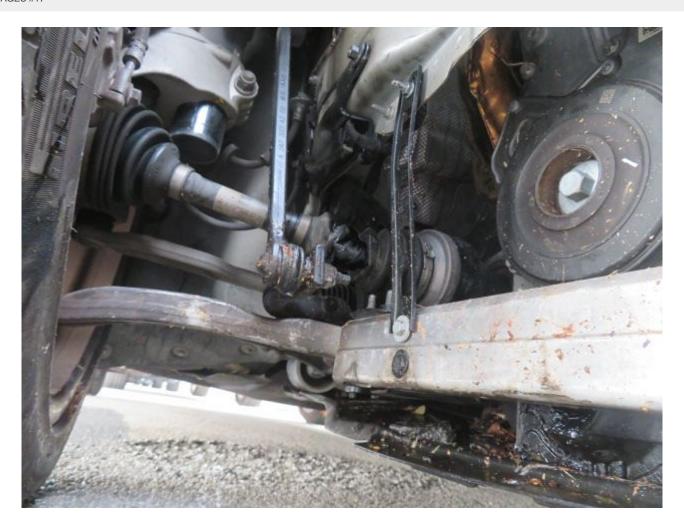


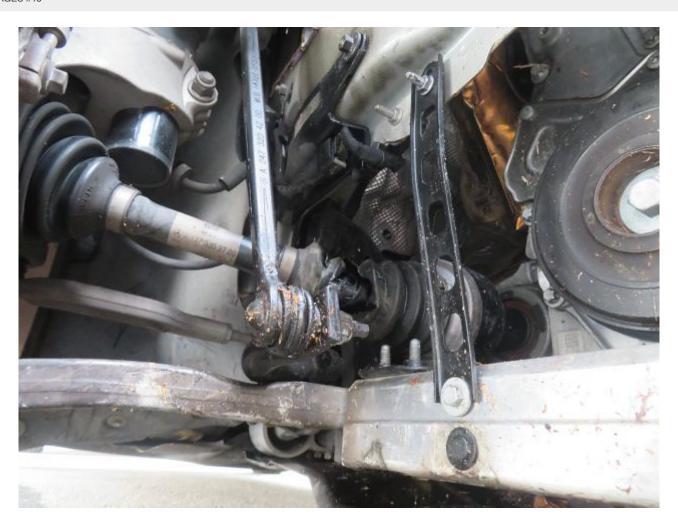




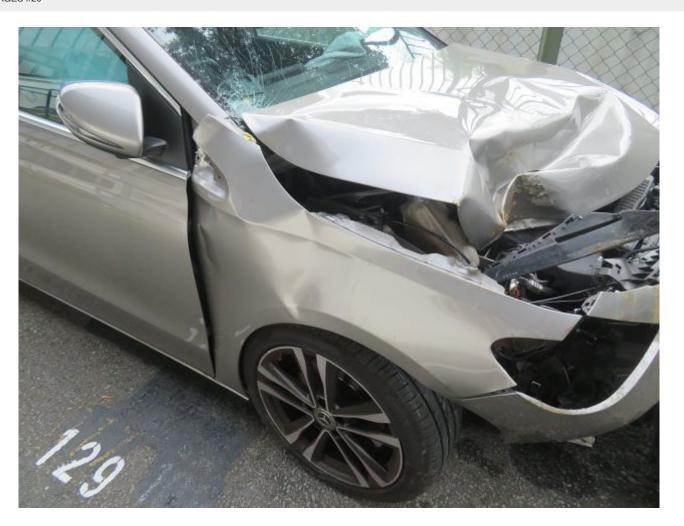


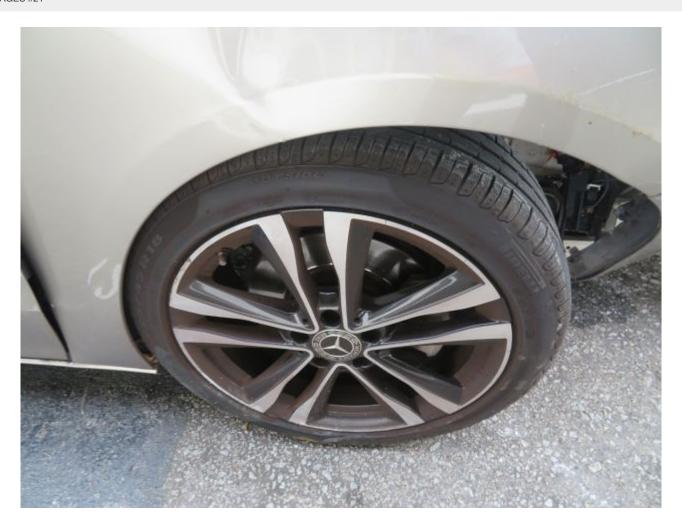


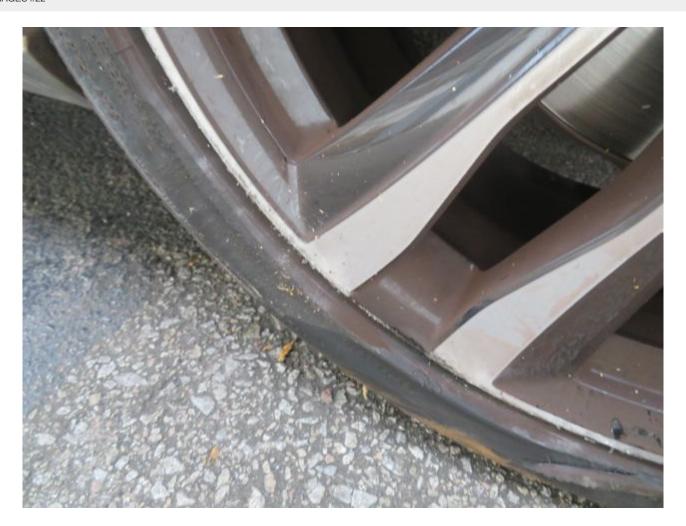


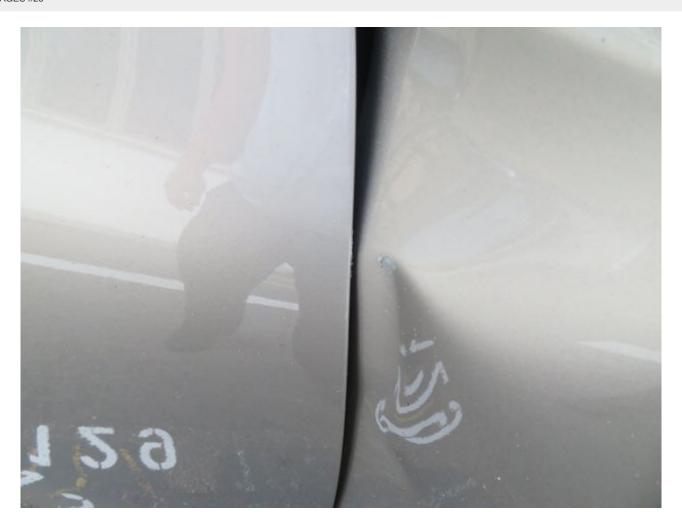










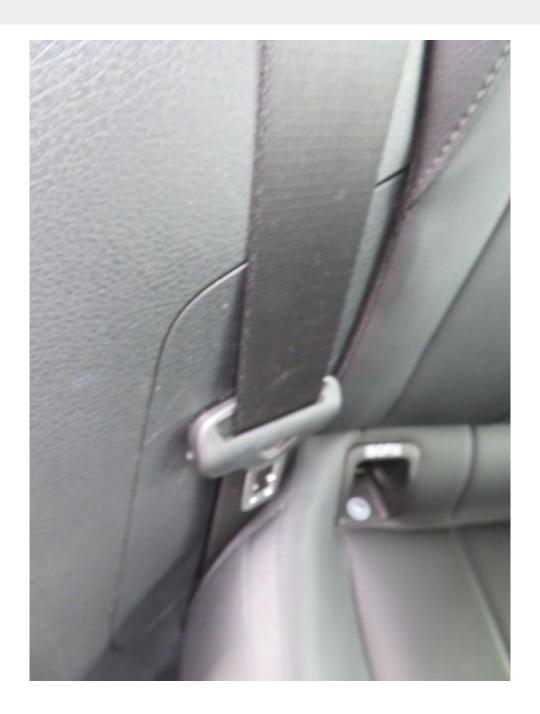




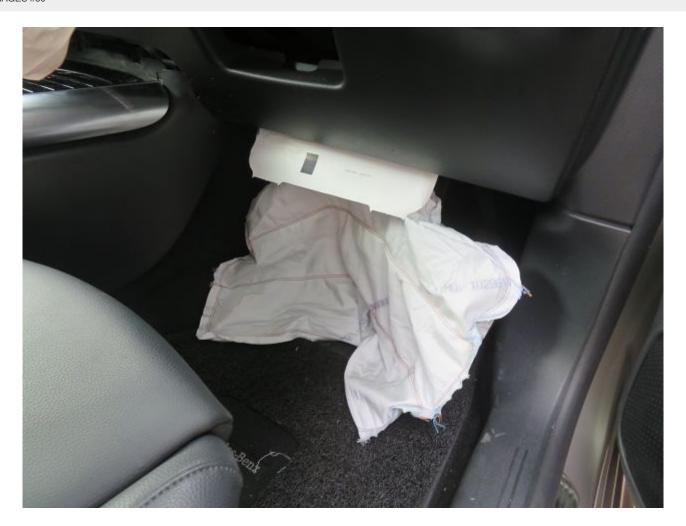






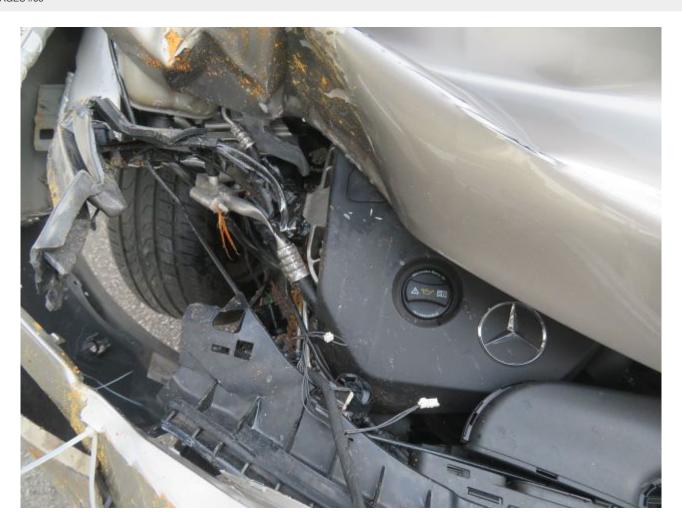




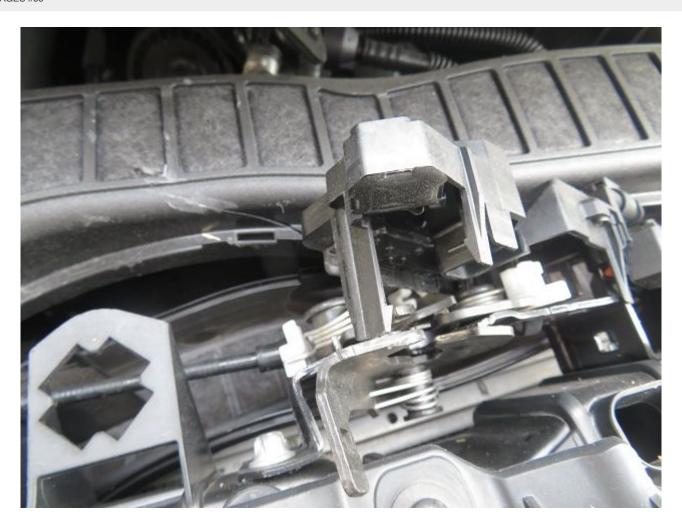






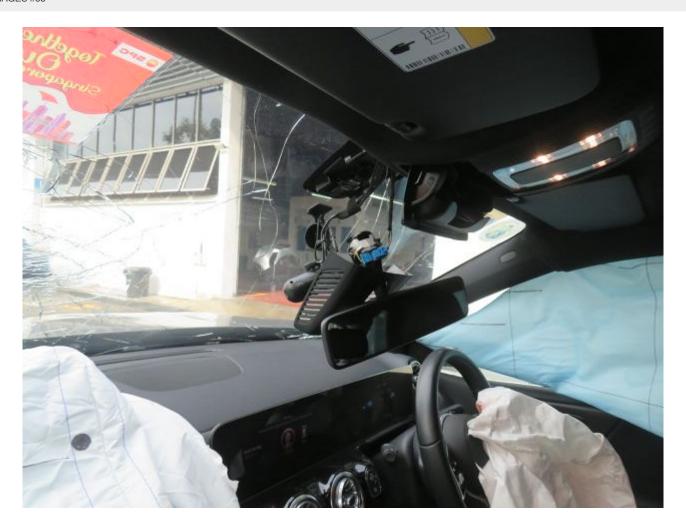














Report No. T/20211205/2085

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2021 23:29			Vide Report No.: E/20211205/0190	Station Diary No.:
Informa	nt's Partic	ulars		58
Name of	f Informant V HWA		Address: 97B UPPER THOMSON	ROAD #15-08 SINGAPORE 574328
ID Type / ID No.: NRIC NO / S1615193I			Contact No.: Home/Office:	A SECTION AND A SECTION ASSESSMENT AND A SECTION ASSESSMENT ASSESS
Nationality: SINGAPORE CITIZEN Sex: Age: Date of Birth: Male 58 02/03/1963 Race: Chinese		EN	Email:	Mobile: 91283993
		Date of Birth:	Type of Informant:	
			Language: English	Institution / School Name:
Occupation: PROPERTY AGENT		Г	Driving Licence Information	on: Date of Expiry:

	Mon-Injury			
Type of Accident:	Attended by Police	Drink Drive:	Date/Time of Accident:	Type of Location: Bend
Location:		No	05/12/2021 21:20	1000000
BRADDELL F Lamp Post Nu Weather:	umber: 18/2	Road Surface:		
Clear		Dry	Ro	oad Speed Limit:
Traffic Flow: One Way			affic Volume:	
Type of Collisi Moving Vehicl	on: e Against - Road Divider/k	(erb/Railings	An	yone conveyed by

Vehicle No.	Туре	Make	Model	0.1		The state of the s
SLU8888A	Car	PORSCHE	The second secon	Color	Condition	No of Passenger
			CAYENNE V6 TIPTRONIC SMT	White		0
SMS3993K	Car	MERCEDES BENZ	B200 PROGRESS IVE (R18 LED)	Silver	Totally Damaged	4





Report No. T/20211205/2085

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

CONTINUATION OF REPORT

Details of V	ehicle Insurance	4 Harrison Commen		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SM\$3993K	AIG ASIA PACIFIC INSURANCE PTE.	2070031935-01	10/03/2021	09/03/2022

Brief Details.

On the above mentioned date and time, I was driving my vehicle SMS3993K together with my family along lane 1 of Braddell Rd heading towards Toa Payoh direction. As I was negotiating a slight bend, I noticed that the vehicle on my left was very near to my vehicle. As the other vehicle was coming at a relatively high speed, I slightly turned my vehicle towards the right to avoid collision. However, my vehicle collided into the center divider kerb and a tree before my vehicle landed onto the opposite direction. Almost immediately after my vehicle landed, another vehicle SLU888A which was driving towards my vehicle, collided onto the left of my vehicle. My vehicle was stuck in a T-bone situation and my vehicle was unable to drive further. Police was activated to scene and my vehicle's in-car camera footage had been handed over to the traffic police officer at scene. I am lodging the report as advised by the police officers at scene.



SINGAPORE POLICE FORCE



Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No. 1800-5529999

3 of 3 Report No. T/20211205/2085

CONTINUATION OF REPORT

Sketch	PI	an
		WILL

Informant	is	not	able	to	provide	sketch	plan
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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 E /	Signature Of Informant:
Sgt 2 PUA JIAN YAN, JEREMIAH	- Might
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2021 23:29
Officer In Charge Of Case:	Classification Of Case:
Sgt 3 MUHAMMAD FARMANIA BING SAIRI Contact No.: 654762	SN 061
A. d	