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 07/03/2022 10:04 (SGT) Date of Accident 04/03/2022 12:17 (SGT) Exact Location of Accident Singapore Additional Location Information WEST COAST HIGHWAY Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB8258U

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner DAIMLER FLEEY MANAGEMENT SINGAPORE PTE LTD Company Reg No 1XXXXX778Z Email Address AI LANS.PHANE@DAIMLER.COM Mobile Phone No (Phone) +65-68498379 Alternative Phone No +65-68498379

Mercedes

1332

VEHICLE PARTICULARS

Manufacturer

Model Cla180 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? No - Claiming third party Vehicle Category Private car Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Nο Policy Number 799000103 Cover Note Number

DRIVER

Name of Driver NG CONG CHUN SHANE NRIC No. SXXXX125B

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address 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	18/12/1987 Indoor 14/10/2015 6 YEARS AND 5 MONTHS Male (Phone) +65-98777606 - SHANG.NG@GMAIL.COM 1 KEPPEL BAY VIEW #01-04 - 098402 No Hirer No
Type of Accident Weather Conditions Road Surface	Side Swipe 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 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Clementi Division Headquarters (Phone) +65-18007740000 (Fax) +65-67741705 20 Clementi Avenue 5 Singapore 129858 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 AQ No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	SMH3324A - -

Vehicle Colour

Vehicle Category	Private car
Name of Driver	_
Contact Number	_
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
G	_
· · · · ·	
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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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
- 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
- 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 (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 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,
- 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

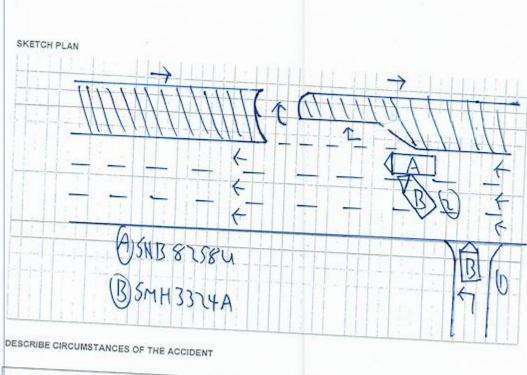
(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's

Cycle & Carriage Industries Pte Ltd

Version 1.3 | Updated 02 DEC 2020



Not pulse report for detail.

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

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's
Name: Alc., (J. 1)

Cycle & Carriage Industries Pte Ltd

Version 1.3 | Updated 02 DEC 2020

CERTIFICATE OF INSURANCE

COMMERCIAL AUTO COMPREHENSIVE

Name of Individual Policyholder : Daimler Fleet Management Singapore Pte Ltd

Master Policy No./Policy No. : 7990000103 / 1220002161

Period of Insurance : 01 Jan 2022 To 31 Dec 2022 Engine No.

: 28291480671954 Chassis No. : W1K1183842N245322 Vehicle No. : SNB8258U

Endorsement No.

Issued Date : 24 Feb 2022 00:25

ABOUT THE COVER

Make/Model : MERCEDES Benz CLA180 Coupe

Engine Capacity/Tonnage: 1332 CC Sum Insured : Market Value Driver Restriction First Year of Registration : 2021 : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

Any person who is driving on the Policyholder's order or with their 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 \$53500 as "Elderly, Young and/or Inexperienced Driver Excess" ("EYIDR") if You are or Your Authorised Driver (named or unnamed) is above the age of 65 or under the age of 21 and/or has less than 2 years' driving experience.

Mileage Condition

Age Condition : Driver Restriction applies-Refer to T&C

Limitation as to use* :

Limitation as to use
Use for social, donestic, pleasure purposes and business purposes of the Policyholders
Use for social, donestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired.
Use for social, donestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired.
This Policy does not cover
1) use for driving station, driving set, racing, pace-making, reliability trial or speed-testing;
2) use whilst drawing a trialler
3) use for the sowing of any one disabled mechanically propelled vehicle;
4) use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired; and
5) use for any purpose in connection with Motor Trade.

* 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 - \$1700 Theft - \$0 Flood Cover - \$1700

Section 2

Property Damage - \$500

Windscreen: \$100

Named Driver and Excess (where applicable)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers or the Sole Agent's workshop.

For the list of 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

1) Additional excess of \$3,500 applies for authorised drivers age below 21 years or above age 65 years old &/or has less than 2 years driving experience.

2) Section I Excess \$2 500 applies for authorised drivers age 21 to 26 years old with at least 2 years of driving experience

Hire Purchase Company/Employer's Loan: NA

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).

0030082057

MARSH (SINGAPORE) PTE LTD

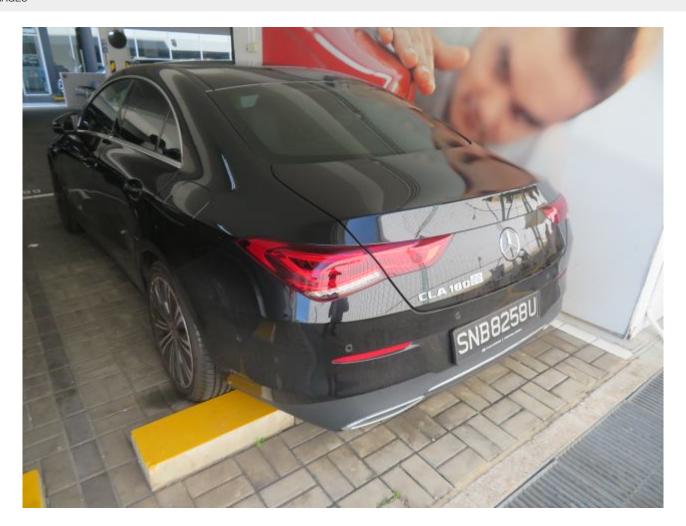
8 MARINA VIEW #09-02 ASIA SQUARE TOWER 1

SINGAPORE 018960

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

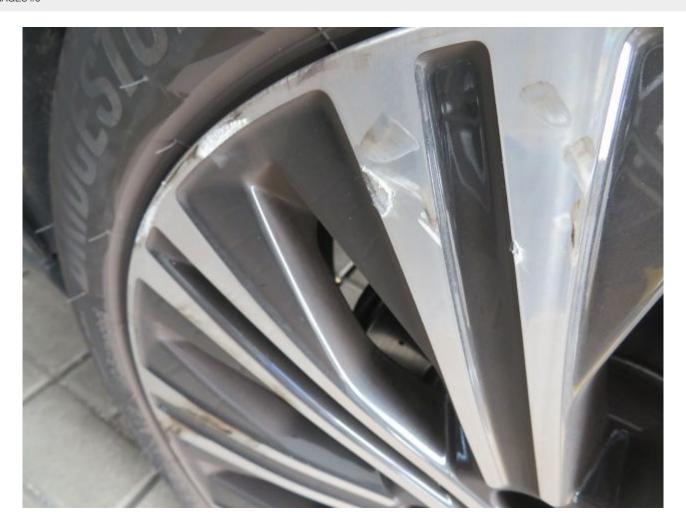
This computer generated document does not require a signature.

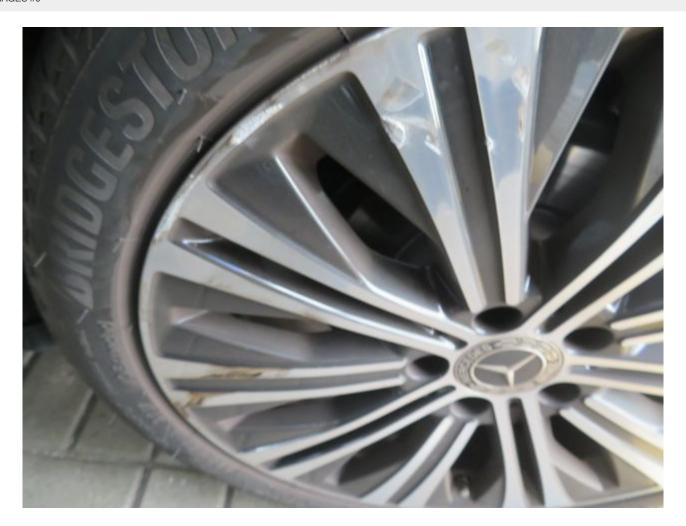




























SINGAPORE POLICE FORCE

POLICE REPORT (NP299)

Police Station Of Origin Clementi Division HQ 20 Clementi Avenue 5 SINGAPORE 129858 Tel No:1800-7740000



1 of 2

Report No. D/20220305/7009

Date/Time Report Made 05/03/2022 12:25	Vide Report No.		attended to	Station Diary No.		
Name Of Informant NG CONG CHUN, SHANE ID Type / ID No.	Address 1 KEPPEL BAY VIEW #01-04 SINGAPORE 098402 Contact No.					
NRIC NO / S8742125B	Home/0	0.000	Mobile:			
Nationality SINGAPORE CITIZEN	98777606 Email Address SHANE.NG@GMAIL.COM					
Occupation Lawyer (excluding advocate and solicitor)	Sex Male	Age 34	Date of Birth 18/12/1987	Race Chinese		
Institution/School Name	Language English					
Date/Time Of Incident 04/03/2022 12:17 - 04/03/2022 12:17 Brief details.	Location Of Incident WEST COAST HIGHWAY 9 KM					

A car/van hit me on the left as I was going straight. I was on the road to the highway and there was no where to stop. I was checking my rearview mirror for the car to follow me so we could stop somewhere safe to exchange particulars. However the car turned took a u-turn in the opposite direction in the next break in the road.

Subjects Involved	
Victim	
Person Name NG CONG CHUN, SI	HANE
Signature Of Officer Recording The Repo Not applicable	rt: Signature Of Informant: The identity of the person making this report has been authenticated by Singpass No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/03/2022 12:25
Officer In-Charge Of Case:	Classification Of Case:
his report is lodged at West Coast NPP K	osk





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20220305/7009

ID Type	NRIC NO	ID No	COTADAGED
Gender	Male	The same of the sa	S8742125B
Race	Chinasa	Age	34
Occupation		Language	English
	Lawyer (excluding advocate and solicitor)	Address	1 KEPPEL BAY VIEW #01-04 SINGAPORE 098402
Mobile No		Is Informant A Victim?	Yes Yes

Signature Of Officer Recording The Report: Not applicable

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case:

This report is lodged at West Coast NPP Kiosk

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time: 05/03/2022 12:25

Classification Of Case: