

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 withholding 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.
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	04/05/2022 16:08 (SGT)
Date of Accident	04/05/2022 09:34 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TOA PAYOH LOR 6 TWDS PIE SLIP ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB7889D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO AI LEE (HE AILI)
NRIC No	S1645848A
Email Address	CHONG.YANGKAN@GMAIL.COM
Mobile Phone No	(Phone) +65-96509911
Alternative Phone No	+65-96509911

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1496

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7220029322
Cover Note Number	-

DRIVER

Name of Driver	HO AI LEE (HE AILI)
NRIC No	S1645848A

Date Of Birth	31/12/1964
Occupation	Indoor
Date Of Driving Pass	02/05/2007
Driving experience	15 YEARS
Gender	Female
Mobile Number	(Phone) +65-96509911
Alt. Phone Number	+65-96509911
Email Address	CHONG.YANGKAN@GMAIL.COM
Address	145 SUNRISE AVE
Address complement	-
Postcode	806743
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	2
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

REFER TO SKETCH PLAN

ATTACHMENT(S)

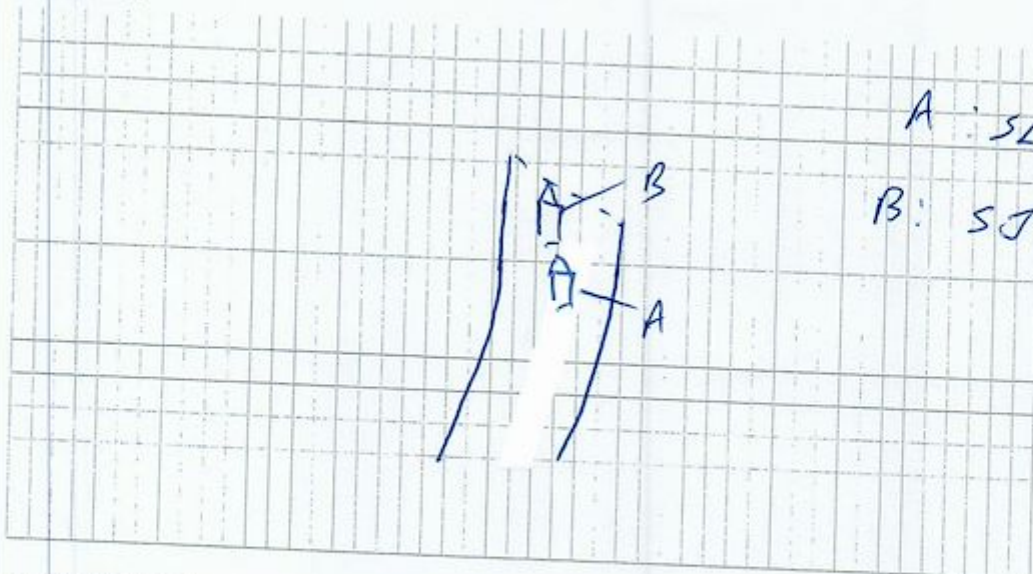
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX3092H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG YISHENG ISAAC
NRIC No	S9209521E
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



A: SLB 7889 D
B: SJX 30924

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along the Payoh Lor 6
towards PIE. (SLP Rd). My vehicle Left
Front hit into SJX 30924 Right Rear.

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)

[Signature]

Policyholder's Signature

Date & Time

04/05/2022

14:20 PM

Cycle & Carriage Industries Pte Ltd

Driver's Signature

(If driver is not the policyholder)

Date & Time

Vincent Seah
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
HP: 8332 0062 Fax: 6872 1273
Email: vincent.seah@cyclecarriage.com.sg

Reporting Centre Person's

Name:

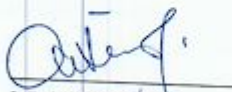
SKETCH PLAN**IMPORTANT NOTICE**

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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 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

04/05/2022
14:50 pm
Cycle & Carriage Industries Pte Ltd

Driver's Signature
(if driver is not the policyholder)
Date & Time

Vincent Seah
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
DID: 6771 4401 HP: 8332 0062 Fax: 6872 1272
Email: vincent.seah@cyclecarriage.com.sg
Reporting Centre Pte Ltd
Name:



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : HO AI LEE (HE AILI)
 Period of Insurance : 25 Mar 2022 To 24 Mar 2023
 Engine No. : 254915V0019822
 Chassis No. : W1K2060412R017442

Vehicle No. : SLB7889D
 Policy No. : 7220029322
 Endorsement No. :
 Issued Date : 04 Apr 2022

ABOUT THE COVER

Make/Model : MERCEDES Benz C180 Avantgarde 1.5
 Engine Capacity/Tonnage : 1,496.00 CC
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2022
 Insuring with COE/PAF : 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 S\$53,000 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

Limitation as to use* :

Mileage Condition : Unlimited Mileage

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 tuition, 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 - \$1200 Theft - \$0 Flood Cover - \$1200

Section 2

Property Damage - \$0

Windscreens : \$100

Named Driver and Excess (where applicable)

HO AI LEE (HE AILI) - \$1200 (Own Damage), \$1200 (Flood Cover)

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

1. Cycle & Carriage Euros Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818
 2. 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 hotline 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

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).

0504688202

CYCLE & CARRIAGE - ANDREA

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.

AIGSGMCRS PADD

UNDERTAKING

I, Ho Ai Lee ^{He Ai Li} S 1645 P48A, (NRIC No.), hereby confirm that the Singapore Accident Statement lodged by me on 04/05/2022 at 14.00PM hours pertaining to the accident involving motor car Reg. No: SLB 788S, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

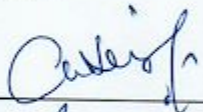
I acknowledge that my insurer, AIG Asia Pacific Insurance Pte. Ltd. is not liable under the contract of insurance if there is (a) a breach of policy terms and conditions and/or (b) cover under the policy is excluded due to the operation of an exclusion(s) under the policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or evidence emerges that:

- a) there is a breach of policy terms and conditions; and/or
- b) cover under the policy is excluded due to the operation of an exclusion(s) under the policy terms and conditions,

I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I further undertake to re-pay any and all sums paid by my insurers pursuant to the contract of insurance upon my receipt of a written demand from my insurers.

Signature

: 

Name of Policyholder

: As Above

NRIC No.

:

Date

:





































