

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 13/05/2022 17:53 (SGT)
Date of Accident 13/05/2022 10:36 (SGT)
Exact Location of Accident Bishan, Singapore
Additional Location Information IN FRONT OF MSCP @ 152A BISHAN ST 11 (571152)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMC4990X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM KOU
NRIC No S0006264B
Email Address LIMKOU@GMAIL.COM
Mobile Phone No (Phone) +65-92977900
Alternative Phone No +65-92977900

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Attrage
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Private car
Transmission Auto
CC 1193

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1800076655-02
Cover Note Number -

DRIVER

Name of Driver MOK YIN YUKE
NRIC No S0241785E

Date Of Birth	05/06/1951
Occupation	Indoor
Date Of Driving Pass	27/11/1973
Driving experience	48 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92977900
Alt. Phone Number	-
Email Address	LIMFY@GMAIL.COM
Address	215 BISHAN ST 23 #16-201
Address complement	-
Postcode	570215
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	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

AROUND 10.36am, I WAS COMING OUT OF THE MULTI STOREY CARPARK 152A, BISHAN STREET 11. I LOOKED AND DIDN'T SEE ANY MOVING VEHICLES FROM LEFT & RIGHT. THE TAXI WAS STATIONARY. I TURNED LEFT SLOWLY & HEARD A BANG SOUND AND BRAKED IMMEDIATELY. I SAW THE FRONT RIGHT BUMPER HIT A TAXI.

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	SHB5798T
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Taxi
Name of Driver	NG HIN WOO
NRIC No	S1125028I

Contact Number	(Phone) +65-91847118
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.
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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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

William Liaw
9119 2207 HP

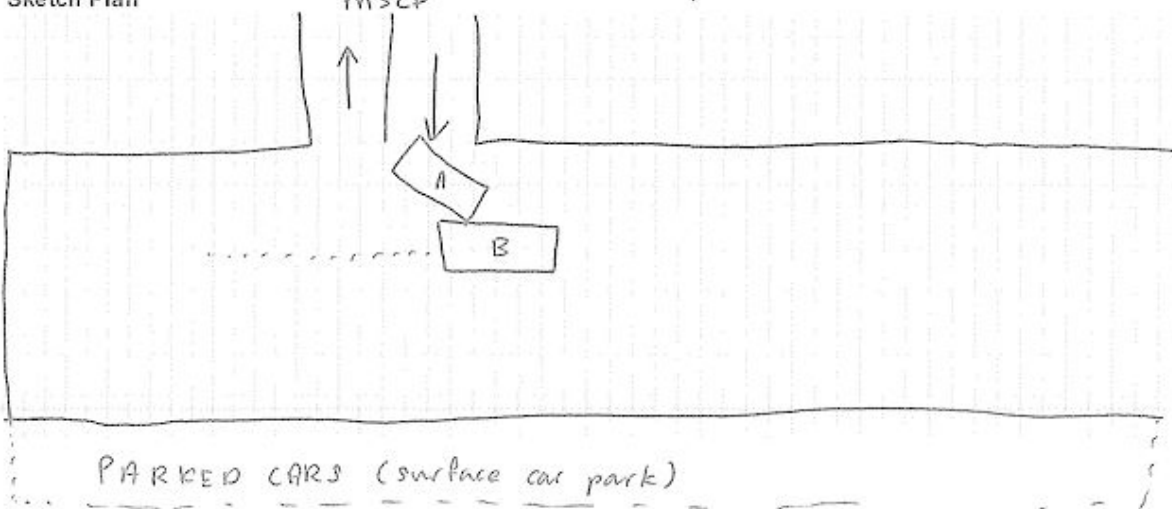
[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Around 10.36am, I was coming out of the Multi Storey car Park 152A, BISHAN STREET 11. I looked and didn't see any moving vehicles from left and right. The taxi was stationary.

I turned left slowly and heard a bang sound, and braked immediately. I saw the front right bumper had hit a taxi.

Declaration

I/We declare the foregoing particulars are true in every respect.

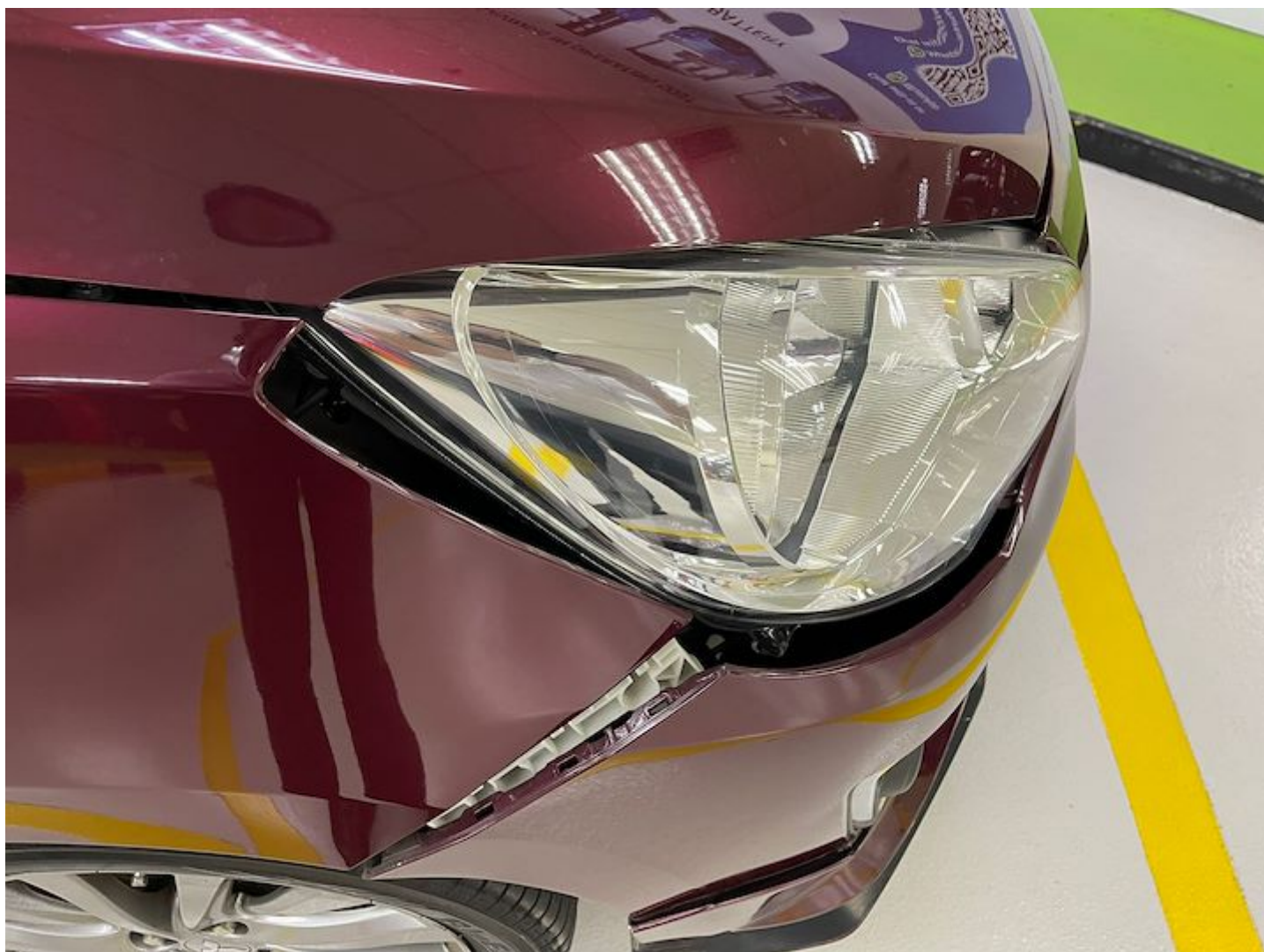
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

William Liaw
9119 2207 HP



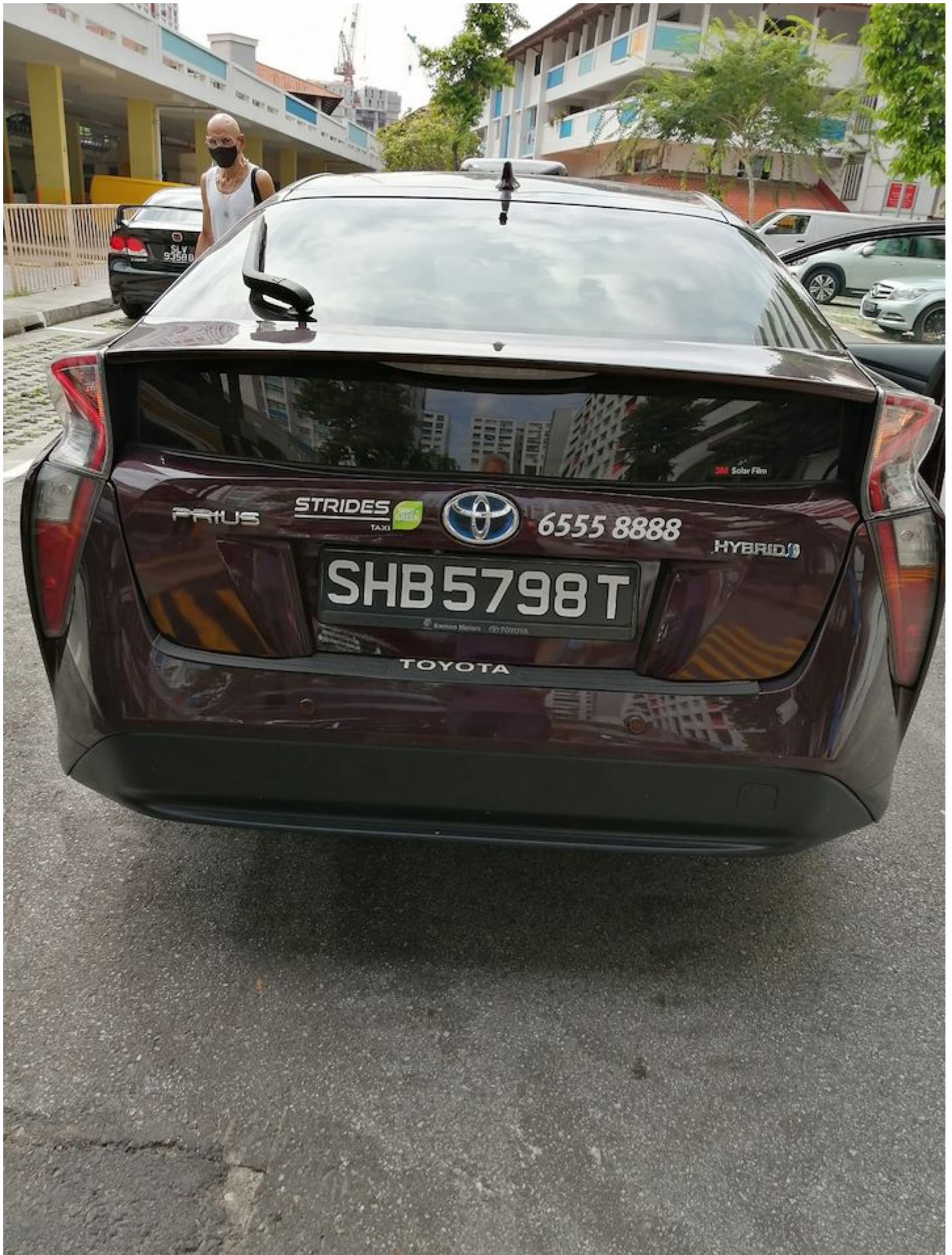


















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SC1A225D0005 Vehicle Registration No: Smc4990X
 Name (as shown in NRIC): Lim Kou NRIC/FIN/Passport No: S0006264B
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 215 BISHAN ST 23 #12-201 S70215 Singapore (/)
 Contact (Tel): 9297 7900 Mobile No.: 9297 7900
 Email Address: limkou@Amail.com
 Date of Accident: 13.05.2022 Time of Accident: 10.36
 Place of Accident: IN FRONT OF MSCP @ 152A BISHAN ST 11
 Insurance Company: AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

UPDATE CAR NUMBER FROM SMC4990X TO
SNC4990X.

William Liaw
9119 2207 HP

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:



CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
COMPANY NO. 199701469G

CYCLE & CARRIAGE KIA PTE LTD
COMPANY NO. 199405410K

CYCLE & CARRIAGE FRANCE PTE. LIMITED
COMPANY NO. 200609327M

DIPLOMAT PARTS PTE LIMITED

Accident Statement

Accident Details

Are you claiming under your own Ins Policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 3rd Party	<input type="checkbox"/> Reporting Only
Date of Accident	13 / 05 / 22		
Time of Accident (24hr format)	10 : 36 hr		
Exact Location of Accident	In front of MSCP@152A BISHAN ST 11 (571152)		
Weather Condition	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input type="checkbox"/> Not In List
Road Surface	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Wet	<input type="checkbox"/> Not In List
Was any foreign vehicle involved in accident?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
No. of vehicles involved in the accident	2		
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Was the accident reported to the police?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Was notice of intended Prosecution given?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Own Vehicle Details

Vehicle Registration Number	SMC 4990X		
Vehicle Category	<input checked="" type="checkbox"/> Private Car / <input type="checkbox"/> Comm Veh / <input type="checkbox"/> Good Veh / <input type="checkbox"/> Motorcycle / <input type="checkbox"/> Others		
Vehicle Manufacturer	<input checked="" type="checkbox"/> Mitsubishi / <input type="checkbox"/> KIA / <input type="checkbox"/> Citroen / <input type="checkbox"/> Maxus / <input type="checkbox"/> Mercedes / <input type="checkbox"/> Others		
Vehicle Model	Attrage		
Transmission	<input type="checkbox"/> Manual	<input checked="" type="checkbox"/> Auto	CC <input type="text"/>
Exact purpose for which vehicle was being used at time of accident	<input type="checkbox"/> Private Hire	<input type="checkbox"/> Employment	<input checked="" type="checkbox"/> Private Use
Number of passengers (including driver)	1		
Passenger (Name and Gender)			

Own Vehicle Policy

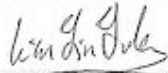
Handling Insurer (Insurance Company)	AIG		
Coverage Type	ACT / <input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire and / or Theft		
Fleet Policy	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Policy No / Cover Note No	1800076655-02		
ID of Registered Owner	<input type="checkbox"/> Co.Reg No	<input checked="" type="checkbox"/> NRIC No	<input type="checkbox"/> Passport No / Fin
	(S) T/G S00062648		
Name of Registered Owner	LIM KOU		
Email Address	limkou@gmail.com		
Mobile No	92977900		

Owner / Driver's Signature:

Lim Kou

Driver Information			
Is the Driver the Policy Holder	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, only fill up the highlighted part
Name of Driver	MOK YIN YUKE		
Gender	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	
ID of Driver	<input type="checkbox"/> Co Reg.No	<input checked="" type="checkbox"/> NRIC No	<input type="checkbox"/> Passport No / Fin
	(S) TIG 50241785E		
Date of Birth	05/06/1951		
Driving Pass Date	27/11/1973		
Contact No	92977900	Alt Contact No (If any)	
Home Address	215 BISHAN ST 23 #16-201 570215		
Email Address	limfy@gmail.com		
Occupation	<input checked="" type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor	
Relationship with Owner	(spouse) Child / Sibling / Parent / Relative / Other		
Does Driver Own other Vehicles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, please fill up the below part
	Vehicle No:	Ins Company:	
Third Party Vehicle or Property			
Was there any other vehicle or property damaged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please leave below part empty
Vehicle Registration No	SHB5798T		
Vehicle Manufacturer / Model / Colour	TOYOTA PRIUS (HYBRID)		
Vehicle Category	Private Car / Comm Veh / <u>(Taxi)</u> Bus / Motorcycle / Others		
Name of Insurance Company			
Name of Driver	NG HIN WOO		
Contact Number	91847118		
Damages to Other Vehicles & Property (Other than Vehicles A & B)	Vehicle Reg No	Name of Driver	Contact No
Injured Persons Details			
Was anybody injured in the accident?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If no, please leave below part empty
Any injured conveyed to hospital by Ambulance?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Name			
Injuries Sustained			
Injured person in which vehicle?			
Were seat belts worn?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was this injured conveyed to hospital by Ambulance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Witness Details			
Was there any witnesses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please leave below part empty
(Name, Phone, Email)			
Files			
Are accident photos available for attachment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Was there any video captured?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Owner / Driver's Signature:





AIG Asia Pacific Insurance Pte. Ltd.
78 Shenton Way
#09-16
AIG Building
Singapore 079120
Co.Reg.No.201009404M

Policy/Reference No. 1800076655-02

21 Jun 2021

Mr. LIM KOU
215 BISHAN STREET 23
#16-201
SINGAPORE 570215

Dear Mr. LIM KOU

Your Policy Has Been Renewed

We are pleased to inform you that your CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE has been renewed and details of your policy are below:

Policy number : 1800076655-02
Effective date : 04 Jul 2021
Expiry date : 03 Jul 2022

It is important that you review the enclosed policy documents to verify that all the information in these documents is accurate. If you wish to update us on any changes, please contact us.

For More Information

If you require more information about your policy, please contact our customer service representatives Monday through Friday between 9am to 5pm at +65 6419 3000. Alternatively, you can send us an email at www.aig.sg.

Thank you for your support. We look forward to serving you in all your general insurance needs.

Yours sincerely

Manik Bucha
Head of Personal Insurance

PS: You can now enjoy round-the-clock access to selected AIG products and services with our easy-to-use Apple or Android smartphone app. Purchase new policies, renew your policies, access claims support or receive emergency assistance for motor and travel, anytime, 24-hours a day. Your AIG Mobile App can be downloaded for free at iTunes or Google Play.

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1800076655-02



CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder	: LIM KOU	Vehicle No.	: SMC4990X
Period of Insurance	: 04 Jul 2021 To 03 Jul 2022	Policy No.	: 1800076655-02
Engine No.	: 3A92UGK6333	Endorsement No.	:
Chassis No.	: MMBSTA13AJH000557	Issued Date	: 21 Jun 2021

ABOUT THE COVER

Make/Model	: MITSUBISHI ATTRAGE 1.2 CVT	First Year of Registration	: 2018
Engine Capacity/Tonnage	: 1,193.00 CC	Sum Insured	: Market Value
Driver Restriction	: NA	Off Peak Car	: No
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
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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 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 1500cc - 1800cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169), 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 - \$1100 Theft - \$0 Flood Cover - \$1100

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

LIM KOU - \$1100 (Own Damage), \$1100 (Flood Cover)

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

- 1 Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
- 2 Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
- 3 Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 156094 64782658
- 4 Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000

For other Approved Reporting Centres/AIG Authorized Repairs, 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: NA

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. 169), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504620208
C&C/MCP2 - CKLOH

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.