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 Actual 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 25/01/2023 14:45 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 23/01/2023 13:30 (SGT) Exact Location of Accident Singapore Additional Location Information TPE EXIT PASIR RIS DRIVE 8 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number SMS2311K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SOH LAY GEOK NRIC No S1677974A Email Address suliyu@hotmail.com Mobile Phone No (Phone) +65-91099093 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model CLA200 AMG LINE (R18 LED) 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. Policy Number / Cover Note Number 2000001099-03

DRIVER

Name of Driver SOH LAY GEOK NRIC No S1677974A Date Of Birth 21/09/1964 Occupation Indoor

Date Of Driving Pass 31/10/1990 Driving experience 32 YEARS AND 3 MONTHS Gender Female Mobile Number (Phone) +65-91099093 Alt. Phone Number Email Address suliyu@hotmail.com Address 523 BEDOK RESERVOIR ROAD #03-83 (S) 479278 Address complement Postcode Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER WITH ATTACHED. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMQ8868S Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car

BOON KIAT

Name of Driver

Contact Number

Address	
Address complement	-
Postcode	-
nsurance Company Name	<u>-</u>
Nature Of Damage	
Details of property damaged in accident	<u>-</u>
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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 Actual Driver.
- 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 Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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.
- 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' 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.

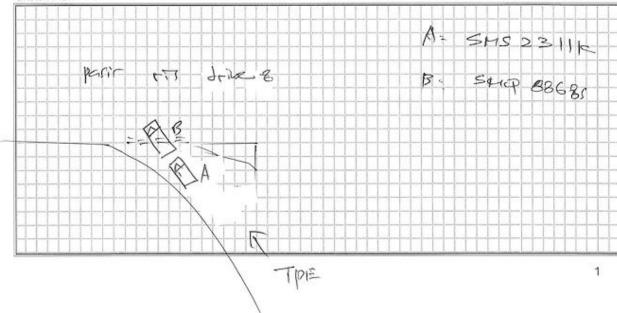
ch may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



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lote: Please note that your insurer may have 14days time frame for you to submit an own damage claim under your own policities check your policy for more information.		

Declaration

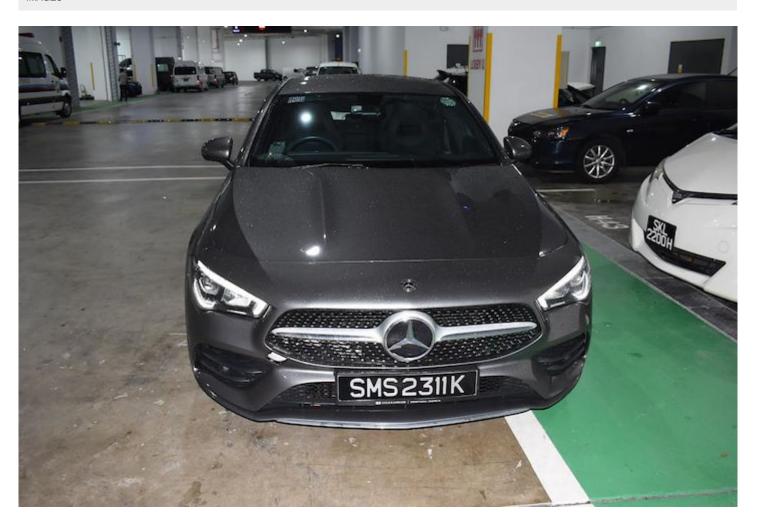
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

2

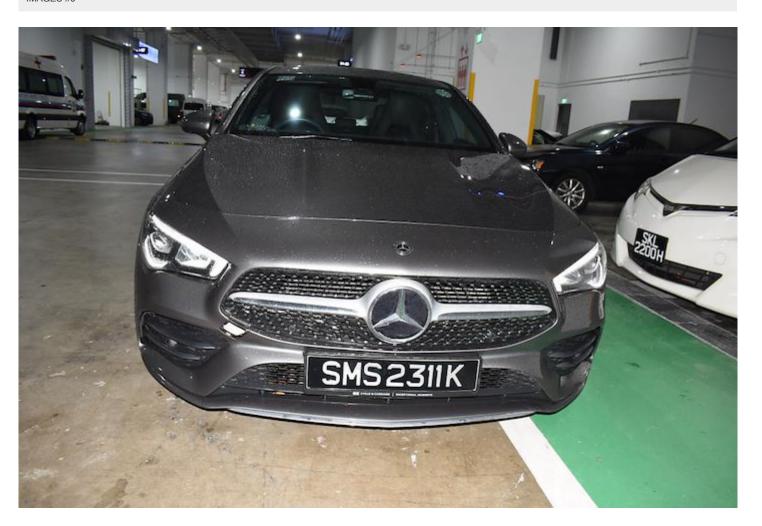


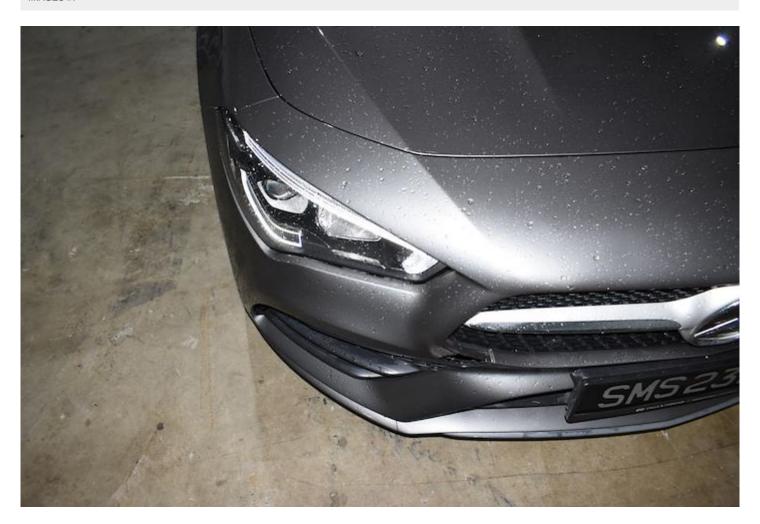


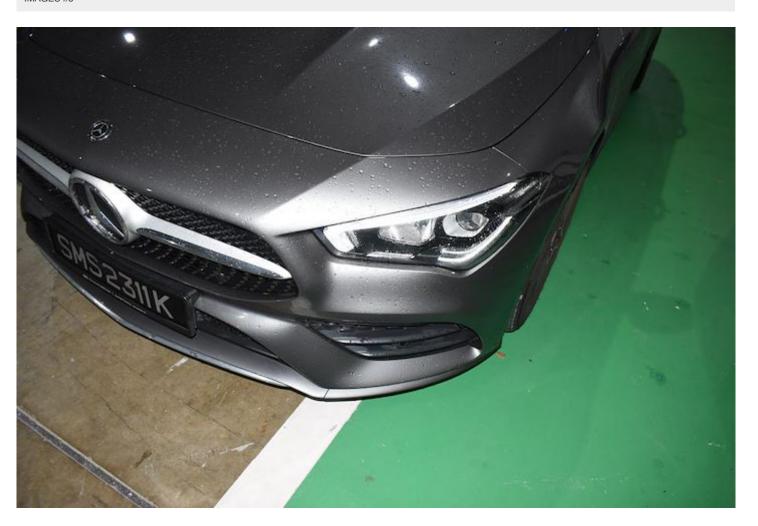




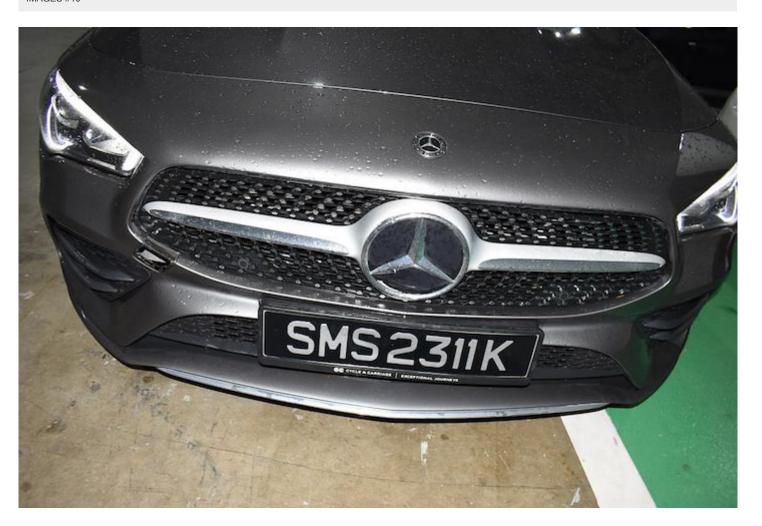


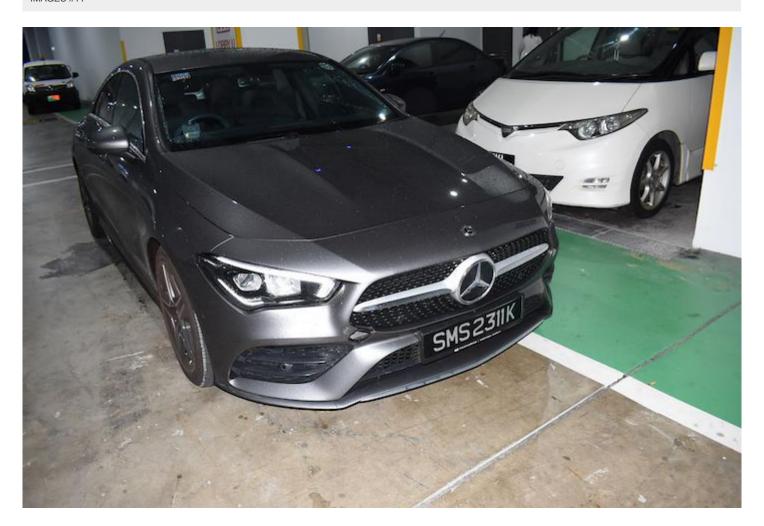




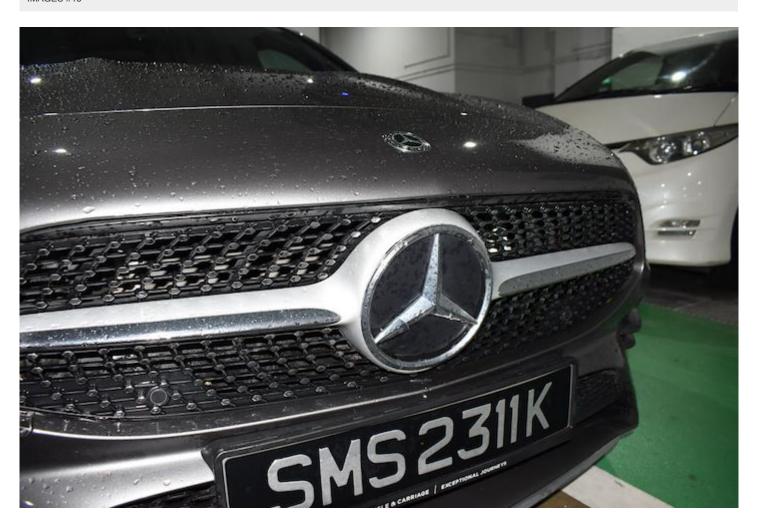








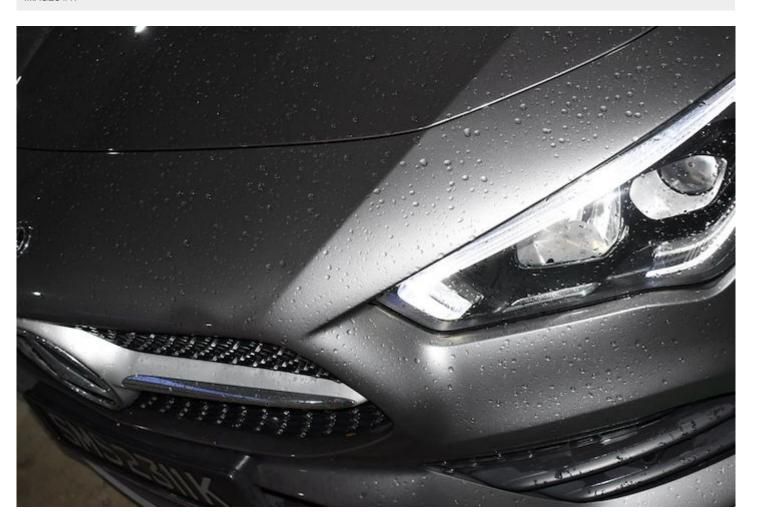














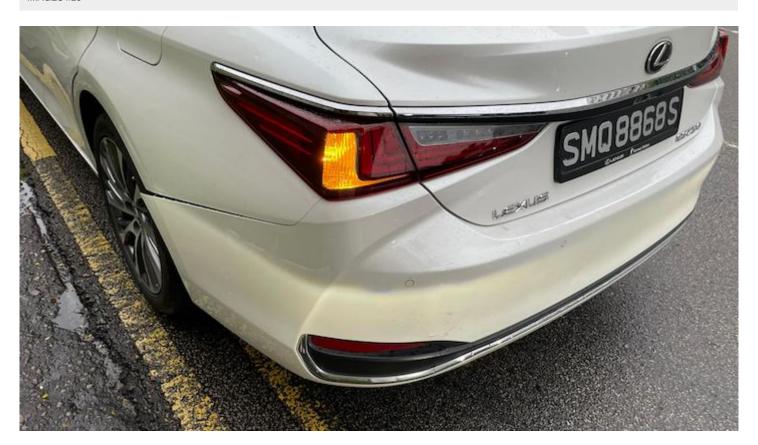


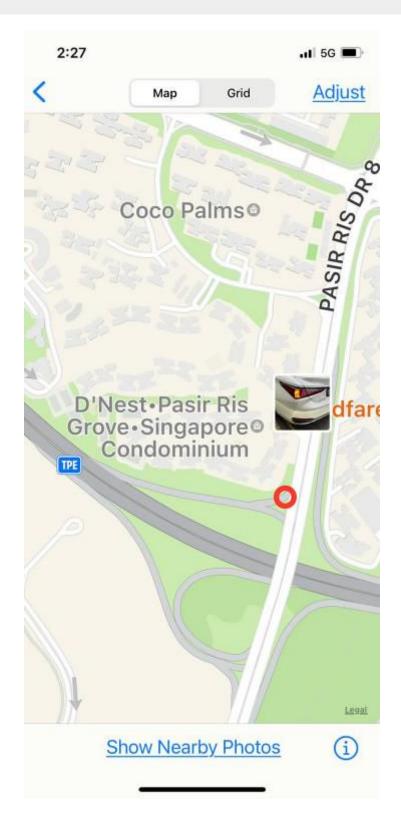
















AIG Asia Pacific Insurance Pte. Ltd AIG Building 78 Shenton Way

MOTOR ACCIDENT INTERVIEW FORM

VEHICLE NUMBER SHISDAIN DATE/TIME OF ACCIDENT PLACE OF ACCIDENT THIRD PARTY VEHICLE (IF ANY) WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT? WHERE DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS? WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED? WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION? NAME: LAFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE	NAME	soh fau feor
DATE/TIME OF ACCIDENT PLACE OF ACCIDENT THE CHAPT SE THE BEGGS WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT? ST. 61 DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-AMALYSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS? WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED? WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION? MO NAME:	VEHICLE NUMBER	
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CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : SOH LAY GEOK

Period of Insurance : 15 Jan 2023 To 14 Jan 2024

Engine No. : 28291480274532

Chassis No. : WDD1183872N068031 Vehicle No. : SMS2311K Policy No. : 2000001099-03

Endorsement No.

Issued Date : 06 Dec 2022 10:50

ABOUT THE COVER

Driver Restriction

Make/Model : MERCEDES BENZ CLA200 COUPE

Engine Capacity/Tonnage : 1,332.00 CC

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2020 Insuring with COE/PARF : Yes

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. "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience

Age Condition

: 40 years old and above

Mileage Condition

: Unlimited Mileage

Use only for social, domestic and pleasure purposes and for the Policyheider's business.
This Policy does not cover use for hise or reward, driving fution, driving test, racing, pace-making, reliability trial or speed-festing, 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 1960, Section 85 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 - \$800 Theft - \$0 Flood Cover - \$800

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

SOH LAY GEOK - \$800 (Own Damage), \$800 (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 408550 62061818.

2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair. Add: 188 Pandan Loop Singapore 128378 62081818.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hodine 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 Apple App Store or Google Play Store.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

WWe 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 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Areas) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612241

CYCLE & CARRIAGE - SABLIM

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd,

