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.

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 30/03/2023 17:13 (SGT) Reported by **Actual Driver** Date of Accident 29/03/2023 14:20 (SGT) Exact Location of Accident College Rd, Singapore Additional Location Information Towards junction with Jalan Bukit Merah Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SKZ6988T

Mercedes

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner Spring Knitwear Private Limited Company Reg No 197601554K Email Address chewtnpn@yahoo.com.sg Mobile Phone No (Phone) +65-62681111 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model C180 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? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1595

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2100444778-07

DRIVER

Name of Driver **CHEW TUAN PIN** NRIC No S1158819J Date Of Birth 17/05/1956 Occupation Indoor

Date Of Driving Pass 29/12/1978 Driving experience 44 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-97225836 Alt. Phone Number Email Address chewtnpn@yahoo.com.sg Address Blk 70 Redhill Close #18-90 Address complement Postcode 150070 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Authorised driver Does Driver Own Other Vehicles? 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 Chain Collision 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? Yes Was any injured conveyed to hospital by ambulance? Yes 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Chan Lai Chan Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT Please refer to the sketch plan. 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 SHF225S Vehicle Manufacturer

Vehicle Variant

Vehicle Model

Vehicle Colour	<u>-</u>
Vehicle Category	Taxi
Name of Driver	<u>-</u>
Contact Number	<u>-</u>
Address	<u>-</u>
Address complement	··· -
Postcode	-
Insurance Company Name	<u>-</u>
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PC4904K
Vehicle Manufacturer	=
Vehicle Model	=
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Unknown
Gender	Male
Phone No	_
Address	_
Address Complement	_
Post Code	_
Approximate Age Years Old	_
Injuries Sustained	_
Injured person in which vehicle?	SHF225S
Were seat belts worn?	_
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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- 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 the six farsh firms), which may be sited outside of Singapore, for one or more of the above Purposes.

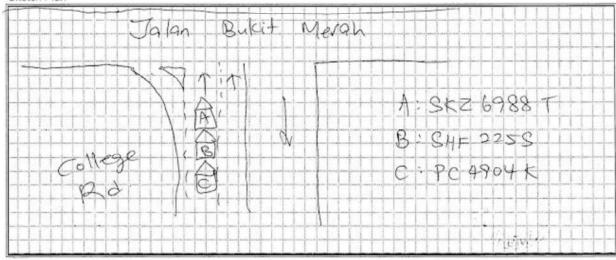
Policyholder's Signature / Date & Time

Click , 36/3/23

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

Witnessed by Reporting Centre Personnel / HOON

Sketch Plan

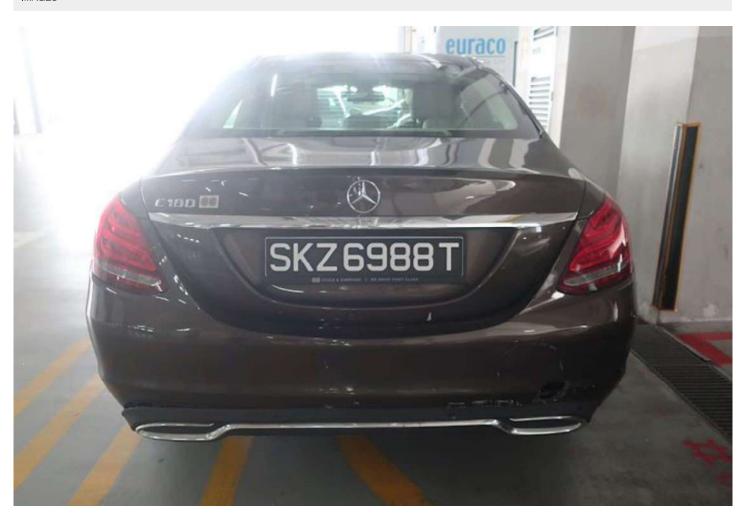


1

Describe Circumstance of the Accident
Date: 29/3/23 Time: 2.20pm
Date: 29/3/23 Tinu: 2.20pm Location: College Rd towards junction in Jaba Bkt Merah.
My vehicle was stationary as it was a red light.
A taxi SHF 225S was stopped behind my cor. Suddenly
I fett a huge impact on the rear of my vehicle. I realisted
a bug PC 4904 K had Knocked into the foxi behind and
the taxi had hit my car. My wife and I were in the
car. We do feel some discomfort but have not seen a
doctor yet. Police came to the scene and gave an
Police acknowledgement slip number: A/20230329/0058.

Declaration

egoing particulars are true in every respect.





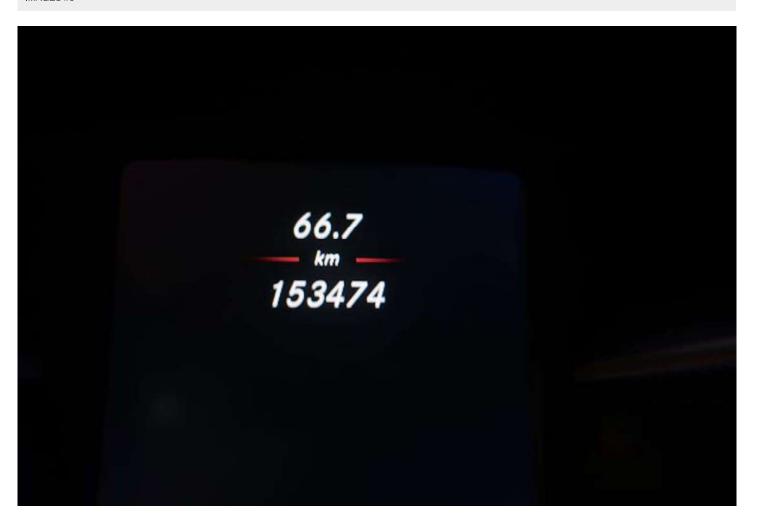
















CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Spring Knitwear Private Limited Vehicle No. : SKZ6988T Period of Insurance : 28 Dec 2022 To 27 Dec 2023 Policy No. : 2100444778-07

Engine No. : 27491030484999 Endorsement No.

Chassis No. : WDD2050402R120051 Issued Date : 14 Dec 2022 14:43

ABOUT THE COVER

Make/Model : MERCEDES BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE

Engine Capacity/Tonnage : 1,595.00 CC First Year of Registration : 2015 Sum Insured : Market Value Driver Restriction : 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 \$\$\$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

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 tuttion, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any triade or business or use for any purpose in connection with Motor Triade.

Loss of Use 2000cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, Section 95 of the Road Transport Act, 1967 (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)

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

1. Cycle & Carriage Euros Service Certer (For accident reporting only). Add: 330 Ubi Road 3 Singapore 408850 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 hottine at +65 6338 6200. Alternatively, you may refer to AIG website www.sig.ag or AIG SG Mobile App. Simply search and download "AIG SG" from Apple App Store or Geogle Play Store.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Mercedes-Benz Financial Services Singapore Ltd.

IAWe 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 (Amendment) Act 2019 and Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia).

0504380212

CYCLE & CARRIAGE - CT

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.

AIGSGMOBLEAPP

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SINGAPORE POLICE FORCE SKZ 69887

ACKNOWLEDGEMENT SLIP
Ref: Report No: \$\frac{1}{70330329/0058}
Her: Heport No.
1. SE7(3) Syafia Lafiff (Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)
Tu lin
of (Address / Police Station / NPC / NPP)
hereby acknowledge receipt of the below mentioned items of:
1 One "Kodaf" 6468 micro-sd card
2 That is all
3
4
5
6
7
8
9
10
from 511588/97 Chew Tuan Pin 108: 17/05/1956 (Name, NRIC or Passport No. / Rank and No.)
(Name, NRIC or Passport Nd. / Rank and No.)
of Block 70 Pullil (lose #18-90 S(150070) (Address / Police Station / NPC / NPP)
on 29/03/23 at 152/h-s (Time)
(Time)
Witnessed by / * Handed over by:
(* Delete if applicable)
Cerz.
(Signature) Signature
(Name, NRIC or Passport No. / Rank and No.) (Name, Ontact No. / NRIC or Passport No. / Rank and No.)
Other Remarks: TP 20 Syarifuddin
Confact maker: 6547.6038 \$ 6,083
To do : Lodge frathe accident report immediately of
nearest police station

NP 323 (2/16)