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 04/05/2023 13:37 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 03/05/2023 11:08 (SGT) Exact Location of Accident Singapore Additional Location Information T-JUNCTION OF TANGLIN ROAD & CHATSWORTH ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCK6308E

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LOO CHIN NONG NRIC No S1307142Z Email Address ACTUSLOOCN@YAHOO.COM.SG Mobile Phone No (Phone) +65-96745349 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Model E200 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 1991

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 1900083972-03

DRIVER

Name of Driver LOO CHIN NONG NRIC No S1307142Z Date Of Birth 06/06/1958 Occupation Indoor

Date Of Driving Pass 17/09/1975 Driving experience 47 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-96745349 Alt. Phone Number Email Address ACTUSLOOCN@YAHOO.COM.SG Address BLK 137 BEDOK NORTH AVE 3 #10-174 Address complement Postcode 460137 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 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? 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 TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SNG8345A

 Vehicle Registration Number
 SNG8345A

 Vehicle Manufacturer
 Toyota

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 UNKNOWN

 Contact Number
 (Phone) +65-85257944



Address	<u>-</u>
Address complement	-
Postcode	<u>-</u>
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. Rease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and for the Authorised Drivers.
- 3. progration provided must be as truthful and accurate as possible. Any wifel misrepresentation or withholding of material facts may allow insurance companies to regulate policy liability.
- 4. The issue and acceptance of this Formby 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.
- 6. The report will be forwarded by the insurers of the GIA Records Wanagement 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 approach by interested parties.
- 7. By the ladgement of this report to the insurers, you hereby consent to the erchiving of this report at the centre and to copies of this report being made available aforesaid.
- 8. Consent under the Personal Dafa Protection Act (PDPA)
- funderstand, 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 times, the Monetary Authority of Singapore and any relavant. government argency/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 10%
- (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/mall packages); and/or
- (v) complying with applicable law. In administering, processing, handing and/or dealing with my claims.
- (collectively the "Purposes")
- (b) all insurer(a) who have insured vehicle(s) involved in this accident and the insurers lawyers flaw firms, maylare permitted to collect, use, displace and/or process my Personal faformation for one or more of the above Purposus; and
- (c) my Personal Mormation may/can be disclosed by any of the Insurers andlor GIA to their third party service providers or agents (including their law yers law tirms), which may be also outside of Singapore, for one or more of the above Purposes.

Witnessed by Reporting Centre Driver's Signature (If driver is not the policyholder) / Dala Policy No. Separature / Date & Personnel. & Time Sketch Plan 94

	P345 J More -
On- coming traffic. One traffic closer SNB follows And I follow Su SNB \$345 I Stopped again SCL 530 F E Front 1.7	P345.7 More -
On- coming traffic. One traffic closer SNB follows And I follow Su SNB \$345 I Stopped again SCL 530 F E Front 1.7	P345.7 More -
Sub \$345 J Stopped again	it . Suddenly
grand Treffic closer SNB follows I follow So SNB 8345 I Stopped again SCL 630 F E Front 1.7	it . Suddenly
follows And I follow So SNB 8345 I stopped again SCR 6308 E Front 1.7	it . Suddenly
follows And I follow So SNB 8345 I stopped again SCR 6308 E Front 1.7	it . Suddenly
Sub 8345 J supped again	
Sch boof E Front lig	I my dehicle
Sch boof E Front lig	
	(
	ted toto
SNG 8345 J near portion	. No injune
GT the time of scient.	
The state of the s	100
and the second s	
The second secon	
	200
	with the second
aration	
declars the foregoing particulars are true in every respect.	
//	//
X/	
	Date Winessed by Reporting Sendie



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : LOO CHIN NONG

Period of Insurance : 16 May 2022 To 15 May 2023 Engine No. : 26492030106463

: 26492030100-100-100 : WDD2130802A620168 Chassis No.

Vehicle No. : SCK6308E Policy No. : 1900083972-03

Endorsement No.

Issued Date ; 01 Apr 2022

ABOUT THE COVER

Make/Model : MERCEDES Benz E200 Sedan Avantgarde

Engine Capacity/Tonnage : 1,991.00 CC

Sum Insured : Market Value Driver Restriction : NA Off Peak Car : No

First Year of Registration : 2019 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 heishe 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 trition, driving test, racing, pace-making, reliability trial or speed-feating, the carriage of goods other than samples in connection with any trade or business or 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

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

Property Damage - \$0

Named Driver and Excess (where applicable)

LOO CHIN NONG - \$800 (Own Damage), \$500 (Flood Cover)

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

Cycle & Carriage Euros Service Center (For accident reporting only). Add: 330 Ubl Road 3 Singapore 408650 62061818
 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 holline at +65 6338 6200. Alternatively, you may refer to AIG website leww.aig.ag.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, 1997 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1909 (Malaysia).

0504612255

CYCLE & CARRIAGE - VDTANG

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.

























































