

## 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 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 First Submission .....	29/09/2023 14:31 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	28/09/2023 18:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ANG MO KIO AVE 5
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLJ223D

#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	[REDACTED]
NRIC No .....	[REDACTED]
Email Address .....	[REDACTED]
Mobile Phone No .....	[REDACTED]
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	GLC300
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 .....	[REDACTED]
Policy Number / Cover Note Number .....	[REDACTED]

#### DRIVER

Name of Driver .....	[REDACTED]
NRIC No .....	[REDACTED]
Date Of Birth .....	[REDACTED]
Occupation .....	Indoor

Yes

No

Type of Accident .....  
Weather Conditions .....  
Road Surface .....

Collision - Cross Junction  
Clear  
Dry

Was any foreign vehicle involved in the accident? .....

Number of vehicles involved in the accident .....

Was anybody injured in the Accident? .....

Was any injured conveyed to hospital by ambulance? .....

Was any other vehicle or property damaged? .....

Number of Passengers (Including Driver) .....

Has the driver been approached by unknown person(s)  
soliciting/offering accident claims assistance? .....

Translator's name .....

Translator's ID .....

Translator's phone number .....

Translator's email .....

Original language used in the statement .....

No
2
No
-
Yes
1
No
-
-
-
-
-

Was the accident reported to the police? .....

Police Station Name .....

Police Station Phone No .....

Alt. Police Station Phone No .....

Police Station Address .....

Was notice of intended Prosecution given? .....

If yes, against whom? .....

Yes  
Sengkang Neighbourhood Police Centre  
(Phone) +65-18003438999  
(Fax) +65-63438939  
2 Sengkang Square #01-02  
No  
-

REFER TO POLICE REPORT NO: T/20230928/2116

Are accident photos available for attachment? .....

Was there any video captured by Car Camera? .....

Yes  
Yes

Vehicle Registration Number .....  
Vehicle Manufacturer .....  
Vehicle Model .....  
Vehicle Variant .....

GBM1086D

Vehicle Colour .....	-
Vehicle Category .....	Government
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) .....	-



# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder

Period of Insurance

Engine No.

: 26492080230524

Chassis No.

: W1N2539842G078928

Vehicle No.

: SLJ223D

Policy No.

Endorsement No.

Issued Date

: 24 Feb 2023 18:22

### ABOUT THE COVER

Make/Model : MERCEDES Benz GLC300 / GLC300 Coupe

Engine Capacity/Tonnage : 1,991.00 CC

Sum Insured : Market Value

First Year of Registration : 2023

Driver Restriction : NA

Off Peak Car : No

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 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

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 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 1960, 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 - \$800 Theft - \$0 Flood Cover - \$800

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

: \$0 (Own Damage), \$800 (Flood Cover)

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

1. Cycle &amp; Carriage Eunus Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408550 62061818

2. Cycle &amp; Carriage Pandan Loop Service Center - Body Care &amp; 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](http://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: MayBank

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

0504688238

CYCLE &amp; CARRIAGE - MW

239 ALEXANDRA ROAD

SINGAPORE 159930

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.



# 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;

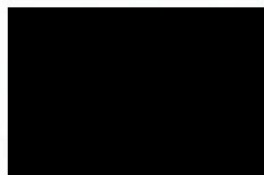
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.

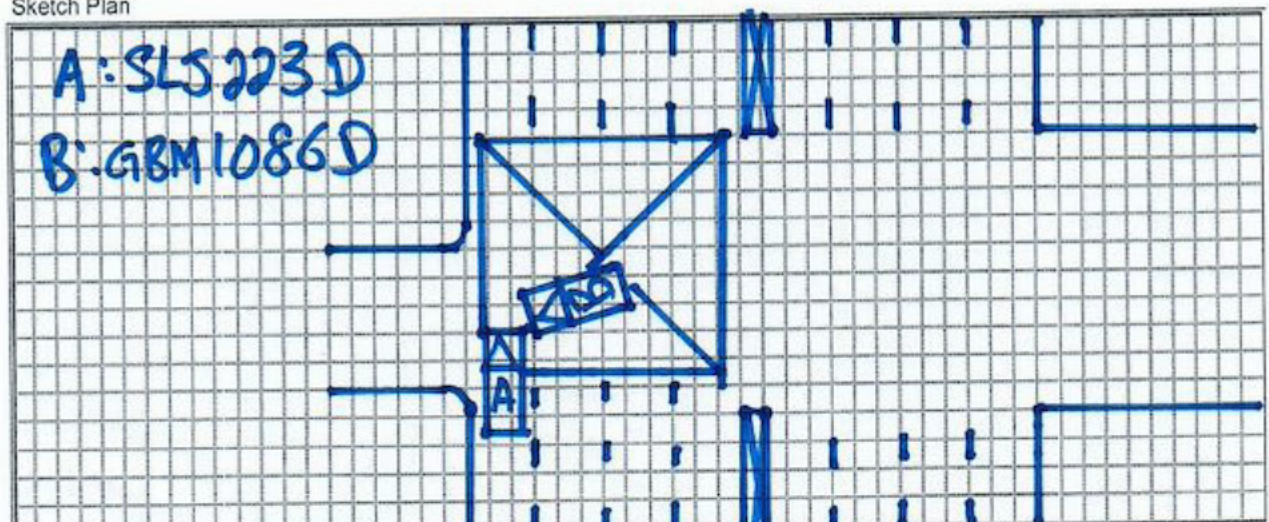


& Time

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

**Go Chee Han**  
 DID : 6771 4336 HP : 9181 7717  
 Email : cheehan.go@cyclecarriage.com.sg  
 Cycle & Carriage Industries Pte Ltd  
 Customer Service Centre - Pandan Loop  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)

## Sketch Plan



Describe Circumstance of the Accident

Refer to police report: T/20230928/2116

Declaration

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

Police

& Time

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

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

**Go Chee Han**  
DID : 6771 4336 HP : 9181 7717  
Email : cheehan.go@cyclecarriage.com.sg  
Cycle & Carriage Industries Pte Ltd  
Customer Service Centre - Pandan Loop









































**SINGAPORE  
POLICE FORCE**



T/20230928/2116

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 3

Report No. T/20230928/2116

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/09/2023 22:09	Vide Report No.:	Station Diary No.: 145
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**Informant's Particulars**

Name of Informant: [REDACTED]		
ID Type/No.:	Contact No.:	
NRIC NO. [REDACTED]	Home/Office:	Mobile [REDACTED]
Nationality: [REDACTED]	Email:	
Sex: [REDACTED]	Age: [REDACTED]	Date of Birth: [REDACTED]
Type of Informant: Driver		
Race: [REDACTED]	Language: English	
Occupation: [REDACTED]	Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident: Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 28/09/2023 18:30	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 5			
Weather: Clear	Road Surface: Dry		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBM1086D	Car				Slightly Damaged	0
SLJ223D	Car	MERCEDES BENZ	GLC300 4MATIC	Black	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLJ223D	AIG ASIA PACIFIC INSURANCE PTE. LTD.	[REDACTED]		



SINGAPORE  
POLICE FORCE



T/20230928/2116

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

2 of 3

Report No: T/20230928/2116

CONTINUATION OF REPORT

**Brief Details.**

On 28/09/2023 at 1830hrs, I was driving my vehicle SLJ233D along Ang Mo Kio Avenue 5 on the extreme left lane. I was heading straight towards Yio Chu Kang Road. The light was green in my favour at the junction, and I drove forward. However, an SCDF vehicle GBM1086D collided onto my vehicle while I was driving at the junction. The vehicle came turning right from the opposite traffic.

We stepped out of our vehicles and was informed that they had to make the right turn from the opposite traffic despite it was a red light for them as they were attending to an emergency call. I was given a form by them that I must file a police report only if I want to claim damages.

I am not injured. There are damages to my vehicle such as my front bumper came off and the front right headlights were smashed. There were very minor damage on their vehicle.





SINGAPORE  
POLICE FORCE



T/20230928/2116

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

3 of 3

Report No: T/20230928/2116

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

F/

STAFF SGT MUHAMMAD  
SYAHIRAN BIN BADARRUDIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
28/09/2023 22:09

Officer In Charge Of Case:

TP / GIA /  
SI TAN JEOK LENG  
Contact No.: 65476151

Classification Of Case:

NP168



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S66SS00208 / GST Reg. No.: M400017735

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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : [REDACTED] Vehicle Registration No: SLJ223D  
 Name (as shown in NRIC) : [REDACTED] NRIC/FIN/Passport No : [REDACTED]  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore ( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
 Email Address : \_\_\_\_\_  
 Date of Accident : 28/9/2023 Time of Accident : 18:30  
 Place of Accident : ANJAL KIO AVE S  
 Insurance Company : \_\_\_\_\_

**(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:

TO UPDATE PAGES 2 & 3 OF POLICE REPORT.

Police Officer's Signature

Reported Person's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: