

## 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 .....	02/12/2024 11:17 (SGT)
Reported by .....	Owner
Date of Accident .....	30/11/2024 16:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	RIVER VALLEY ROAD JUNCITON
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKG2834E
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	GOZALI RITA
NRIC No .....	S2189548B
Email Address .....	rita.gozali@hp.com
Mobile Phone No .....	(Phone) +65-90178252
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	C180
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 .....	1595
Vehicle Fuel .....	-
First Registration Date .....	17/08/2012
Chassis no .....	WDD2040312A746173
Effective Date/Time of Ownership .....	17/08/2012 00:00 (SGT)

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	2100311465-12

#### DRIVER

Name of Driver .....	GOZALI DIANA
NRIC No .....	S2189543A
Date Of Birth .....	22/05/1956
Occupation .....	Indoor
Driving Pass Date .....	23/03/1978
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	46 YEARS AND 8 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96851993
Alt. Phone Number .....	-
Email Address .....	rita.gozali@hp.com
Address .....	5 ASCOT RISE
Address complement .....	-
Postcode .....	289817
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Sibling
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 .....	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 .....	3
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
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? .....	Yes
Police Station Name .....	Orchard Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007359999
Alt. Police Station Phone No .....	(Fax) +65-67331934
Police Station Address .....	51 Killiney Road Singapore 239572
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHMENT

#### 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 .....	EG5566E
Vehicle Manufacturer .....	BMW
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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) .....	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMX1308B
Vehicle Manufacturer .....	BMW
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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) .....	-

# SKETCH PLAN

## IMPORTANT NOTICE

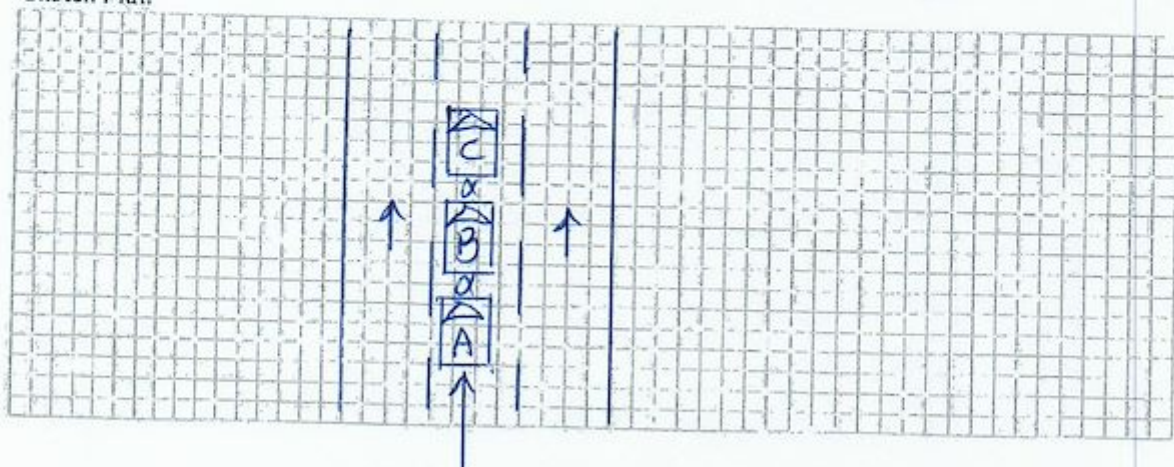
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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' 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.

NP  
Policyholder's Signature / Date & Time

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

**Yik Chan Hoe**  
Cycle & Carriage Industries Pte Ltd  
Body Care & Repair Center  
DID: 6771 4353 HP: 9186 5109 Fax: 6872 1272  
Email: chanhoe.yik@cyclecarriage.com.sg  
Witnessed by Reporting Centre Personnel

## Sketch Plan





Describe Circumstances of the Accident

When the traffic lights turned green,  
I moved off before the front cars  
move off and hit the back of Car B.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time

*[Signature]*

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

*[Signature]*

**Yik Chan Hoe**

Cycle & Carriage Industries Pte Ltd  
Body Care & Repair Center

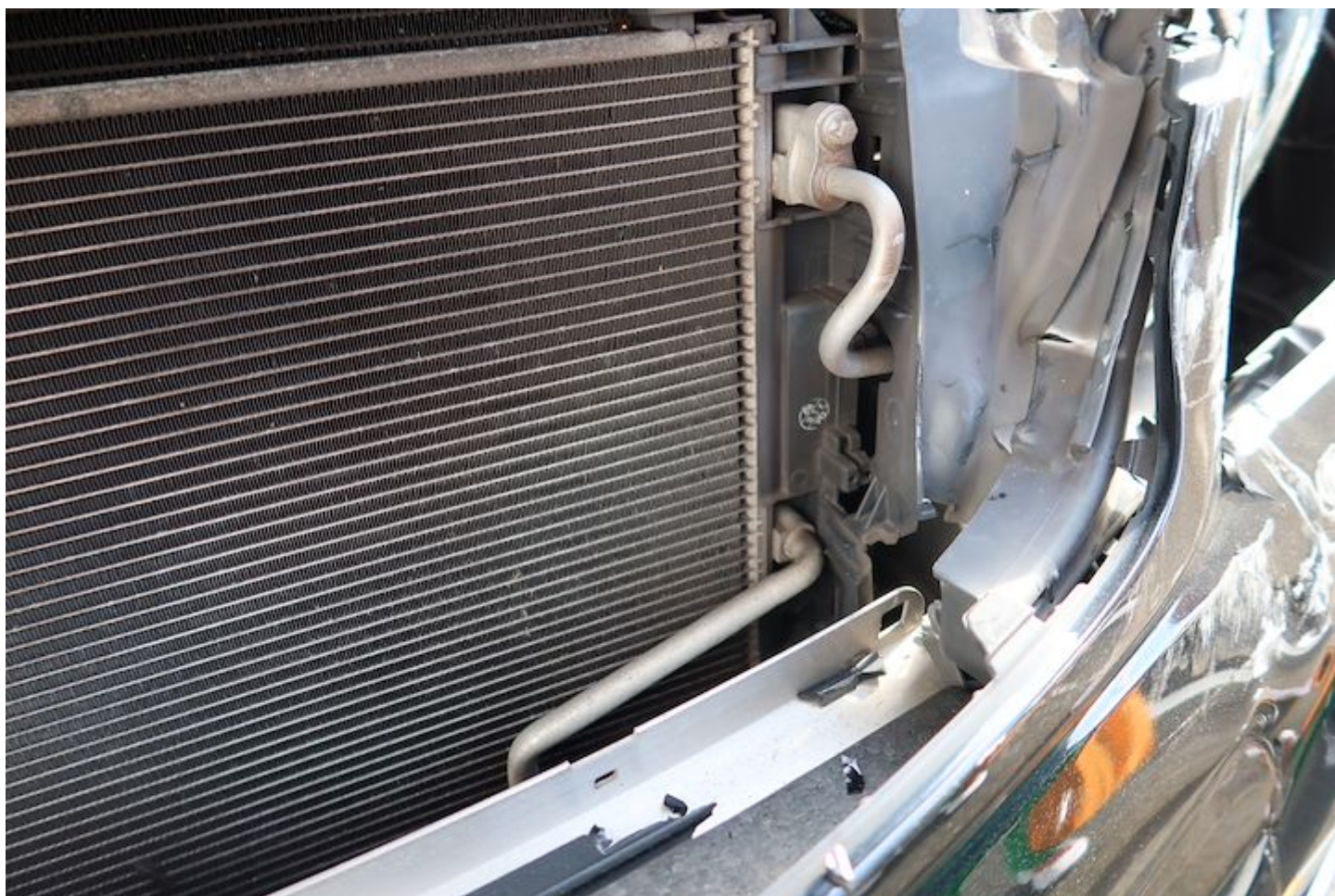
DID: 6771 4353 HP: 9186 5109 Fax: 6872 1272  
Email: [chanhoe.yik@cyclecarriage.com.sg](mailto:chanhoe.yik@cyclecarriage.com.sg)

Witnessed by Reporting Centre  
Personnel





























# SINGAPORE POLICE FORCE



T/20241203/2053

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

1 of 3

Report No. T/20241203/2053

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2024 14:34	Vide Report No.:	Station Diary No.: 37
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### Informant's Particulars

Name of Informant: GOZALI DIANA	Address: 5 ASCOT RISE SINGAPORE 289817		
ID Type / ID No.:	Contact No.:		
NRIC NO / S2189543A	Home/Office:		Mobile: 96851993
Nationality: SINGAPORE CITIZEN	Email: gohsuhoa@gmail.com		
Sex: Female	Age: 68	Date of Birth: 22/05/1956	Type of Informant: Driver
Race: Chinese	Language: English		
Occupation: Retiree	Driving Licence Information: Class: 3		Date of Expiry:

### General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 30/11/2024 16:30	Type of Location: X-Junction
Location:  RIVER VALLEY ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EG5566E	Motor car	BMW	X3 M401I LED SR NAV HUD	Blue	Slightly Damaged	0
SKG2834E	Motor car	MERCEDES BENZ	C180 Blueefficiency	Black	Slightly Damaged	0
SMX1308B	Motor car	BMW	216D ACTIVE TOURER D/AV LED	Blue	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**

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Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
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T/20241203/2053

2 of 3

Report No. T/20241203/2053

**CONTINUATION OF REPORT****Brief Details.**

On 30/11/2024 at about 1630hrs, I was driving SKG2834E waiting for the traffic light at junction between river valley rd and zion rd. There were two vehicles (EG5566E and SMX1308B) waiting for the traffic light as well. It was red light and turned green subsequently however, the two vehicles did not move as I pressed on my accelerator causing me to rear end bumped into the second vehicle in line (EG5566E) and it moved forward rear end bumped onto the first vehicle (SMX1308B). My vehicle front left side and the front hood was slightly damage. No one sustained any injuries. All parties involved waited for the tow truck and I left subsequently.



**SINGAPORE  
POLICE FORCE**

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Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999



T/20241203/2053

3 of 3

Report No. T/20241203/2053

## CONTINUATION OF REPORT

Signature of Officer Recording The  
E /  
SGT 2 CHIENG BO JUN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
INSP (1) GOH SEOW PING SHAYE  
Contact No.: 65476310

Signature Of Informant:

Date/Time:  
03/12/2024 14:34

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: S66550020G / 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 : SC2024C20004 Vehicle Registration No: SK62834E  
Name (as shown in NRIC) : Giozali Diana NRIC/FIN/Passport No : SXXX543A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore( )

Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Email Address : \_\_\_\_\_

Date of Accident : 30/11/2024 Time of Accident : 16:45

Place of Accident : \_\_\_\_\_

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:

Upload Police Report.

f. [Signature]

Policyholder / Driver's Signature  
Date:

Mary

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







# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

<b>Name of Policyholder</b>	: Gozali Rita	<b>Vehicle No.</b>	: SKG2834E
<b>Period of Insurance</b>	: 17 Aug 2024 To 16 Aug 2025	<b>Policy No.</b>	: 2100311465-12
<b>Engine/Motor No.</b>	: 27491030005865	<b>Endorsement No.</b>	:
<b>Chassis No.</b>	: WDD2040312A746173	<b>Issued Date</b>	: 01 Jul 2024 17:46

### ABOUT THE COVER

<b>Make/Model</b>	: MERCEDES BENZ C180 CGI BE 1.6	<b>Sum Insured</b>	: Market Value	<b>First Year of Registration</b>	: 2012
<b>Engine Capacity/Tonnage</b>	: 1,595.00 CC	<b>Off Peak Car</b>	: No	<b>Insuring with COE/PAF</b>	: Yes
<b>Driver Restriction</b>	: NA				

**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\$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

<b>Age Condition</b>	: 40 years old and above	<b>Mileage Condition</b>	: Unlimited Mileage
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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)

Gozali Rita - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Cycle & Carriage Eunox Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 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 hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.sg](http://www.aig.sg).

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

0500660409

CYCLE & CARRIAGE - MINIM

239 ALEXANDRA ROAD

**AIG Asia Pacific Insurance Pte. Ltd.**

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