

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	20/12/2024 12:42 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/12/2024 14:20 (SGT)
Exact Location of Accident	Still Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL9688A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHAN WING KUEN
NRIC No	S2643839Z
Email Address	STANCHAN8614@GMAIL.COM
Mobile Phone No	(Phone) +65-97479035
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
Variant	-
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
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1800022040-06

DRIVER

Name of Driver	CHAN CHUNG HOI
Passport No/FIN	KJ0537362
Date Of Birth	03/05/1986
Occupation	Indoor
Driving Pass Date	31/10/2024
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +852-61230946
Alt. Phone Number	-
Email Address	STANCHAN8614@GMAIL.COM
Address	654 JALAN TENAGA #05-66
Address complement	-
Postcode	410654
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	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	2
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING STRAIGHT ALONG STILL ROAD, MY VEHICLE WAS STATIONARY, SUDDENLY I FELT AN IMPACT VEHICLE B DROVE OUT FROM THE SLIP ROAD AND HIT ONTO MY VEHICLE REAR PORTION

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	FBU5852R
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FAH CHENG HUAT
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstance of the Accident

I was travelling straight along Hill Rd, my vehicle was stationary, Suddenly I felt an impact, Vehicle B drove out from the slip road and hit onto my vehicle rear portion.

Declaration

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




Policyholder's Signature (Date & Time) Actual Driver's Signature (Date & Time) Witnessed by Reporting Officer (Name & NRCC Card)

40042072

2

SKETCH PLAN

IMPORTANT NOTICE

1. Please report (correctly) the details of the accident to (one) of the claim processes.
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 willful misrepresentation or withholding of material facts may allow insurance companies to reject the policy validity.
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.**
6. 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.
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.

6. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

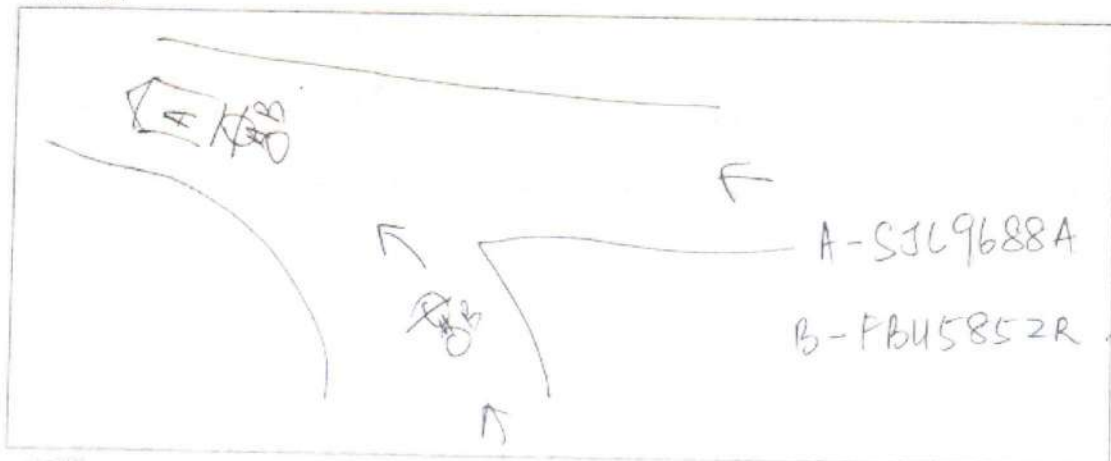
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this Form, and any other personal information provided by me or possessed by my insurer (collectively the "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.


Policyholder's Signature / Date & Time


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

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

Sketch Plan













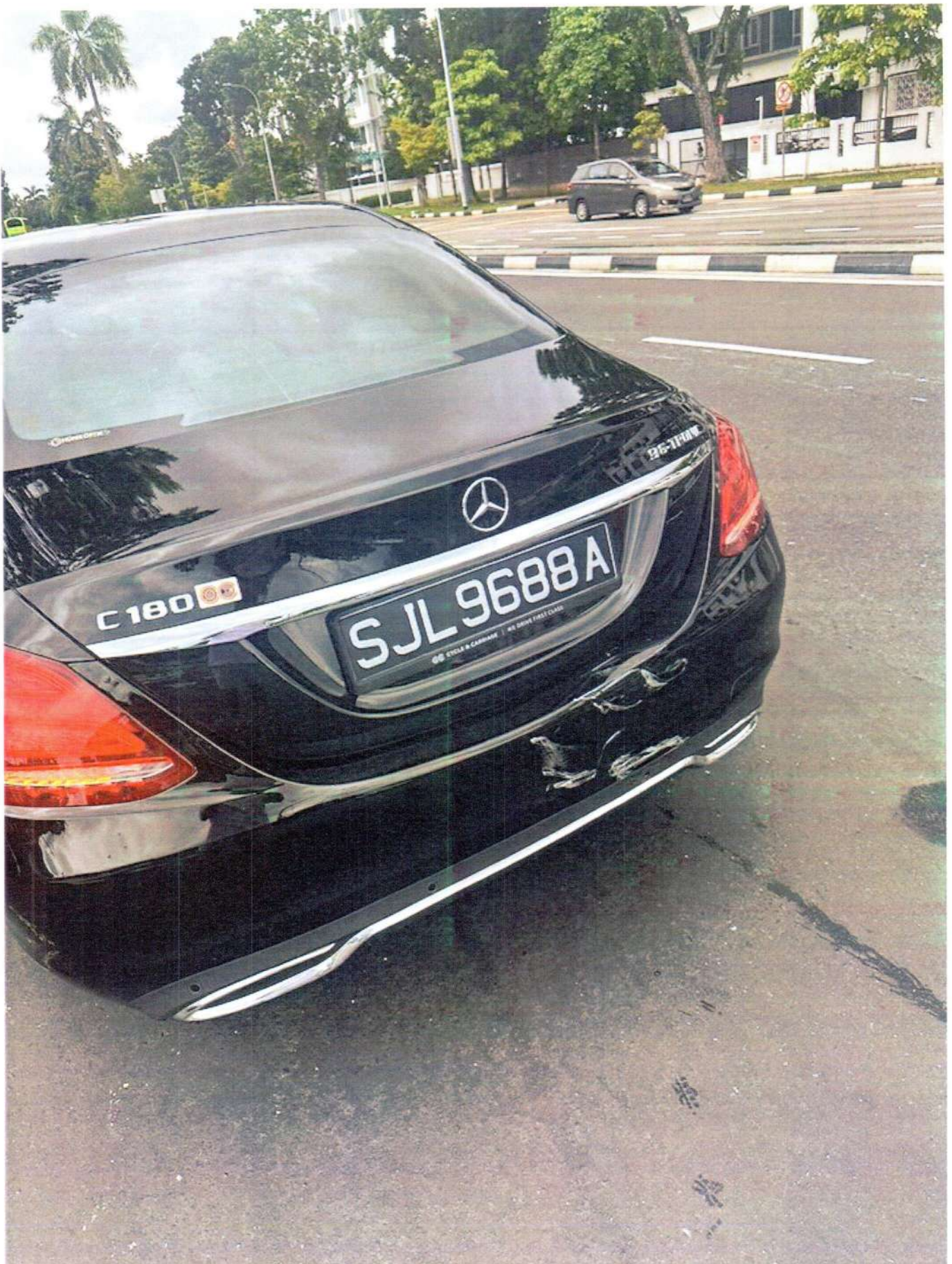






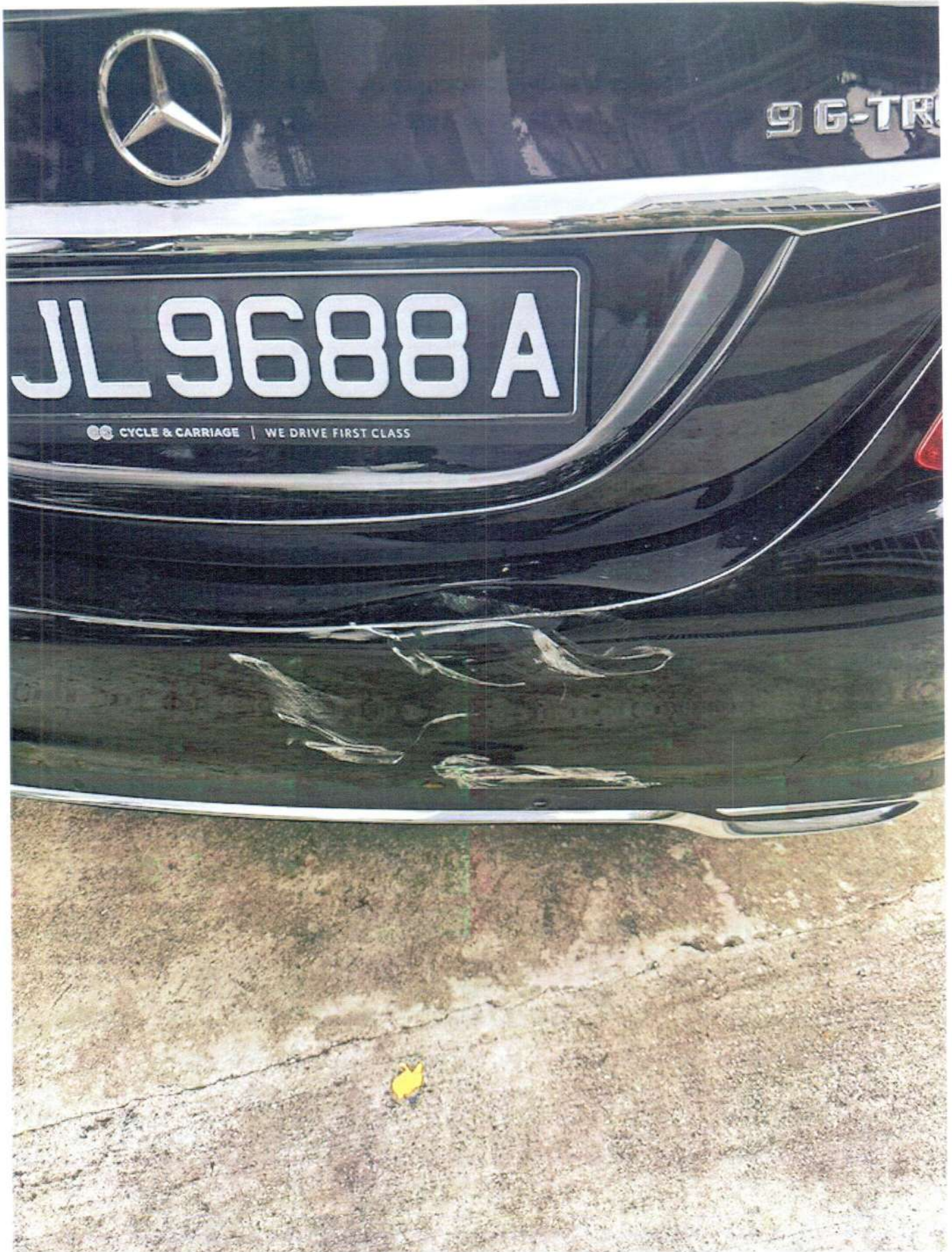
















AIG		CERTIFICATE OF INSURANCE	
AUTOPLUS PRIVATE VEHICLE			
Name of Policyholder	CHAN WING KUEN	Vehicle No.	SJL9588A
Period of Insurance	23 Mar 2024 To 22 Mar 2025	Policy No.	1800022045-06
Engine/Motor No.	27491821205801	Endorsement No.	
Chassis No.	WDD0200402R354100	Issued Date	12 Mar 2024 14:53
ABOUT THE COVER			
Make/Model	MERCEDES BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE	First Year of Registration	2018
Engine Capacity/Tonnage	1,895.00 CC	Sum Insured	Market Value
Driver Restriction	NA	Off Peak Car	No
Person or Classes of Persons Entitled to Drive*	Insuring with COT/PAF: Yes		
<p>* If the Policyholder is Any other person who is driving, or who has taken a loan or hire with a right of possession, this Policy will extend to the Policyholder's use, subject to the conditions of the Policy.</p> <p>You have to pay an additional sum of \$35,000 for "Uninsured Driver Excess" (DED) if the use of your Authorized Driver (named or unnamed) has more than 2 years' driving experience.</p>			
Age Condition	30 years old and above	Mileage Condition	Unlimited Mileage
<p>Limitation as to use*</p> <p>Use only for social, domestic and pleasure purposes and for the Policyholder's business.</p> <p>This Policy does not cover use for hire or reward, driving tuition, driving test, racing, police training, vehicles used for speed testing, the carriage of goods other than company's in connection with any trade or business or use for any purpose in connection with Motor Trade.</p>			
<p>Limits of Use: 1500cc - 1600cc Optional</p> <p>* Limitations mentioned in Section 3 of the Motor Vehicle (Third Party Risks and Compensation) Act 1962, Section 96 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.</p>			
EXCESS			
<p>Section 1</p> <p>Fire: 50 Own Damage: \$200 Theft: 50 Theft Outside Singapore Cover: 50 Flood Cover: \$500</p>			
<p>Section 2</p> <p>Property Damage: 50</p>			
<p>Windscreen: \$100</p>			
<p>Named Driver and Excess (where applicable)</p> <p>CHAN WING KUEN: \$200 (Own Damage), \$500 (Flood Cover)</p>			
APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)			
<p>Any accident repairs to the Vehicle must be carried out by one of our Authorized Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.</p> <p>For other Approved Reporting Centres/AUthorised Repairers, please contact our 24-hour accident emergency hotline at +65 6358 6200. Alternatively, You may refer to AIG website: www.aig.sg.</p>			
IMPORTANT NOTES			
<p>Hire Purchase Company/Employer's Loan: Mercedes-Benz Financial Services Singapore Ltd.</p>			
<p>We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicle (Third Party Risks and Compensation) Act 1962, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicle (Third Party Risks) Rules, 2018 (Malaysia).</p>			
<p>0118012000 TANG YEEN FUANG BLK 707 JURONG WEST STREET 71 #07-46 SINGAPORE 640707 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.</p>		<p>AIG Asia Pacific Insurance Pte. Ltd. This computer generated document does not require a signature.</p>	
<p>78 Shelton Way #09-16 AIG Building 5079120 T: +65 6419 3000 www.aig.sg</p>			