

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 Authorised 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 ability.
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 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 Report	17/11/2017 17:38
Date Of Accident	16/11/2017 03:00
Exact Location Of Accident	BLK 123 TECK WHYE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL332K
Insured/Policyholder	
Name Of Registered Owner	ANG YEOW HONG
NRIC No	S7013836J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86852332
Alternative Phone No	Office-86852332

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200
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
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100489527-00000
Cover Note Number	

Driver

Name of Driver	ANG YEOW HONG
NRIC No	S7013836J
Date Of Birth	27/04/1970
Occupation	INDOOR
Date Of Driving Pass	10/09/1988
Driving Experience	29 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86852332
Fax Number	
Contact Number	OFFICE-86852332
EMail Address	NOEMAIL
Address	BLK 12 TECK WHYE LANE #12-220

Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 116 TECK WHYE LANE , POSTCODE: 680116 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7629999 - FAX NO: 67636615
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REPORT NO: J/20171116/2165

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX4227C
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKG6535S
Vehicle Make/Model/Colour	

Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address


Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

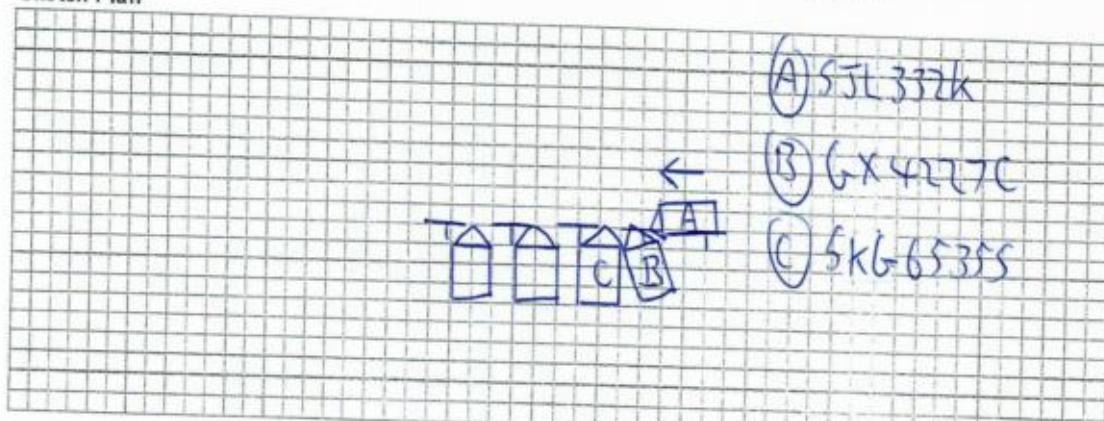
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

18:15
16/11/17
Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2

Describe Circumstances of the Accident

I fall asleep and accidentally collided a stationary van park in a parking lot. The impact cause the van swing and hit onto (c) vehicle. No one was injure and the police came. All the property car owner was informed and the police say no one was injure and shall leave it to insurance handle.

Declaration

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)



Policyholder's Signature
Date & Time

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



18:15
16/11/17

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



J/20171116/2165

1 of 2

Report No. J/20171116/2165

POLICE REPORT (NP322)

Police Station Of Origin
Choa Chu Kang NPP
116 Teck Whye Lane #01-740 SINGAPORE
680116
Tel No: 1800-7629999

Date/Time Report Made 16/11/2017 19:53		Vide Report No.		Station Diary No. 58	
Name Of Informant ANG YEOW HONG		Address APT BLK 12 TECK WHYE LANE #12-220 SINGAPORE 680012			
ID Type / ID No. NRIC NO / S7013836J		Contact No. Home/Office Mobile 86852332			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Retiree		Sex Male	Age 47	Date of Birth 27/04/1970	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 15/11/2017 03:00		Location Of Incident 123 TECK WHYE LANE HDB-CHOA CHU KANG SINGAPORE 680123			
		Car park			

Brief details.

On the above mention date, time and location, I discovered the below mention item missing. I had made a search but to no avail. I do not know where did I lost the below mention item and I am lodging this report for replacement purpose.

Property Information

Signature Of Officer Recording The Report: J / Sgt 2 SIAU JING YANG		Signature Of Informant: 	
Signature Of Interpreter: Not applicable		Date/Time: 16/11/2017 19:53	
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch/ Insp CHIEW YAN LIN Contact No.: 63167654 Signature:		Classification Of Case:	
Authentication Stamp 		FUPO hotline number: 68429645	

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



J/20171116/2165

POLICE REPORT (NP322)

CONTINUATION OF REPORT

2 of 2

Report No. J/20171116/2165

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Licence	Lost	Qualified Driving Licence			1		One driving licence bearing Ang Yeow Honh of S7013836J

Signature Of Officer Recording The Report:

J / Sgt 2 SIAU JING YANG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
Insp CHIEW YAN LIN
Contact No.: 63167654

Authentication Stamp

Signature Of Informant

Date/Time:
16/11/2017 19:53

Classification Of Case:

FUPO hotline number: 68429645

Sketch Plan #5



HOTLINE TEL: (65) 6419 3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

MX.1

MERCEDES-BENZ MOTOR INSURANCE

CERTIFICATE NO. 2100489527-00000

OWN DAMAGE EXCESS S\$800.00 (1)
WINDSCREEN EXCESS S\$100.00

(For policies with effect from 1st November 2002)

- 1) VEHICLE REGISTRATION NO. SJL332K
2) NAME OF INSURED Ang Yeow Hong
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 1 Dec 2016
4) DATE OF EXPIRY OF INSURANCE 30 Nov 2017
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *
SUBJECT TO AGE CONDITION :All Age Condition

SUM INSURED Market Value
INSURING WITH COE/PARF Yes

a) The Insured.

b) Any other person who is driving on the Insured's order or with his permission.

This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions.

A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the

Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said

Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE *

Use only for social, domestic and pleasure purposes and for the Insured's business. The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

APPROVED REPORTING CENTRES / MERCEDES-BENZ AUTHORISED REPAIRERS

1. Cycle & Carriage Pandan Loop Service Center - 188 Pandan Loop (Tel: 6777 8388)

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

2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. Ethoz - 30 Bukit Batok Cres (Tel: 66547777)

4. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only 5. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560)

6. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110) 7. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892)

8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336) 9. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)

LOSS OF USE 15 Days Replacement Car only for repairs at C & C - Refer to policy wordings for details

NAMED DRIVER NA

HIRE PURCHASE COMPANY / EMPLOYER'S LOAN MERCEDES-BENZ FINANCIAL SERVICES (S) LTD

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 6 Dec 2016

AIG Asia Pacific Insurance Pte. Ltd.

504380-250
CYCLE & CARRIAGE - TT
239 ALEXANDRA ROAD SINGAPORE 159930

AUTHORISED REPRESENTATIVE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

