#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	11/12/2017 11:49
Date Of Accident	10/12/2017 18:00
Exact Location Of Accident	MARINA BOULEVARD TOWARDS SHEARS AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU3168B
Insured/Policyholder	
Name Of Registered Owner	CHAN SUIT FONG
NRIC No	S2736701A

Mobile Phone No (LOCAL) +65-91569117
Alternative Phone No OFFICE-91569117

**Vehicle Particulars** 

**Email Address** 

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

**NOEMAIL** 

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 2100167772

Cover Note Number

Driver

Name of Driver CHAN SUIT FONG

 NRIC No
 \$2736701A

 Date Of Birth
 11/02/1961

 Occupation
 INDOOR

 Date Of Driving Pass
 25/02/2004

Driving Experience 13 YEARS AND 9 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91569117

Fax Number

Contact Number OFFICE-91569117

EMail Address NOEMAIL

68 WOO MON CHEW ROAD Address

Postcode 455144

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 SIDE SWIPE 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) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 3

## **Details of Police Action**

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 20 CHAI CHEE DRIVE, POSTCODE: 469045, COUNTRY: Police Station Address

**SINGAPORE** 

Police Station Contact TEL NO: 1800-2448999 - FAX NO: 62446558

Was notice of intended Prosecution given? NO

If Yes, against whom?

## **Circumstances of Accident**

T/20171211/2017

## 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**

SHC8567T Vehicle Registration Number

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

Page 2 of 21

Email Address

## SKETCH PLAN

# IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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 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
- 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 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
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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
- (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
- (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.

Eric Lee Ming Hui

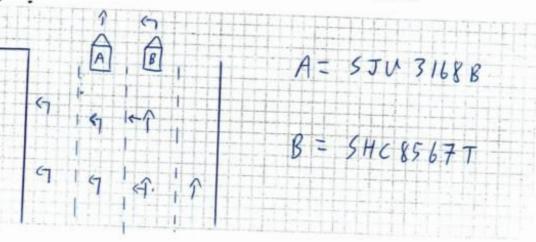
DID: 6771 4336 HP: 9181 7717 Email: eric.lee@cyclecarriage.com.sg Cycle & Carriage Industries Pte Ltd Customer Service Centre - Pandan Loop

Policyhoider's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan



PEEED TO DOL	ces of the Accident	
NEPER TO POL	ICE REPORT: T/20171211/2017	
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		- 1
claration		

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

Please note that you have 14 calender 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 &

Eric Lee Ming Hui

DID: 6771 4336 HP: 9181 7717

Email: eric.lee@cyclecarriage.com.sg

Cycle & Carriage Industries Pte Ltd

Customer Service Centre - Pandan Loop

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

Witnessed by Reporting Centre Personnel





Police Station Of Origin: Bedok South N.P.C

20 Chai Chee Drive SINGAPORE 469045

Tel No: 1800-2448999

1 of 4 Report No. T/20171211/2017

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2017 08:44		Made:	Vide Report No.:	Station Diary No.:	
Informan	t's Partic	ulars			
Name of Informant: CHAN SUIT FONG			Address: 68 WOO MON CHEW ROAD SINGAPORE 455144		
ID Type / ID No.: NRIC NO / S2736701A		01A	Contact No.: Home/Office:	Mobile: 91559117	
Nationality: SINGAPORE CITIZEN		'EN	Email:		
Sex: Female	Age: 56	Date of Birth: 11/02/1961	Type of Informant:		
Race: Chinese			Language:	Institution / School Name:	
Occupation: HOUSEWIFE			Driving Licence Information: Class:	Date of Expiry:	

General Inform	mation of the Accid	ent		Control of the last of the las	
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/12/2017 18:00	Type of Location Straight Road	
Location: Along Road 1 MARINA BOL TOWARDS S			, 200 10.00		
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Tr One Way Tr		Traffic Control: Traffic Light - Wo		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side		To Side		Anyone conveyed by ambulance:	

Details of V	ehicle Invo	lved *		100000000000000000000000000000000000000	1000	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHC8567T	Car				Slightly Damaged	3
SJU3168B	Car	MERCEDES BENZ	E 200CGI	Brown	Slightly Damaged	2

Details of V	ehicle Insurance	STATE OF THE PARTY.	division of the later of	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU3168B	AIG ASIA PACIFIC INSURANCE PTE.		08/10/2017	07/10/2018





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

2 of 4 Report No. T/20171211/2017

# CONTINUATION OF REPORT

Details of Pers	on Involved				
Any Pedestrian					
No. of Pedestria	ns Injured: NIL	lies of F	Pedestrian Crossing: NA		
Driver	The second second second	USE OF P	edestrian Cros	sing: NA	
Name	MOHAMED RAZIP		ID No.	S1686642C	
Related Vehicle	SHC8567T (Car)-		Contact No.	91466951	
Hospital/Clinic	NIL		Class of Driving Licence &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Deta Di		Expiry Date		
No. of Days gran	ted Medical Leave NIL	Date Dis	charge NIL		
Driver		Degree	of Injury NIL		
Name	CHAN SUIT FONG		ID No.	S2736701A	
Related Vehicle	SJU3168B (Car)		Contact No.	91559117	
Hospital/Clinic	NIL		Class of Driving Licence &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	Expiry Date		
No. of Days grant	ed Medical Leave NIL	Degree o			

## Brief Details.

On 10th December 2017, at about 1800hours, I was travelling on Marina Boulevard on my vehicle bearing registration number 'SJU 3168B'. I was on the second most left lane. I was heading to Gardens By the Bay however I was unfamiliar with the road.

At the junction turning towards Sheares Ave, I did not notice that the lane I was travelling on was a 'Turn Left' lane only. I proceed to drive straight and a taxi bearing registration number 'SHC 8567T' made a left turn from the right lane beside mine.

The taxi hit the right side of my vehicle and it scrap off the right side and a slight dent to my vehicle. We immediately exchanged particulars. Shortly after, the Korean passenger that was initially in the taxi informed that he wanted to make claims for the accident itself. Both my daughter and I, together with the taxi driver offered to send him to the hospital. However he refused to accept the offer. We then offered to call for ambulance instead and he inform that he wishes to proceed to the airport instead.

The taxi driver then agreed to make our own personal insurance claims and lodge a police report for record purpose.



Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999 T/20171211/2017

3 of 4 Report No. T/20171211/2017

CONTINUATION OF REPORT





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

4 of 4 Report No. T/20171211/2017

CONTINUATION OF REPORT

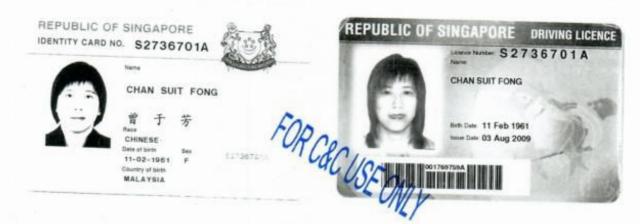
# Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Repo G / Sgt 2 NORFARHANA BINTE BAHARUDI	A     - gradue of milomatic
Signature Of Interpreter: Not applicable	Date/Time: 11/12/2017 08:44
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
*****	Police Force

## **Accident Sketch Plan**





PASS DATE



# CERTIFICATE OF INSURANCE

# MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Chan Suit Fong

Period of Insurance : 08 Oct 2017 To 07 Oct 2018

Engine No. : 27186030002768

Chassis No. : WDD2120482A071911 Vehicle No.

: SJU3168B : 2100167772-08

Policy No. Endorsement No.

Issued Date

: 18 Sep 2017

# ABOUT THE COVER

: MERCEDES BENZ E200 CGI BE

Engine Capacity/Tonnage : 1,796.00 CC

Sum Insured : Market Value

First Year of Registration : 2009

Driver Restriction

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 hershe meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young end/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

Age Condition

: All Age Condition

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 tallion, 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 (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

## EXCESS

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damoge Sn Windscreen: \$100

Named Driver and Excess (where applicable)

Chan Suit Fong - \$800 (Own Damage) Chan Suet Chin - \$600 (Own Damage) Koay Telk Soon - \$800 (Own Damage)

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

Euros Servics Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408850 67412338
 Pandan Loop Service Center – Body Care & Ropair (For accident repeir & accident reporting) Add: 188 Pandan Loop Singapore 128378 67776388

For other Approved Reporting Centree/AlG Authorised Repairers, please contact our 24-hour socident emergency autine at +85 6338 6200. Alternatively, you may refer to AlG website seew.alg.com.ag or AlG SG Mobile App. Skinply search and download "AlG SG" from iTunes or Google Play.

# IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MERCEDES-BENZ FINANCIAL SERVICES (S) 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, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500660050

CYCLE & CARRIAGE - CORPORATE

239 ALEXANDRA ROAD

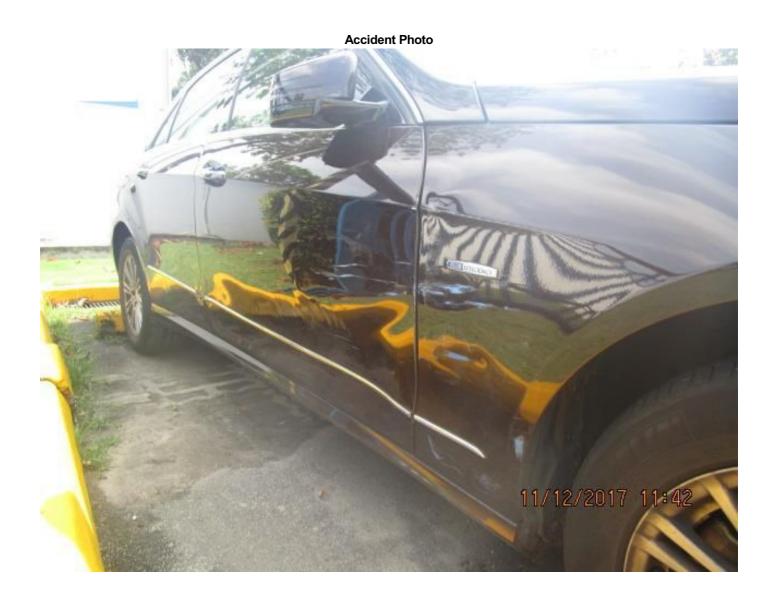
SINGAPORE 159930 ANSP-NONLIFE Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE



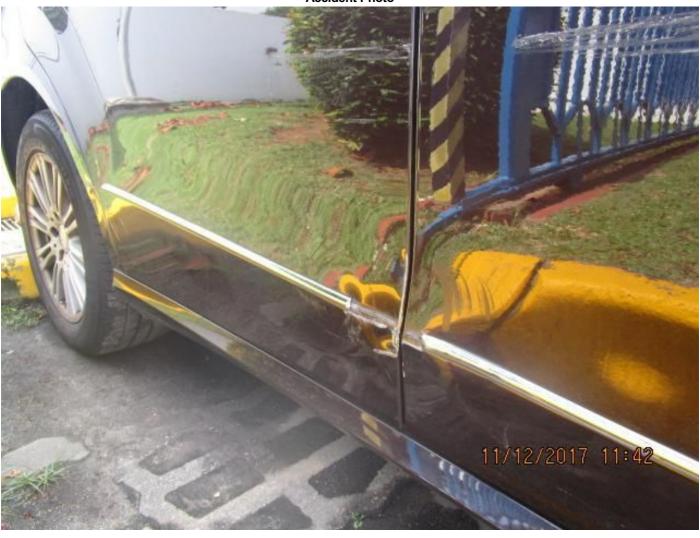
















# Accident Photo 11/12/2017 11: 43