

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	04/12/2017 16:11
Date Of Accident	02/12/2017 19:00
Exact Location Of Accident	SLIP RD OF TAMPINES AVE 2 TOWARDS SIMEI AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ6416C
Insured/Policyholder	
Name Of Registered Owner	FOK WENG CHOY PETER
NRIC No	S1409809G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91788166
Alternative Phone No	Office-91788166

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLA180
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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	2100449928-01000
Cover Note Number	

Driver

Name of Driver	GERMAINE FOK JIA MIN
NRIC No	S9337790G
Date Of Birth	11/10/1993
Occupation	INDOOR
Date Of Driving Pass	27/01/2014
Driving Experience	3 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91990072
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	41 HINDHEDE WALK #08-02

Postcode	587972
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

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	SJV4519K
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	JAMES LIM WEN YONG
NRIC/Passport Number	S8312887I
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

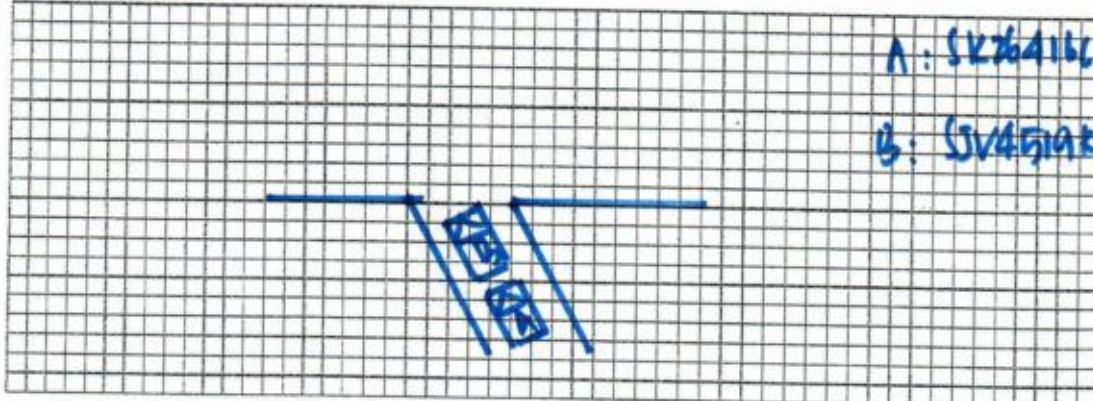
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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. 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' 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 04/12/2017 1542

Driver's Signature (If driver is not the policyholder) / Date & Time 04/12/2017 1542

Kerlyn Ong Kai Li
DID : 6771 4420 HP : 9186 5113
Email : kerlyn.ong@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Witnessed by Reporting Centre
Personnel KERLYN

Sketch Plan



Describe Circumstances of the Accident

I WAS DRIVING MY CAR (SKZ6416C) ALONG THE SLIP RD OF TAMPINES AVE 2 TWDS SIMEI AVE. VEHICLE B (SJV4519K) INFRONT OF ME SUDDENLY JAMMED BRAKE AND STOPPED.

DUE TO THE SUDDEN, I STEPPED ON MY BRAKE BUT STILL TOUCHED ONTO VEHICLE B (SJV4519K) REAR PORTION.

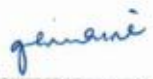
Declaration

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 &
Time 04/12/2017 1542


Driver's Signature (If driver is not the policyholder) / Date
& Time 04/12/2017 1542

Kerlyn Ong Kai Li
DID: 6771 4420 HP: 9186 5113
Email: kerlyn.ong@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Witnessed by Reporting Centre
Personnel KERLYN



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)

M.X.1

MERCEDES-BENZ MOTOR INSURANCE		OWN DAMAGE EXCESS	SS800.00 (1)
CERTIFICATE NO. 2100449928-01000		WINDSCREEN EXCESS	SS100.00
		(for policies with effect from 1st November 2002)	
		SUM INSURED	Market Value
1) VEHICLE REGISTRATION NO.		INSURING WITH COE/PARF	Yes
2) NAME OF INSURED		SKZ6416C	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		Fok Weng Chuy Peter	
4) DATE OF EXPIRY OF INSURANCE		29 Jan 2017	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE * SUBJECT TO AGE CONDITION : All Age Condition		28 Jan 2018	
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 Huan (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 20 Dec 2016

504380-239
CYCLE & CARRIAGE - MINDYL
239 ALEXANDRA ROAD
SINGAPORE 159930

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

ORIGINAL

Sketch Plan #4

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Germaine Fok Jia Min

Licence Number: **S9337790G**

Name: **GERMAINE FOK JIA MIN**

Birth Date: **11 Oct 1993**

Issue Date: **27 Jan 2014**

Barcode: 002269753J

SINGAPORE ARMED FORCES

IDENTITY CARD

Portrait photo of Germaine Fok Jia Min

Name: **GERMAINE FOK JIA MIN**

NRIC No: **S9337790G**

Handwritten: **LRD1**

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

Class	Description	Effective Date
Class 3A	Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg	27 Jan 2014

0000056270011

NRIC No / Colour: **S9337790G / PINK**

Race: **CHINESE**

Date Of Birth: **11/10/1993**

Service Status: **REGULAR**

Address: **BK 41 HINDHEAD WALK SOUTHAVEN 1 #09-02 SINGAPORE 587972**

Blood Group: **A (+)**

Country Of Birth: **SINGAPORE**

Military Rank Status: **ENLISTEE**

Sex: **F**

NP 428A





Sketch Plan #6

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

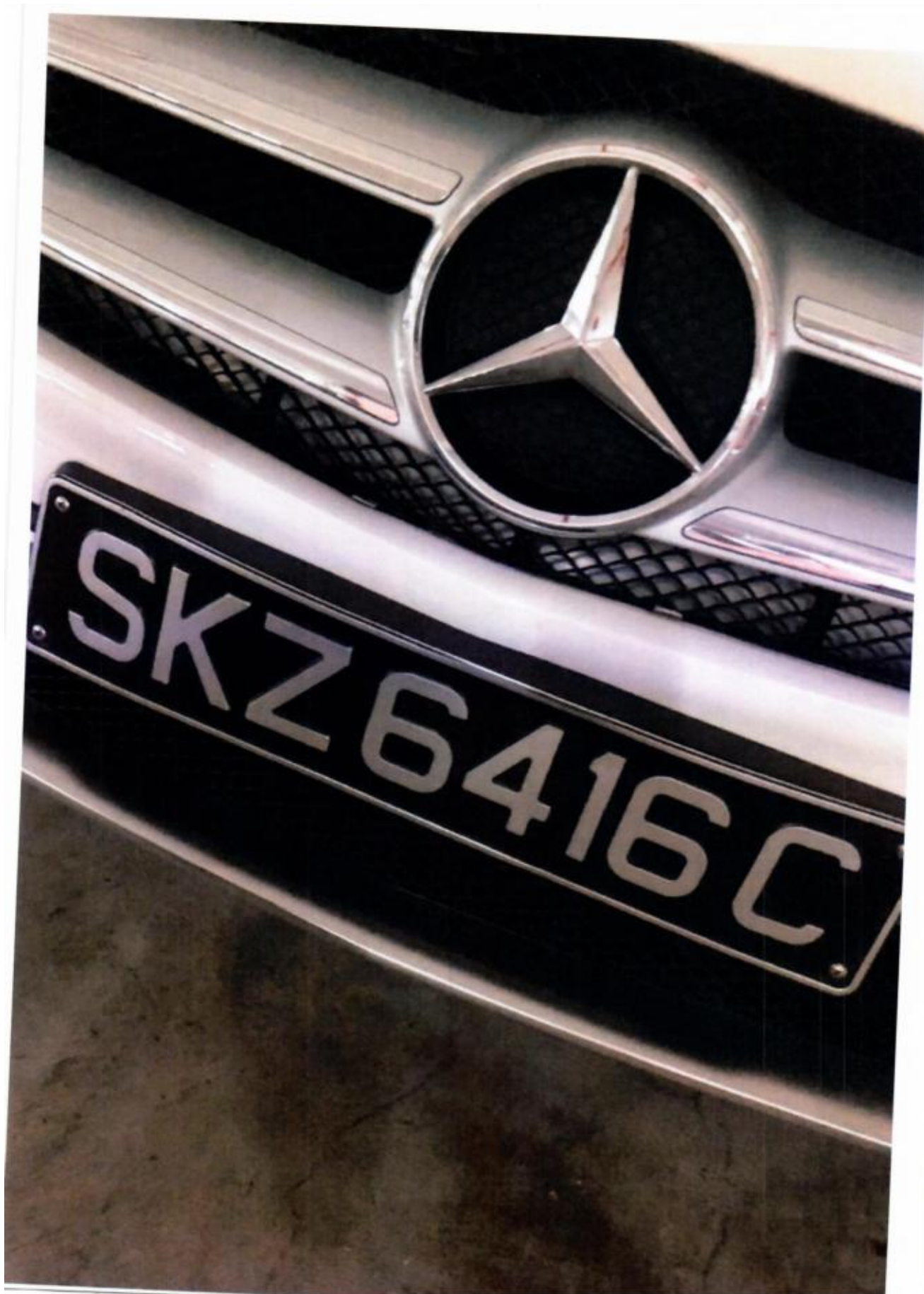
PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

29 Jul 2003

NP 428A





Accident Sketch Plan



Accident Sketch Plan



Accident Sketch Plan



Accident Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Accident Photo

