## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

Mobile Number

EMail Address

Address

Fax Number
Contact Number

- 1. Please report <u>correctly</u> 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 policyliability 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.

	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	04/12/2017 09:51
Date Of Accident	01/12/2017 19:55
Exact Location Of Accident	ORCHARD ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKF5872E
Insured/Policyholder	
Name Of Registered Owner	EE HOE SENG
NRIC No	S6810627C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96360952
Alternative Phone No	Office-96360952
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180
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	THIRD PARTY
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	2100304203
Cover Note Number	
Driver	
Name of Driver	EE HOE SENG
NRIC No	S6810627C
Date Of Birth	24/03/1967
Occupation	INDOOR
Date Of Driving Pass	30/04/1993
Driving Experience	24 YEARS AND 7 MONTHS
Gender	MALE

(LOCAL) +65-96360952

BLK 91 TANGLIN HALT ROAD #21-306

OFFICE-96360952

**NOEMAIL** 

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

1

NO

## 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) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

### **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?

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 NO Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

SMB302P Vehicle Registration Number Vehicle Make/Model/Colour SMRT BUS

**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

### IMPORTANT NOTICE

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- 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 report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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

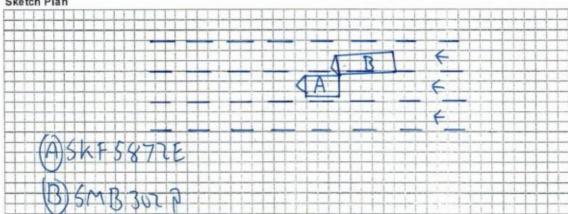
Driver's Signature (# driver is not the policyholder) / Date

& Time

Witnessed by Reporting Centre

Personnel

Sketch Plan



## Describe Circumstances of the Accident

The traffic was heavy and my car was in stationary position. All of sudden B' SMRT bus lane changing and collided my rear. We took some photo without shifting our cars. No one was injure and we exclay
shifting our cars. No one was injure and we exclay
<b>9</b> ,
<b>9</b> ,
particular.

## 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

Witnessed by Reporting Centre

Personnel



# 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 WINDSCREEN EXCESS \$\$100.00

S\$800.00(1)

CERTIFICATE NO. 2100304203-05000

SUM INSURED Market Value INSURING WITH COE/PARF

Yes

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

Ee Hoe Seng 18 Jun 2017

SKF5872E

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE

17 Jun 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE \* SUBJECT TO AGE CONDITION :40 years old and above

a) The Insured.

b) Any other person who is driving on the Insured's order or with his permiss A Young and/or Inexperienced Driver Excess ("YIDR") of \$\$3,000.00, in additional 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 AFFROY ED REPORTING CENTRES / MERCEDES-BENZ AUTHORISED REPAIRES
1. Cycle & Carriage Pandan Loop Service Center - 188 Pandan Loop (Tel: 6777 858)

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

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

4. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only 5. Kan Fook Sign 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

HIRE PURCHASE COMPANY MayBank
/ EMPLOYER'S LOAN

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 16 May 2017

AIG Asia Pacific Insurance Pte. Ltd.

CYCLE & CARRIAGE - CORPORATE 239 ALEXANDRA ROAD SINGAPORE 159930

**AUTHORISED REPRESENTATIVE** 

ORIGINAL

# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 6 8 1 0 6 2 7 C

**EE HOE SENG** 

Birth Date: 24 Mar 1968 Issue Date: 17 Feb 2003



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

Class 2B Motorcycles not exceeding 200 cc

Class 2A Motorcycles between 201 cc and 400 cc
Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms
Class 5 Motor Vehicles which are not constructed

Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms

## PASS DATE

26 Mar 1990 02 Oct 1991 30 Apr 1993

-- ripr 1950

04 Nov 1999

07 Dec 1999

NP 428A







