

## 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	10/01/2018 10:57
Date Of Accident	09/01/2018 19:10
Exact Location Of Accident	THOMSON ROAD TWDS MARYMOUNT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB5288M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH SIOK KUAN
NRIC No	S1356036F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96171708
Alternative Phone No	OFFICE-96171708

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S320
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	1700018019
Cover Note Number	

### Driver

Name of Driver	HAN MENG SIEW
NRIC No	S1201438D
Date Of Birth	22/04/1956
Occupation	INDOOR
Date Of Driving Pass	15/07/1980
Driving Experience	37 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96926699
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	69 JALAN BINCHANG
Postcode	578554
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 MOTORCYCLIST
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	3
Passenger 1	NAME: : GOH SIOK KUAN GENDER: : FEMALE
Passenger 2	NAME: : HAN YEN LER GENDER: : FEMALE

#### 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

REFER TO ATTACHED. REMARK: THE CAR IS NOT AROUND AS OWNER COME TO REPORT THE ACCIDENT.

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBC8024P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	NURWANEE BINTE ABDUL HALIM
NRIC/Passport Number	
Contact Number	85119718
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGP9491P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GRISMOND TIEN
NRIC/Passport Number	
Contact Number	97612777
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

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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 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated above;
  - (ii) for complying with requirements under any regulations, laws or court orders.

10/01/18 09:50am  
Policyholder's Signature  
Date & Time

10/01/18 09:50am  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time

10/01/18 09:50am  
Reporting Centre Personnel's  
Name:  
NRIC/FIN No.:

**Vincent Seah**  
Cycle & Carriage Industries Pte Ltd  
Body Care & Repair Center  
Tel: 6771 4401 U/P: K312 0062 Fax: 6771 1272  
Email: vincent.seah@cyclerepair.com.sg

## Sketch Plan #2

### SKETCH PLAN

Ref to photo attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref to attach.

## DECLARATION

I/We declare the 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

10/01/18 09:50 am

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

10/31/18 09:50am

Reporting Centre Personnel's  
Name:  
NRIC/FIN No.:

Reporting Centre Personnel's  
Name:  
NRIC/FIN No.:

Sketch Plan #3



FOR C&C USE ONLY

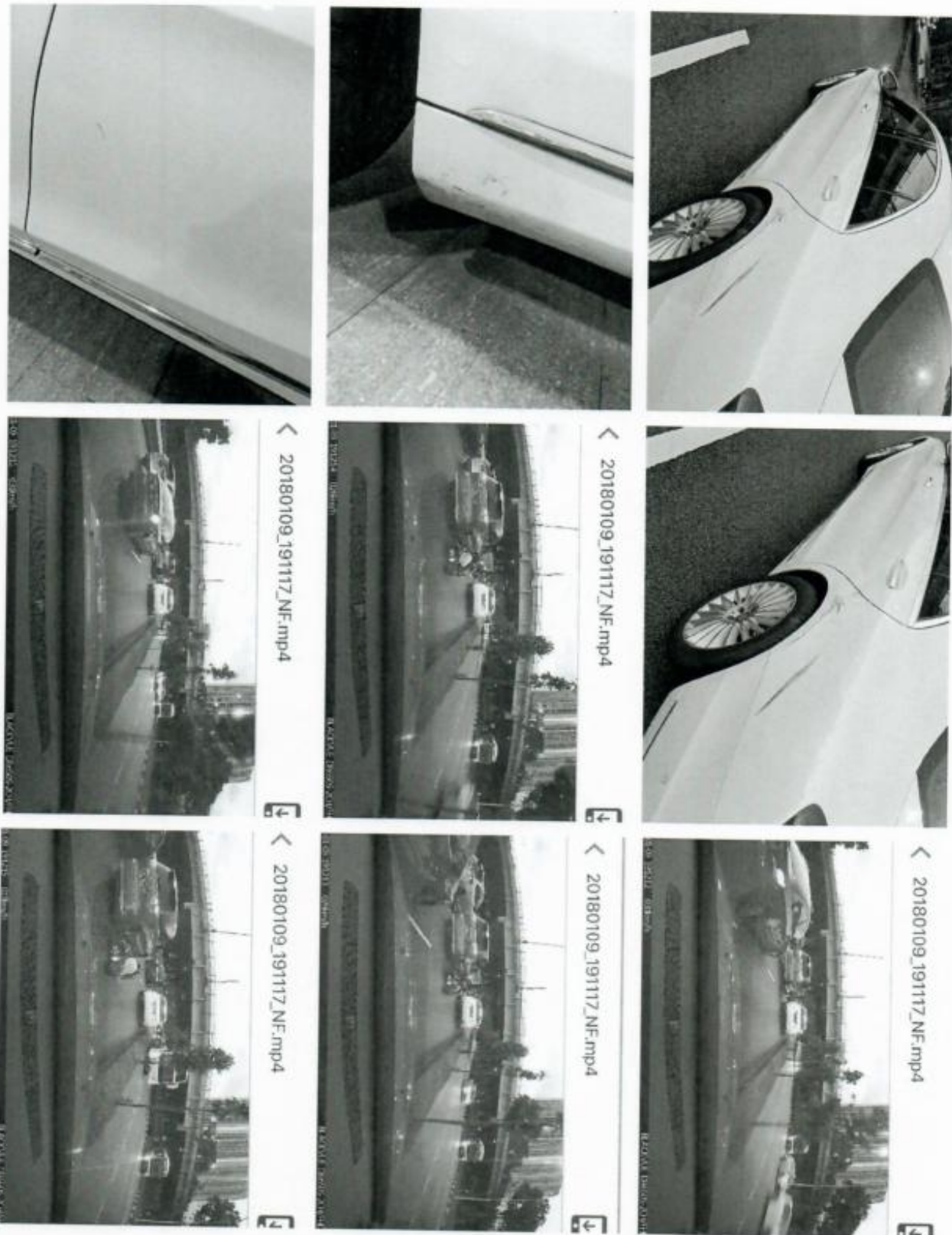


Sketch Plan #4





Sketch Plan #5





## Accident Sketch Plan



FOR C&C USE ONLY



## Accident Sketch Plan

Dear Sir/Mdm,

I am filing this report on behalf of my husband, Han Meng Siew, as he had to leave on an overseas trip on the night of 9<sup>th</sup> January 2018.

On 9<sup>th</sup> January 2018 at around 7.10pm, my husband, daughter and I were travelling in our car (SKB5288M) along Thomson Road towards Marymount Road (opposite Cube 8 condominium). A motorcyclist Nurwanee Binte Abdul Halim with a probation plate on her motorbike (FBC8024P) tried to squeeze through our car and another car (SKR5995X) and hit both cars on the side. As her motorbike fell, it dragged across the cars and hit the car (SGP9491P) behind us as well.

No one was hurt in the accident. This was confirmed by the people involved as my husband asked them if they were hurt and if anyone needed for medical help to be called.

My daughter has taken photos of the damage to the car, and the owner of the car behind us also has also sent photos of the entire accident to us. These photos can be produced if required.

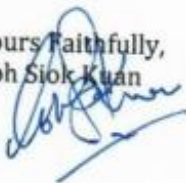
Below are the contact details of the parties involved:

Kenny Yap  
Vehicle Number: SKR 5995 X  
Contact number: 9632 2990

Nurwanee Binte Abdul Halim  
Vehicle Number: FBC 8024 P  
Contact Number: 8511 9718

Grismond Tien  
Vehicle Number: SGP 9491 P  
Contact Number: 9761 2777

Yours Faithfully,  
Goh Siok Kuan



# Accident Sketch Plan



## CERTIFICATE OF INSURANCE

### MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : GOH SIOK KUAN  
 Period of Insurance : 18 May 2017 To 17 May 2018  
 Engine No. : 27682430461698  
 Chassis No. : WDD2221622A291506

Vehicle No. : SKB5288M  
 Policy No. : 1700018019  
 Endorsement No. : 000000000116784  
 Issued Date : 14 Jun 2017

#### ABOUT THE COVER

Make/Model : MERCEDES/Benz S320L Sedan  
 Engine Capacity/Tonnage : 2,995.00 CC  
 Driver Restriction : NA  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2017  
 Insuring with COE/PAF : Yes

#### Person or Classes of Persons Entitled to Drive\*

Any person other than the Policyholder who is driving on the Policyholder's order or with his/her permission.  
 This Policy will indemnify any authorized driver other than the Policyholder only if he/she meets the specified age condition.

You have to pay an additional sum of \$5,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorized Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

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 tuition, driving test, racing, pace-making, rallying 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 (15 days) 2000cc

\* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 186) and Section 65 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 Damage - \$0

Windscreen : \$100

#### Named Driver and Excess (where applicable)

HAN MENG SHEW - \$600 (Own Damage)

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

1. Eunos Service Center (For accident reporting only) Add: 350 Ubi Road 3 Singapore 406650 67422338  
 2. Pandan Loop Service Center - Body Care & Repair (For accident repair & accident reporting) Add: 188 Pandan Loop Singapore 128376 67778288

For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 8338 0200. Alternatively, you may refer to AIG website: www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

I/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. 186), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1950 (Malaysia).

0504380207

CYCLE & CARRIAGE - ANNC  
 239 ALEXANDRA ROAD  
 SINGAPORE 159830

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Signature*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORIZED REPRESENTATIVE

SBC/AYK

100 Shenton Way #07-10 AIG Building 230000 Singapore