

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	30/11/2015 13:24
Date Of Accident	28/11/2015 23:55
Exact Location Of Accident	PIE EXIT TOWARDS BKE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU130D
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Insured/Policyholder

Name Of Registered Owner	LIM MUN CHIU
NRIC No	S7635939C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86866012
Alternative Phone No	Office-86866012

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	2100339067-02000
Cover Note Number	

Driver

Name of Driver	LIM MUN CHIU
NRIC No	S7635939C
Date Of Birth	12/11/1976
Occupation	Indoor
Date Of Driving Pass	20/08/1997
Driving Experience	18 Years And 3 Months
Gender	Male
Mobile Number	(Local) +65-86866012
Fax Number	
Contact Number	Office-86866012
EEmail Address	NOEMAIL

Address	BLK 136C HILLVIEW AVE #02-02
Postcode	669608
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	Unknown - REFER TO SKETCH PLAN
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
Was there any video captured by Car Camera?	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

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHF725R
Vehicle Make/Model/Colour	TRANS-CAB
Details Of Properties	
Name of Driver	CHOW KIN TONG
NRIC/Passport Number	S1330737G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	



CERTIFICATE OF INSURANCE

ROYALINK TEL: (65) 6419 3000
FAX: (65) 6415 3223

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1962
ROAD TRANSPORT ACT, 1967 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1968 (MALAYSIA)

M.X.1

MERCEDES-BENZ MOTOR INSURANCE		OWN DAMAGE EXCESS	S\$800.00 (1)
CERTIFICATE NO. 2100339067-02000		WINDSCREEN EXCESS	S\$100.00
		(for policies with effect from 1st November 2002)	
		SUM INSURED	Market Value
		INSURING WITH COE/PAF	Yes
		STU130D	
1) VEHICLE REGISTRATION NO.		Lun Mun Chiu (Lin Wei Zhao)	
2) NAME OF INSURED		8 May 2015	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		7 May 2016	
4) DATE OF EXPIRY OF INSURANCE			
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE * SUBJECT TO AGE CONDITION : 35 years old and above			
<p>a) The Insured</p> <p>b) Any other person who is driving on the Insured's order or with his permission.</p> <p>As "Elderly, Young and/or Inexperienced Driver Excess" ("EYDER") of an additional sum of S\$3,000.00 in addition to the Policy Excess applies to You and an Authorised Driver (named or unnamed) if You are or the said Authorised Driver is above the age of 65, below the age of 23 and/or has less than 2 years' driving experience.</p>			
<p>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.</p>			
6) LIMITATION AS TO USE *			
<p>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.</p>			
APPROVED REPORTING CENTRES / MERCEDES-BENZ AUTHORISED REPAIRERS			
1. Cycle & Carriage Paudan Loop Service Center - 188 Paudan Loop (Tel: 6777 8388)			
APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)			
2. ComfortDelgro Engin - 205 Bras Basah Rd (Tel: 63837118) 3. Ethos - 22 Tampines St 92 (Tel: 65477777)			
4. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780837) - For windscreen only 5. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479567)			
6. Lai Hui (Meng Kee) Motor - 21 Sin Ming Ind. (Tel: 64538110) 7. Maya Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723822)			
8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336) 9. SME Motor - 1 Kaki Bukit Ave 6 Bldg D (Tel: 67476186)			
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 - Citibank Singapore Limited			
EMPLOYER'S LOAN			
* Limitations rendered inoperative by Section 2 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1967 (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, 1967 (Malaysia).

Issued At Singapore 21 Apr 2015

AIG Asia Pacific Insurance Pte. Ltd.

500660-411
CYCLE & CARRIAGE - NL
239 ALEXANDRA ROAD
SINGAPORE 159936
ANSP-MOTOR

AUTHORISED REPRESENTATIVE

ORIGINAL

SSCAIR

SKETCH PLAN

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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.

[Handwritten Signature]

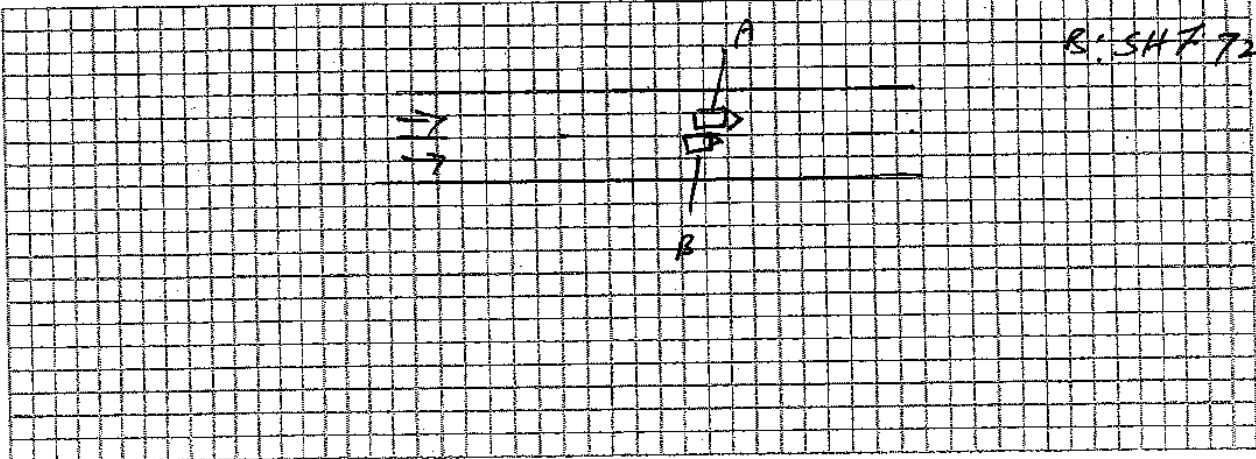
30/11/15 12:20pm

Policyholder's Signature / Date & Time

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

Vincent Seah
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
DID: 6771 4401 HP: 8332 0062 Fax: 6872 1272
Email: vincent.seah@cyclecarriage.com.sg
Witnessed by Reporting Centre Personnel

Sketch Plan



A: SJU 130D
R: SHF 725R

Describe Circumstances of the Accident


Attach Report.

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)



30/11/5 12:20pm

Policyholder's Signature / Date &
Time

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

Vincent Seah
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
DID: 6771 4401 HP: 8332 0062 Fax: 6872 1272
Email: vincent.seah@cyclencarriage.com.sg

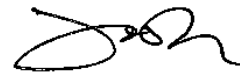
Witnessed by Reporting Centre
Personnel

29 Nov 2015

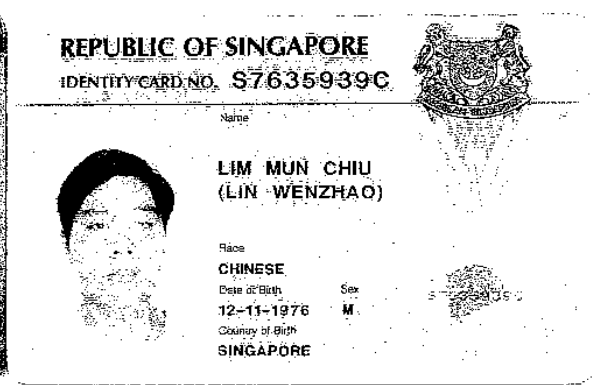
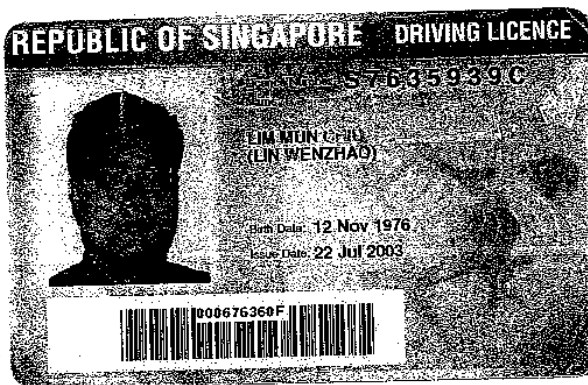
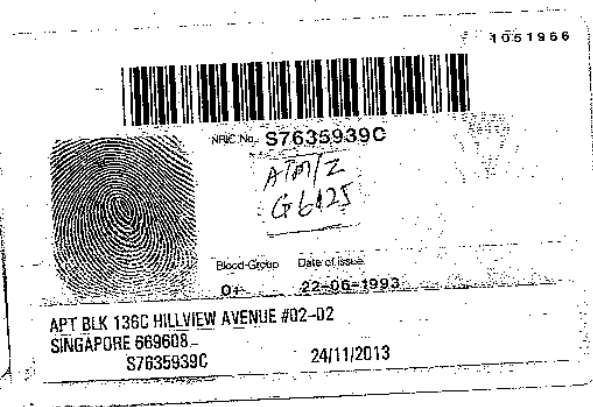
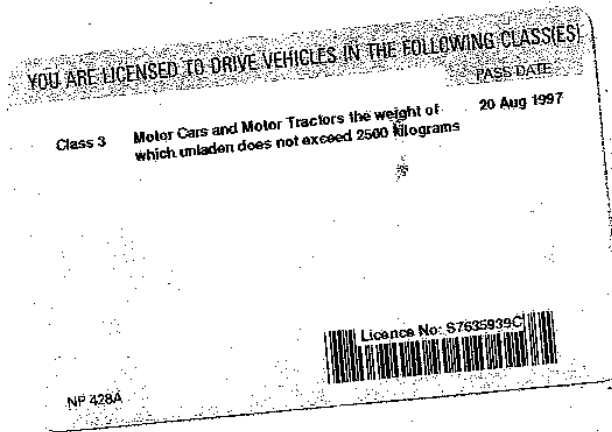
I, LIM MUN CHIU NRIC S7635939C authorized Goh Chen Chen NRIC S7440384J to help me file a report on an accident where a TRAVE island taxi SHF725R driven by CHOW KIN TONG NRIC S13307376 hit the rear right end of my car. The accident happened along PIE exit towards BKE when a cab just crossed the double white line and hit the right rear side of my car causing scratches at the side of my car. I am filing a claim against CHOW KIN TONG for all the repairs on my car.

Regards,

Joehua Lim Mun Chiu



Sketch Plan #5 Pg.1



Accident Photo



Accident Photo



Accident Photo



Accident Photo

