

## 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 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	08/03/2018 11:27
Date Of Accident	07/03/2018 17:30
Exact Location Of Accident	UPPER SERANGOON RD TURNING TO BOUNDARY RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SK2000D
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### Insured/Policyholder

Name Of Registered Owner	CHOW SIEW YING
NRIC No	S0102414J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98183338
Alternative Phone No	Office-98183338

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200 COUPE

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
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If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700085519
Cover Note Number	

### Driver

Name of Driver	CHOW SIEW YING
NRIC No	S0102414J
Date Of Birth	09/02/1945
Occupation	INDOOR
Date Of Driving Pass	16/12/1971
Driving Experience	46 YEARS AND 2 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-98183338
Fax Number	
Contact Number	OFFICE-98183338
EMail Address	NOEMAIL
Address	101 BUKIT TERESA ROAD
Postcode	099742
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
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)	2
Passenger 1	Name: : UNKNOWN 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

I WAS ON THE INNER LANE MAKING A RIGHT TURN AT THE TRAFFIC LIGHT JUNCTION WHEN CAR B (CB7001E) ON THE LEFT HAND SIDE OF ME WHO WAS TURNING TOO, CUT INTO MY LANE AND COLLIDED WITH MY RIGHT LEFT PORTION.

#### 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	CB7001E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number  
Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

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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, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

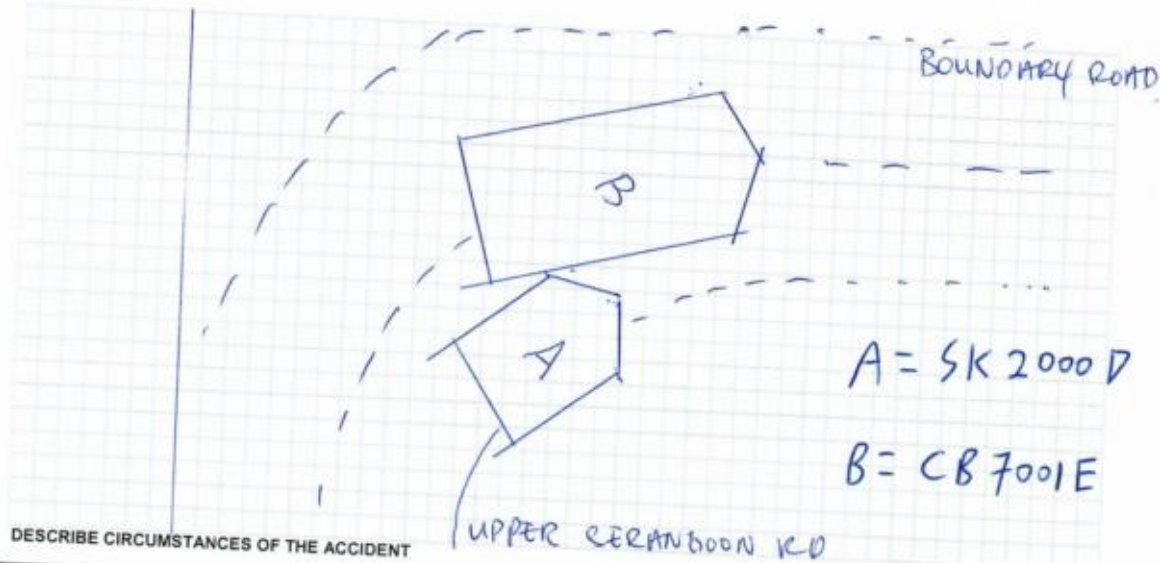
  
Policyholder's Signature  
Date & Time

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

**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 Lor

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS ON THE INNER LANE MAKING A RIGHT TURN AT THE TRAFFIC LIGHT JUNCTION WHEN VEH B( CB7001E ) ON THE LEFT HAND SIDE OF ME WHO WAS TURNING TOO, CUT INTO MY LANE AND COLLIDED WITH MY FRONT LEFT PORTION.

## 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

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

**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

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



# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : CHOW SIEW YING  
Period of Insurance : 15 Dec 2017 To 14 Dec 2018  
Engine No. : 27492031135210  
Chassis No. : WDD2383422F016535

Vehicle No. : SK2000D  
Policy No. : 1700065519  
Endorsement No. : 000000000174703  
Issued Date : 16 Jan 2018

### ABOUT THE COVER

Make/Model : MERCEDES Benz E200 Coupe  
Engine Capacity/Tonnage : 1,991.00 CC  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2017  
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 authorized driver only if he/she meets the specified age condition.  
You have to pay an additional sum of \$5,500 as "Young and Inexperienced Driver Excess" ("YIDE") if this driver 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, bike-racing, 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 imposed inoperative by Section 3 of the Motor Vehicles (Third-Party Rules and Compensation) Act (Cap. 186) and Section 55 of the Road Transport Act, 1967 (Malaysia) are not to be included under these headings.

### EXCESS

Section 1  
Fire - \$0 Own Damage - \$1500 Theft - \$0 Flood Cover - \$0

Section 2  
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

CHOW SIEW YING

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

1. Service Service Center (For accident reporting only) Add: 530 Ubi Road 3 Singapore 408550 (74112538)  
2. Pandan Loop Service Center - Body Care & Repair (For accident repair & accident reporting) Add: 159 Pandan Loop Singapore 120176 (67777958)  
For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6358 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://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: Daimler Financial Services Africa & Asia Pacific Ltd

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 Rules and Compensation) Act (Cap. 186), Part IV of the Road Transport Act, 1967 (Malaysia) and Motor Vehicles (Third Party Rules) Rules, 1969 (Malaysia).

0504612205

CYCLE & CARRIAGE - ANGELA  
239 ALEXANDRA ROAD  
SINGAPORE 159530

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Angela*

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

800/00

79 Shenton Way #07-10 AIG Building 50729120 | T: +65 6419 3000 | F: +65 6415 3723 | [www.aig.com.sg](http://www.aig.com.sg)



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S0102414J

Name:

CHOW SIEW YING

Birth Date: 09 Feb 1945

Issue Date: 15 Apr 2003



FOR C&C USE ONLY

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

16 Dec 1971

FOR C&C USE ONLY

NP 428A



Licence No: S0102414J

Accident Photo





Accident Photo



Accident Photo



Accident Photo



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