

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	26/03/2018 10:42
Date Of Accident	25/03/2018 19:00
Exact Location Of Accident	JCT OF MARYMOUNT RD & ANG MO KIO AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ6304P
Insured/Policyholder	
Name Of Registered Owner	LIU FANG
NRIC No	S7673580H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94568093
Alternative Phone No	Office-94568093

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200
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
If No, Please state action to be taken	
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	2100371353-04
Cover Note Number	

Driver

Name of Driver	LIU FANG
NRIC No	S7673580H
Date Of Birth	26/04/1976
Occupation	INDOOR
Date Of Driving Pass	09/03/2006
Driving Experience	12 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94568093
Fax Number	
Contact Number	OFFICE-94568093
EMail Address	NOEMAIL

Address	BLK 3 PANDAN VALLEY #03-315
Postcode	597627
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	COLLISION - HEAD TO REAR
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)	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

I WAS DRIVING ALONG ANG MO KIO AVENUE 1 TOWARDS UPPER THOMSON ROAD. AS I APPROACHED THE TRAFFIC JUNCTION OF ANG MO KIO AVENUE 1 MARYMOUNT ROAD, THE TRAFFIC LIGHTS WERE TURNING AMBER. THE CAR IN FRONT ACCELERATED, IT APPEARED IT TRIED TO CROSS BEFORE IT TURNED RED. INSTEAD THE CAR IN FRONT SUDDENLY STOPPED AFTER CROSSING THE LINE. I TRIED HITTING THE BRAKES BUT UNFORTUNATELY, MY CAR HIT THE CAR IN FRONT.

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	SLV9646U
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA ANN LAM
NRIC/Passport Number	S0116643C
Contact Number	88003582
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RIGHT REAR PORTION
No. Of Passenger (Including Driver)	1

Sketch Plan


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.
- (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.

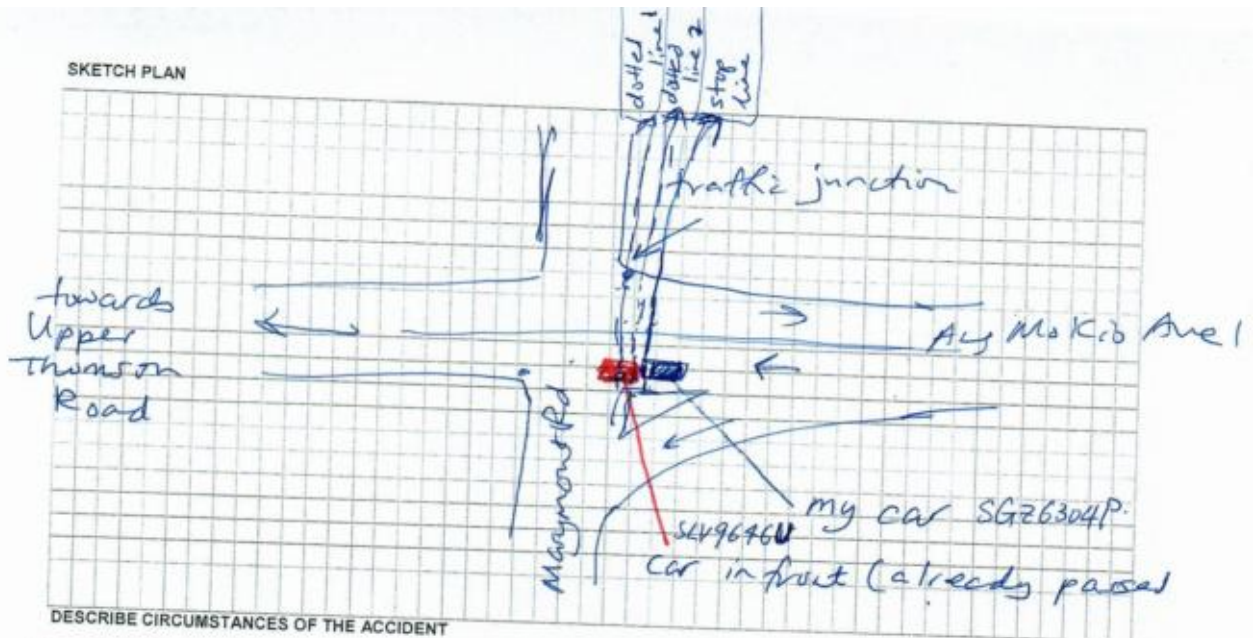

26/02/18 09:45am
Policyholder's Signature
Date & Time

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

Reporting Centre Person
Name:
NRIC/FIN No.:

Vincent Seah
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Centre
DID: 6771 4401 HP: 8332 0053 FAX: 6872 1272
Email: vincent.seah@cycleandcarriage.com.sg

SKETCH PLAN



I was driving along Ang Mo Kio Avenue 1 towards Upper Thomson Road. As I approached the traffic junction of Ang Mo Kio Avenue 1 and Marymount Rd, the traffic lights were turning amber. The car in front accelerated, it appeared it tried to cross before it turned red. Instead ^{the car in front} suddenly stopped after crossing the line. I tried hitting the brakes but unfortunately, my car hit the car in front.


DECLARATION

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)

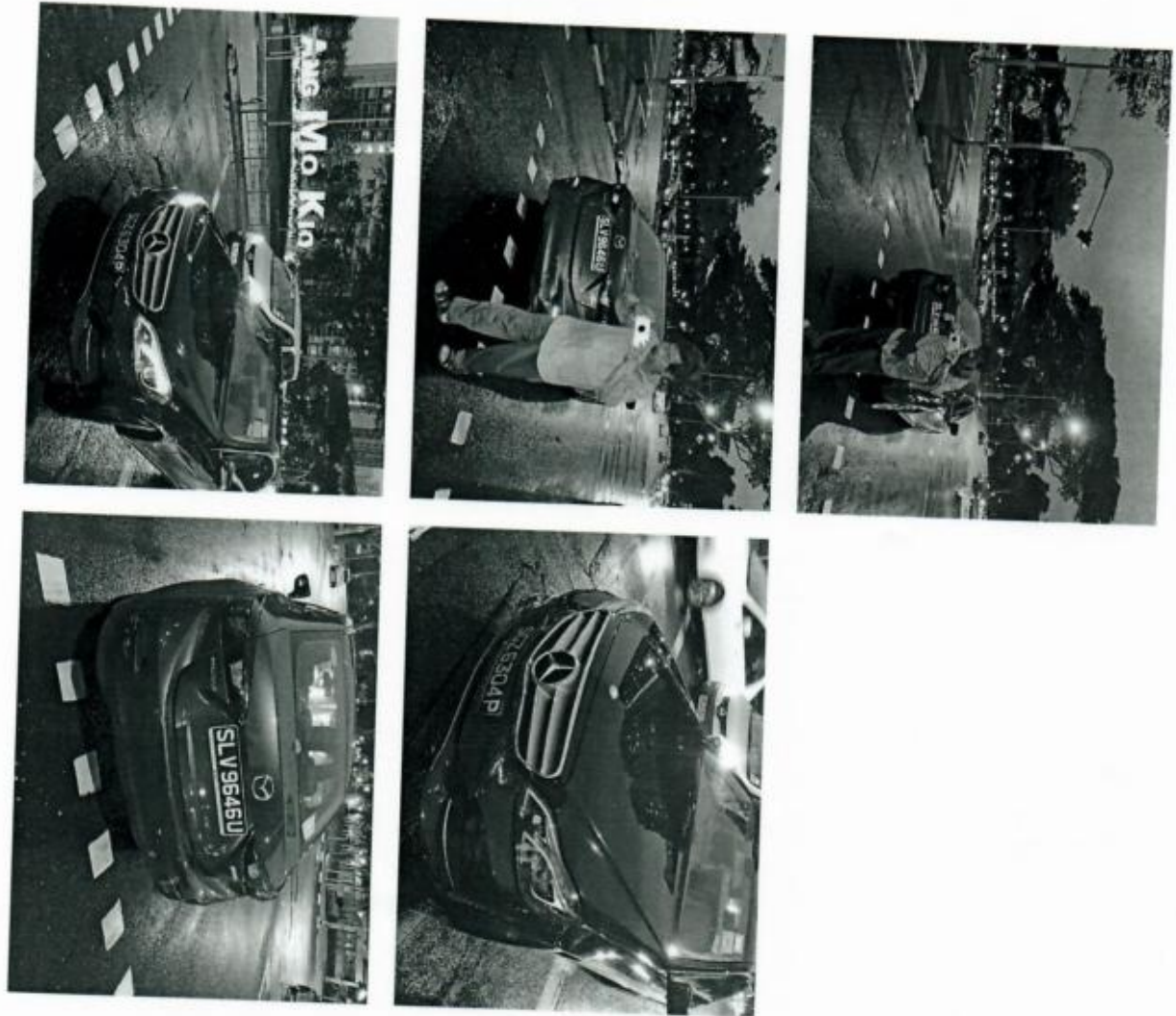
26/03/10 09:45am
Policyholder's Signature
Date & Time


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

Vincent Seah
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
Tel: 6771 4401, 112 8332 0952, Fax: 6772 1272
Email: vincent.seah@cyclecarriage.com.sg
Reporting Centre Personnel's
Name:
NRIC/FIN No.:



Sketch Plan #4



Sketch Plan #5



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Liu Fang
Period of Insurance : 25 Apr 2018 To 24 Apr 2019
Engine No. : 27492030156884
Chassis No. : WDD2120342A984034

Vehicle No. : SGZ6304P
Policy No. : 2100371353-04
Endorsement No. :
Issued Date : 20 Mar 2018

ABOUT THE COVER

Make/Model : MERCEDES BENZ E200 2.0 CGI SEDAN
Engine Capacity/Tonnage : 1,991.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2014
Insuring with COE/PAF : 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 \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDER") if You are or Your Authorized Driver (named or unnamed) is under the age of 25 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, 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 rendered imperative by Section 9 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 188) and Section 95 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)

Liu Fang - \$800 (Own Damage)

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

1. Euro Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 67412338

2. Pandan Loop Service Center - Body Care & Repair (For accident repair & accident reporting) Add: 188 Pandan Loop Singapore 125578 67778388

For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. 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

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

0500660330

CYCLE & CARRIAGE - TS
239 ALEXANDRA ROAD
SINGAPORE 159930 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SGP/SLT

16 Robinson Way #07-16 AIG Building 6076120 | T +65 6419 3000 | F +65 6418 3223 | www.aig-ams.sg

AIG Asia Pacific Insurance Pte. Ltd.

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

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg

PASS DATE

09 Mar 2006

NP 428A



Licence No. S7673500H

FOR C&G USE ONLY

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7673580H

Name: LIU FANG

Birth Date: 26 Apr 1976

Issue Date: 09 Mar 2006



001484865K

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

