

## 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	09/04/2018 10:38
Date Of Accident	08/04/2018 17:30
Exact Location Of Accident	MANDAI COLUMBRIUM DRIVEWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBH233D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THAM HOCK SAN
NRIC No	S0120299E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90121737
Alternative Phone No	Office-90121737

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180
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	2100376368-03000
Cover Note Number	

### Driver

Name of Driver	THAM HOCK SAN
NRIC No	S0120299E
Date Of Birth	28/05/1951
Occupation	INDOOR
Date Of Driving Pass	31/07/1971
Driving Experience	46 YEARS AND 8 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-90121737
Fax Number	
Contact Number	OFFICE-90121737
EMail Address	NOEMAIL
Address	BLK 330 BUKIT BATOK ST 33 #10-111
Postcode	650330
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	2
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 REVERSING TO PARALLA PARK BY THE ROADSIDE, AS I WAS PARKING HALFWAY. CAR B (SHC1614L, TAXI) CAME, DID NOT STOP AND KNOCKED INTO THE BACK OF MY CAR.

#### 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	SHC1614L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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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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.

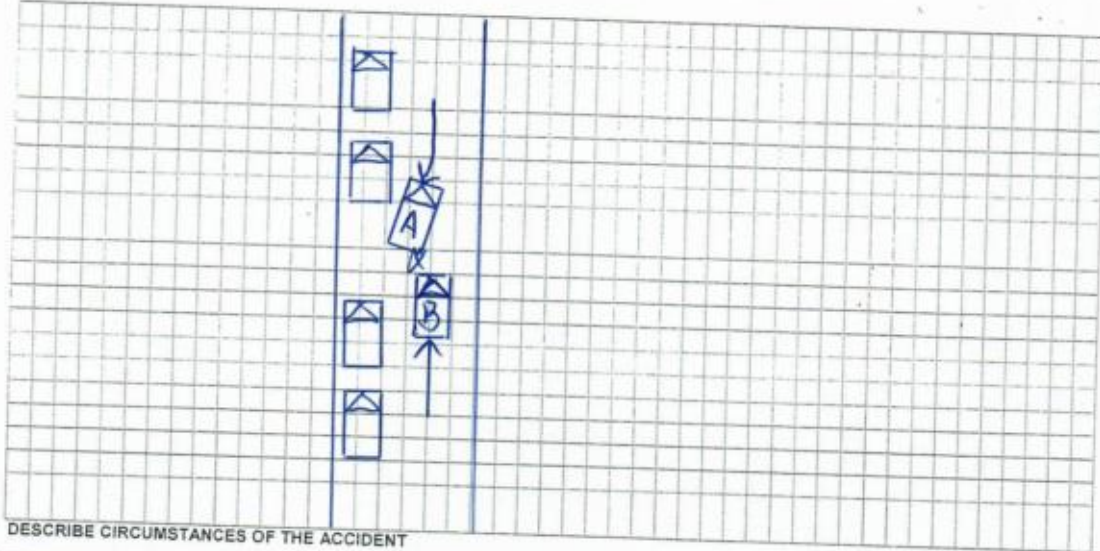
\_\_\_\_\_  
Policyholder's Signature  
Date & Time

\_\_\_\_\_  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time

**Vik Chan Hoe**  
Cycle & Carriage Industries Pte Ltd  
Body Care & Repair Center  
DID: 6771 4353 HP: 9186 5109 Fax: 6872 1272  
Email: chanhoe.vik@cyclecarriage.com.sg

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reversing to parallel park by the roadside, as I was parking halfway, Car B (taxi) came, did not stop and knocked into the back of my car.

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

**Yik Chan Hoe**  
 Cycle & Carriage Industries Pte Ltd  
 Body Care & Repair Center  
 171 4253 HP: 9186 5109 Fax: 6872 1272  
 Email: [yik@cyclecarriage.com.sg](mailto:yik@cyclecarriage.com.sg)  
 Reporting Centre Personnel's  
 Name:  
 NRIC/FIN No.:





HOTLINE TEL: (65) 6419-3000  
FAX: (65) 6415-3723

## 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

CERTIFICATE NO. 2100376368-03000

(The below excess is subject to GST)

OWN DAMAGE EXCESS S\$800.00 (1)  
WINDSCREEN EXCESS S\$100.00

(for policies with effect from 1st November 2002)

1) VEHICLE REGISTRATION NO.

SUM INSURED Market Value  
INSURING WITH COE/PARF Yes

SBH233D

2) NAME OF INSURED

Tham Hock San

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

19 Jun 2017

4) DATE OF EXPIRY OF INSURANCE

18 Jun 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

SUBJECT TO AGE CONDITION: All Age Condition

a) The Insured.

b) Any other person who is driving on the Insured's order or with his permission.

This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions.

A Young and/or inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition 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

1. Cycle & Carriage Pandan Loop Service Center - 188 Pandan Loop (Tel: 6777 8388)

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

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

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

HIRE PURCHASE COMPANY MERCEDES-BENZ FINANCIAL SERVICES (S) LTD  
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 in Singapore 15 May 2017

AIG Asia Pacific Insurance Pte. Ltd.

500660-398  
CYCLE & CARRIAGE - DANNYP  
239 ALEXANDRA ROAD  
SINGAPORE 159930  
ANSP-MOTOR

AUTHORISED REPRESENTATIVE

ORIGINAL

SSC2SS

AIG Building, 78 Shenton Way #07-16 Singapore 079120

AIG Asia Pacific Insurance Pte. Ltd.

Sketch Plan #4

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S0120299E**  
Name: **THAM HOCK SAN**

Birth Date: **28 Mar 1951**  
Issue Date: **07 May 2004**

001213888D

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	31 Jul 1971

S0120299E

S / No. 9000230540

NP 428A

Licence No: S0120299E

FOR C&C USE ONLY

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

