

## 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	14/05/2018 10:43
Date Of Accident	12/05/2018 17:30
Exact Location Of Accident	JALAN EUNOS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDL7462T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE YANG JOON
NRIC No	S2551262F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84287713
Alternative Phone No	Office-84287713

<b>Vehicle Particulars</b>	
Manufacturer	MERCEDES-BENZ
Model	C180
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

<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100363580-04
Cover Note Number	

<b>Driver</b>	
Name of Driver	LEE POH CHOO
NRIC No	S0022572Z
Date Of Birth	24/10/1953
Occupation	INDOOR
Date Of Driving Pass	18/10/1979
Driving Experience	38 YEARS AND 6 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-96633826
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	2 GATEWAY DRIVE #19-03
Postcode	608533
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	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	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)	2
Passenger 1	Name: : LEE ENG CHOO 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 DRIVING ALONG LANE 1 IN JALAN EUNOS TOWARDS STILL ROAD. AFTER REALISING I WAS IN THE TURNING LANE 1 WAITED PATIENTLY FOR THE TRAFFIC ON THE LEFT LANE TO CLEAR BEFORE FILTERING OUT TO THE LEFT. AFTER I HAD FILTERED OUT THE NEXT LANE AND BEFORE I COULD ACCELERATE, I FELT A BIG JERK AND FELT MY CAR WAS PUSHED TO THE RIGHT. I IMMEDIATELY STOPPED AND NOTED A RED TRANS CARB BEARING REGISTRATION NO SHF759T HAD CUT INTO MY LANE AGGRESSIVELY AND RECKLESSLY FROM THE LEFT AT HIGH SPEED THAT HE ONLY MANAGED TO STOP HIS CAR QUITE A DISTANCE IN FRONT OF MY CAR BOTH MY PASSENGER AND I GO OUT OF OUR CAR WHEN IT WAS SAFE. TO EXAMINE THE DAMAGE AND FOUND THE FRONT LEFT SIDE OF MY CAR BODY BADLY SCRATCHED WITH DENT INCLUDING THE RIM. THE DRIVER GOT OUT OF HIS CAR AND WALKED TOWARDS ME WITH AN AGGRESSIVE BEHAVIOUR AND POINTING THE FAULT AT ME. WHEN I TOLD HIM THAT MY CAR HAD CAMERA RECORDINGS, HE IMMEDIATELY TONED DOWN. SINCE THERE WAS NO INJURY ON BOTH SIDES. I THEN SUGGESTED TO HIM TO SHIFT OUR CARS TO A SAFER PLACE AT JOO CHIAT PLACE TO EXCHANGE OUR PARTICULAR.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REFER CSE KO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHF759T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver LYE POH WAH

NRIC/Passport Number S1200743D

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:

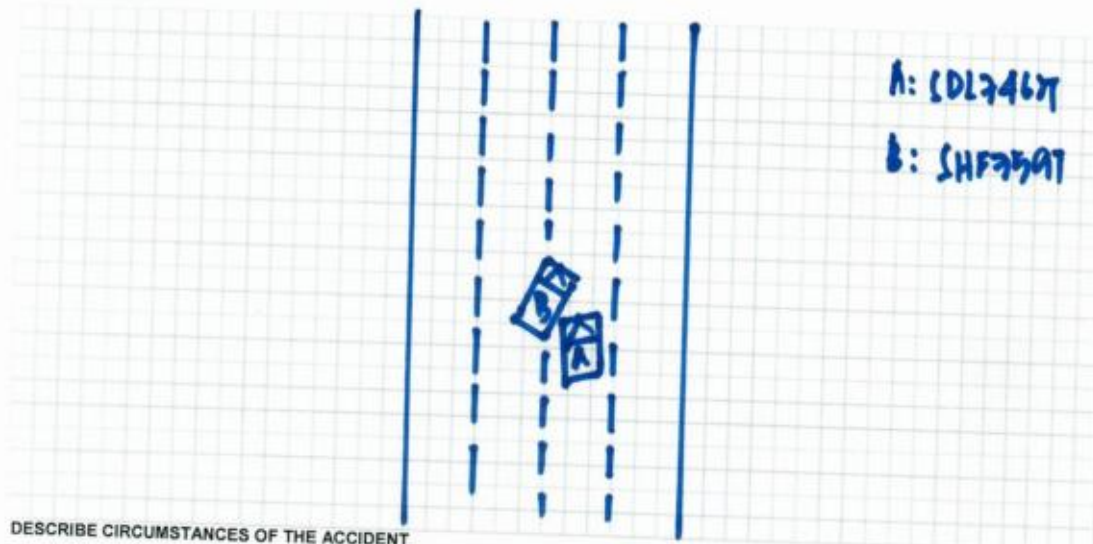
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 14/05/2018 0945

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time 14/5/2018  
1002 PM

**Kerlyn Ong Kai Li**  
DID : 6771 4420 HP : 9186 5113  
Email : kerlyn.ong@cyclecarriage.com.sg  
Cycle & Carriage Industries, Pte Ltd  
Customer Service Centre, Pandan Loop  
Name: KERLYN  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG LANE 1 IN JALAN EUNOS TOWARDS STILL ROAD. AFTER REALISING I WAS IN THE TURNING LANE I WAITED PATIENTLY FOR THE TRAFFIC ON THE LEFT LANE TO CLEAR BEFORE FILTERING OUT TO THE LEFT. AFTER I HAD FILTERED OUT TO THE NEXT LANE AND BEFORE I COUD ACCELERATE, I FELT A BIG JERK AND FELT MY VEHICLE WAS PUSHED TO THE RIGHT. I IMMEDIATELY STOPPED AND NOTED A RED TRANS CAB BEARING REGISTRATION NO. SHF7597 HAD CUT INTO MY LANE AGGRESSIVELY AND RECKLESSLY FROM THE LEFT AT HIGH SPEED THAT HE ONLY MANAGED TO STOP HIS VEHICLE QUITE A DISTANCE IN FRONT OF MY CAR BOTH MY PASSENGER AND I GO OUT OF OUR CAR WHEN IT WAS SAFE, TO EXAMINE THE DAMAGE AND FOUND THE FRONT LEFT SIDE OF MY CAR BODY BADLY SCRATCHED WITH DENT INCLUDING THE RIM. THE TAXI DRIVER GOT OUT OF HIS VEHICLE AND WALKED TOWARDS ME WITH AN AGGRESSIVE BEHAVIOUR AND POINTING THE FAULT AT ME. WHEN I TOLD HIM THAT MY CAR HAD CAMERA RECORDINGS, HE IMMEDIATELY TONED DOWN. SINCE THERE WAS NO INJURY ON BOTH SIDES, I THEN SUGGESTED TO HIM TO SHIFT OUR VEHICLES TO A SAFER PLACE AT JOO CHIAT PLACE TO EXCHANGE OUR PARTICIULARS.

## 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 14/05/2018 0945

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

**Kerlyn Ong Kai Li**  
DID : 6771 4420 HP : 9186 5113  
Email : kerlyn.ong@cyclecarriage.com.sg  
Cycle & Carriage Industries Pte Ltd  
Customer Service Centre - Pandan Loop

Reporting Centre Personnel's  
Name: 14/05/2018 0945  
NRIC/FIN No.:





## CERTIFICATE OF INSURANCE

### MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Lee Yang Joon  
Period of Insurance : 06 Feb 2018 To 05 Feb 2019  
Engine No. : 27491030133732  
Chassis No. : WDD2040312A929395

Vehicle No. : SDL7482T  
Policy No. : 2100363580-04  
Endorsement No. :  
Issued Date : 16 Jan 2018

#### ABOUT THE COVER

Make/Model : MERCEDES BENZ C180 CGI BE 1.6 (STYLE)  
Engine Capacity/Tonnage : 1,595.00 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 authorised 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" ("YIDR") if You are or Your Authorised 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, 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 inoperative by Section 9 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) 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 - \$500 Theft - \$0 Flood Cover - \$0

Section 2  
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Lee Yang Joon - \$800 (Own Damage)

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

1 Eunus Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 67412336

2 Pandan Loop Service Center - Body Care & Repair (For accident repair & accident reporting) Add: 186 Pandan Loop Singapore 126378 67776388

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

(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. 189) Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).)

D500660351

CYCLE & CARRIAGE - JACQHO  
239 ALEXANDRA ROAD  
SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Janile*

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

ISSN: 14

78 Shenton Way #24-01 AIG Building Singapore 048924 Tel: 65 6338 6200 Fax: 65 6338 6228 [www.aig.com.sg](http://www.aig.com.sg)

AIG Asia Pacific Insurance Pte. Ltd.

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S0022572Z**  
Name: **LEE POH CHOO**

Birth Date: **24 Oct 1953**  
Issue Date: **12 Aug 2003**



 000736268B

**FOR C&C USE ONLY**

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

**Class 3** **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

PASS DATE  
**18 Oct 1979**

**FOR C&C USE ONLY**

NP 428A

Licence No: S0022572Z  


Accident Photo





Accident Photo



Accident Photo



## Driving License





Accident Photo



Accident Photo





Accident Photo



Accident Photo

