

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 10:13
Date Of Accident	12/05/2018 12:15
Exact Location Of Accident	JCT OF LOR. MYDIN AND SIM'S AVE EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH113Y
Insured/Policyholder	
Name Of Registered Owner	ANG KEAT HIN
NRIC No	S6974762J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96341990
Alternative Phone No	OFFICE-96341990

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	2100376439-03000
Cover Note Number	

Driver

Name of Driver	ANG KEAT HIN
NRIC No	S6974762J
Date Of Birth	10/03/1969
Occupation	INDOOR
Date Of Driving Pass	19/03/1990
Driving Experience	28 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96341990
Fax Number	
Contact Number	OFFICE-96341990
E-Mail Address	NOEMAIL

Address	97 BEDOK TERRACE
Postcode	469252
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 - CHANGE/CROSS LANE
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: : ALICE WANG 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

STOP AT JUNCTION. LANE 1 NO TRAFFIC. VEHICLE B (GBG539C, VAN) CHANGED LANE FROM LANE 2 TO LANE 1 AND THE SIDE OF VEHICLE B GRAZED THE LEFT FRONT OF MY CAR. VEHICLE B CONTINUED ON FOR A DISTANCE BEFORE STOPPING.

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	GBG539C
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WANG ZHIBIN
NRIC/Passport Number	G2298127M
Contact Number	
Address	JIN HOE HENG TRADING P/L 403 CHANGI RD 5
Postcode	419856
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

RIGHT FRONT AND REAR

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.

14/05/18 09:00 am

Policyholder's Signature

Date & Time



Driver's Signature

(If driver is not the policyholder)

Date & Time

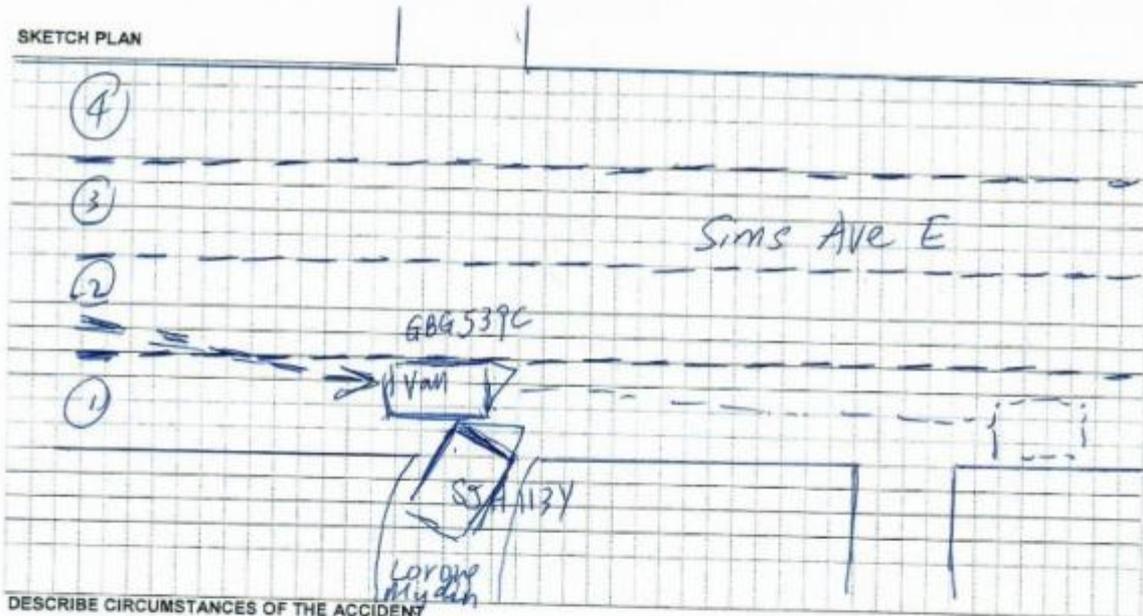
Reporting Centre Personnel's

Name:

NRIC/FIN No.:

Vincent Seah
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
DID: 6771 4401, HP: 8332 0082, Fax: 6872 2272
Email: vincent.seah@cyclocarriage.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Stop at junction. Lane 1 no traffic. Van GBG539C changed lane from lane 2 to lane 1 and the side of the van grazed the left front of my car. Van continued on for a distance before stopping.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

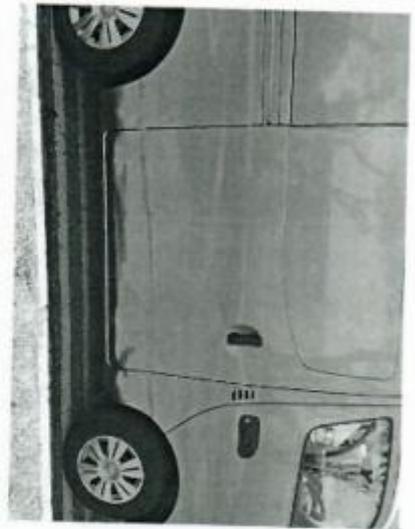
Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

14/05/18 09:00am
 Policyholder's Signature
 Date & Time

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

Vincent Seah
 Cycle & Carriage Industries Pte Ltd
 Body Care & Repair Centre
 Tel: 6771 4401 HP: 8122 0062 Fax: 6771 1272
 Email: vincent.seah@cyclecarriage.com.sg
 Reporting Centre Person's
 Name:
 NRIC/FIN No.:



Accident Sketch Plan

- duplicate -



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3725

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	(The below excess is subject to GST)
CERTIFICATE NO. 2100376439-03000	OWN DAMAGE EXCESS S\$800.00 (1) WINDSCREEN EXCESS S\$100.00 <small>(for policies with effect from 1st November 2002)</small>
	SUM INSURED Market Value
	INSURING WITH COE/PARF No
1) VEHICLE REGISTRATION NO.	SJH113Y
2) NAME OF INSURED	Ang Keat Hin
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	23 Jun 2017
4) DATE OF EXPIRY OF INSURANCE	22 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: 63637118) 3. Ethoz - 30 Bukit Batok Cres (Tel: 66547777)	
4. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780987) - For windscreen only 5. Kan Fook Sing Motor - 81 Defu Lane 12 (Tel: 67479560)	
6. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64638110) 7. Move 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 BIK D (Tel: 67476105)	
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	
<small>*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.</small>	

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 Jun 2017

AIG Asia Pacific Insurance Pte. Ltd.

500660-301
CYCLE & CARRIAGE - ALC
239 ALEXANDRA ROAD
SINGAPORE 159930
ANSP-NONLIFE

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPWTC

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	19 Mar 1990

NP 42BA

Licence No: S6974762J



FOR C&C USE ONLY

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REPUBLIC OF SINGAPORE DRIVING LICENCE

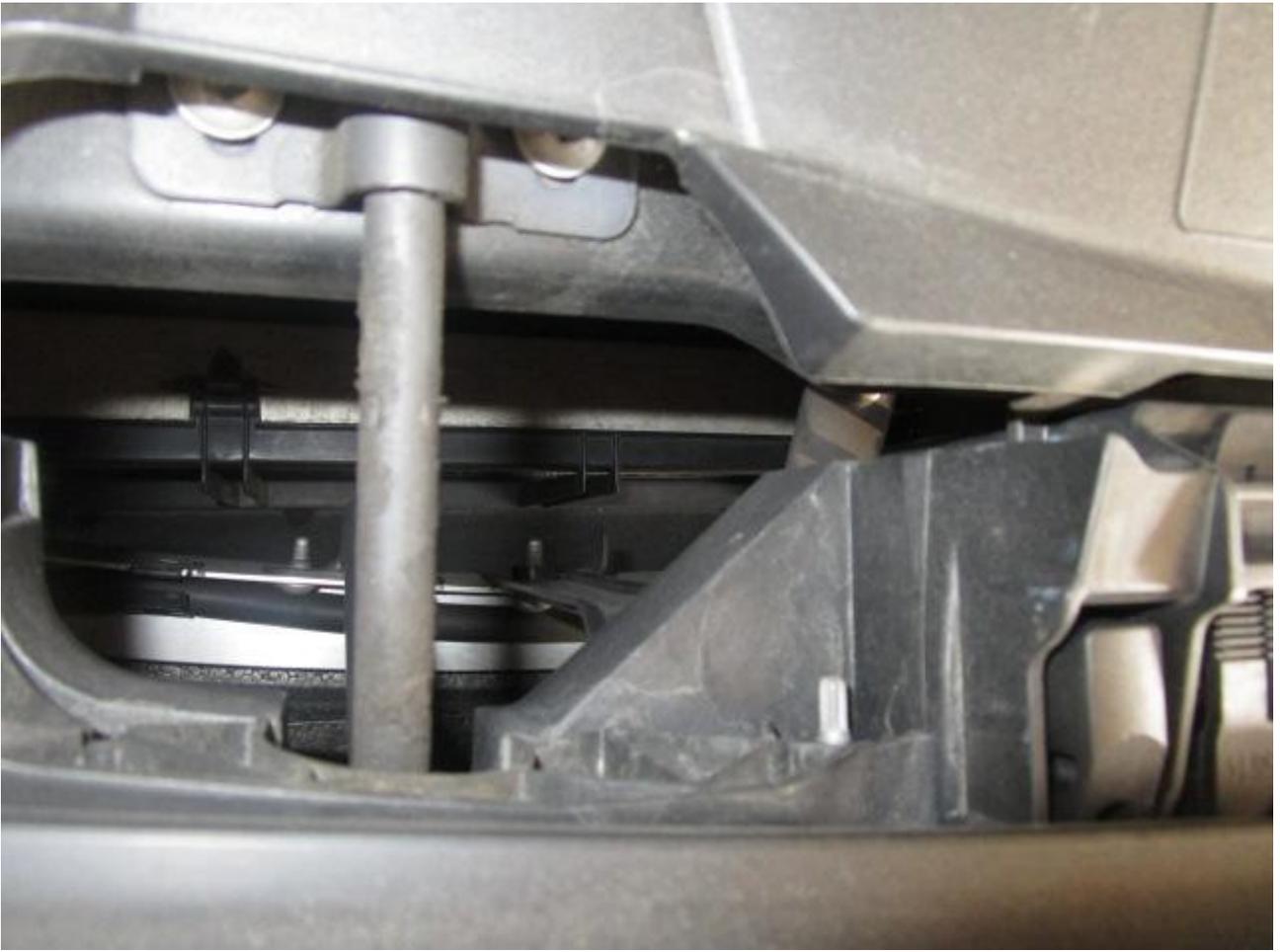


Licence Number: S6974762J
Name: ANG KEAT HIN
Birth Date: 10 Mar 1969
Issue Date: 11 Feb 2004



FOR C&C USE ONLY

Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MCCL18062117 Vehicle Registration No: SJH 113Y
 Name (as shown in NRIC) : Ang Keat Hin NRIC/FIN/Passport No : _____
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : _____
 Email Address : _____
 Date of Accident : 12/05/18 Time of Accident : 12:15
 Place of Accident : Jct of Lor. Mydin & Sim's Ave East.
 Insurance Company : AIK.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- Amend accident date to 12/05/18.

[Signature]
Policyholder / Driver's Signature
Date:

Vincent Seah.
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: