### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

**Date Of Driving Pass** 

**Driving Experience** 

- 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 witholding 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 inont to the ort at the

7. By the lodgement of this report to the insurers, you hereby constaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	18/05/2018 11:57
Date Of Accident	17/05/2018 21:15
Exact Location Of Accident	FAR EAST PLAZA / HYATT ENTRANCE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDV43M
Insured/Policyholder	
Name Of Registered Owner	LEE WING KIONG
NRIC No	S1464655H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96666348
Alternative Phone No	Office-96666348
Vehicle Particulars	
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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	2100480286-01
Cover Note Number	
Driver	
Name of Driver	CLARISSA LEE KAH WAI (LI JIAHUI)
NRIC No	S8927275J
Date Of Birth	09/08/1989
Occupation	INDOOR

05/01/2008

10 YEARS AND 4 MONTHS

Gender **FEMALE** 

Mobile Number (LOCAL) +65-96666348

Fax Number

**Contact Number** 

**EMail Address NOEMAIL** 

Address 43 ELIAS TERRACE

Postcode 519794 Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN** 

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

NO

1

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

### **Circumstances of Accident**

WHILE TURNING INTO ENTRANCE ON THE WAY TO FAR EAST AND HYATT ENTERANCE WITH PROPER SIGNALLING, EXCEPT FROM THE 2ND LANE. SUDDENLY THE CAR B (SHA7236R) CAME OUT AND HIT INTO MY SIDE.

### 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 SHA7236R

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver CHAN CHUEN SUM

NRIC/Passport Number

**Contact Number** 98360807 Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

### SKETCH PLAN

### IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- The 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 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
- 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 my insurer, my workshop and the General insurance Association of Singapore (GM) may are permitted to collect, use, discusse and 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 (all insurer(s) who have 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
  - (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
  - (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
- (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

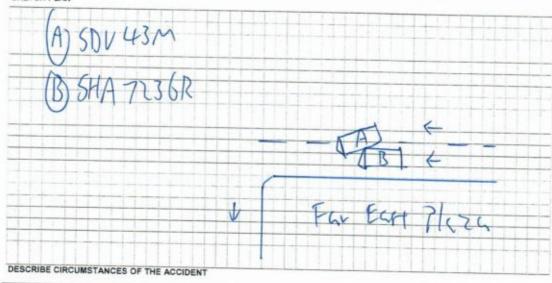
(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Name: Alan

awa

NRIC/FIN No.:



white turning into entrance Bu Far Forst or Hydet entrance with proper signalling, except, from the ma care but defruing enough specing, endanced the taxis came out & his to my side.

### 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

where be

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's

Name: Alan ank



## **POLICY SCHEDULE**

# MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

: 2100480288-01

Period of Insurance : 29 Aug 2017 to 28 Aug 2018

Issued Date : 11 Aug 2017

## ABOUT THE POLICYHOLDER

Name of Policyholder

: Lee Wing Kiong

Address

: 43 Elias Terrace SINGAPORE 519794

Occupation/Nature of Business: Retirees

## ABOUT THE VEHICLE

Registration No. : SDV43M

Chassis No. Seating Capacity : 5

: WDD2050402R195677

First Year of Registration : 2016

Make/Model : MERCEDES BENZ C180 SEDAN AMG LINE Hire Purchase Company/Employer's Loan

Engine Capacity/Tonnage : 1,595.00 CC Engine No. Body Type

27491030676467 : Sedan

: MERCEDES-BENZ FINANCIAL SERVICES (S) LTD

## BOUT THE COVER

Sum Insured

: Market Value

: NA

Off Peak Car

Insuring with COE/PARF : Yes

Driver Restriction

Person or Classes of Persons Entitled to Drive :

a) The Policyholder
b) Any offair person who is driving on the Policyholder's croter or with human permassion.
This Policy will incernisely the Policyholder or any authorised driver only if he/she meets the specified age condition.

You fully to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (numed or unnamed) is under the age of 23 and/or has less

Age Condition

: All Age Condition

Limitation as to use

Limitations and to disc.

Use city for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for three or reward, driving fusion, driving feet, racing, pace-making, reliability frial or spring-hearing, the carriage of goods other than samples in correction with Motor Trade.

## Other Key Policy Benefits:

Tot of God, Dealer - AIG Authorised Workshope, Loss of Use (15 days) 2000cc, Shake, Riots and Civil Commetions, PA to Authorised Driver / Unhamed Passengers - \$1000c, PA Insured - \$1000cc, PA Insured - \$1000cc.

Section 1	PREMIUM	
Fire - \$0 Dwn Damage - \$800 Theft - \$0 Flood Cover - \$0  Section 2  Property Damage - \$0  Windscreen : \$100  Named Driver Lee Wing Klong - \$800 (Own Damage)	Premium : \$ 1,383.66 GST (7%) : \$ 96.86  Total : \$ 1,480.52 Your Premium includes the following discount(s): Safe Driver Discount - 5.00%. No Claim Discount - 50%	
Control Many 607 St. August 1		

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

PASS DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

05 Jan 2008

FOR CACUSE ONLY

NP 428A













