

## 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             | 18/05/2018 13:08                      |
| Date Of Accident           | 17/05/2018 11:20                      |
| Exact Location Of Accident | SINGAPORE POST TANGLIN BRANCH CARPARK |
| Country/State of Loss      | SINGAPORE                             |

| DETAILS OF OWN VEHICLE |  |
|------------------------|--|
|------------------------|--|

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SDS7677D             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | SOH ENG KHIM         |
| NRIC No                     | S1401297D            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-96779738 |
| Alternative Phone No        | Office-96779738      |

| Vehicle Particulars |  |
|---------------------|--|
|---------------------|--|

|  |               |
|--|---------------|
| Manufacturer   | MERCEDES-BENZ |
| Model  | GLA200        |
| 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             | 2100472800-01000                     |
| Cover Note Number         |                                      |

| Driver |  |
|--------|--|
|--------|--|

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | SOH ENG KHIM         |
| NRIC No              | S1401297D            |
| Date Of Birth        | 26/05/1960           |
| Occupation           | INDOOR               |
| Date Of Driving Pass | 14/04/1979           |
| Driving Experience   | 39 YEARS AND 1 MONTH |

|   |                      |
|---|----------------------|
| Gender  | FEMALE               |
| Mobile Number                                       | (LOCAL) +65-96779738 |
| Fax Number  |                      |
| Contact Number                                      | OFFICE-96779738      |
| EMail Address                                       | NOEMAIL              |
| Address   | 9 HOTT ROAD #08-06   |
| Postcode  | 249446               |
| 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 TRYING TO PARK MY CAR IN THE PARKING LOT. FROM THE REAR MIRROR, IT WAS CLEAR AND THERE WAS NO CARS VISIBLE. BUT I WAS REVERSING TO GET INTO THE LOT, SUDDENLY I HEARD A BANG SOUND AND FOUND THAT ANOTHER CAR HAD BEEN HIT BY MINE WHILE THE DRIVER WAS TRYING TO GET INTO THE LOT.

#### 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 | SKL3125K            |
| Vehicle Make/Model/Colour   |                     |
| Details Of Properties       |                     |
| Vehicle Category            | PRIVATE CAR         |
| Name of Driver              | HARRIS ADRIAN JAMES |
| 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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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:

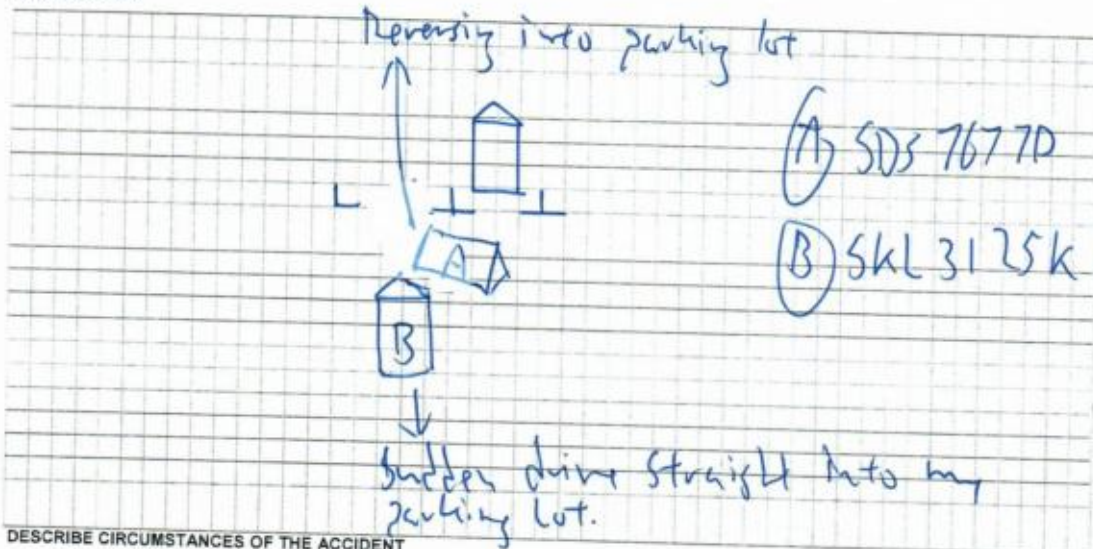
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was trying to park my car in the parking lot. From the rear mirror, it was clear and there was no car visible. But as I was reversing to get into the lot, suddenly I heard a bang sound and found that another car had been hit by mine while the driver was trying to get into the lot.

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

Reporting Centre Personnel's  
Name: Alan Quah  
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.I

|   |  |  |                |
|---|--|--|----------------|
| MERCEDES-BENZ MOTOR INSURANCE   |  | OWN DAMAGE EXCESS  | SS\$800.00 (1) |
| CERTIFICATE NO. 2100472800-01000  |  | WINDSCREEN EXCESS  | SS\$100.00     |
|   |  | (for policies with effect from 1st November 2002)  |                |
|   |  | SUM INSURED  | Market Value   |
|   |  | INSURING WITH COE/PARF   | Yes            |
| 1) VEHICLE REGISTRATION NO.   |  | SDS7677D   |                |
| 2) NAME OF INSURED  |  | Soh Eng Khim   |                |
| 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT  |  | 1 Jul 2017   |                |
| 4) DATE OF EXPIRY OF INSURANCE  |  | 30 Jun 2018  |                |
| 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *<br>SUBJECT TO AGE CONDITION :40 years old and above   |  |  |                |
| a) The Insured.   |  |  |                |
| b) Any other person who is driving on the Insured's order or with his permission.   |  |  |                |
| A Young and/or Inexperienced Driver Excess ("YIDR") of SS\$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 Enjng - 205 Braddell Rd (Tel: 63837118) 3. Ethoz - 30 Bukit Batok Crest (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 Huiat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110) 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 Bld 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 / EMPLOYER'S LOAN   |  | MERCEDES-BENZ FINANCIAL SERVICES (S) LTD   |                |
| * 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 At Singapore 19 May 2017

AIG Asia Pacific Insurance Pte. Ltd.

504380-227  
CYCLE & CARRIAGE - HAL  
239 ALEXANDRA ROAD  
SINGAPORE 159930

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPEMC

Cs. Reg No. 2010394024

3 May 02/13

Accident Sketch Plan

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1401297D



SOH ENG KHIM

苏荣琴

CHINESE

Date of Birth

26-05-1960

Country of Birth

SINGAPORE

Sex

F

S1401297D

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1401297D

Name:

SOH ENG KHIM

Birth Date: 26 May 1960

Issue Date: 20 Mar 2004



FOR C&C USE ONLY



0344498

NRIC No: S1401297D



Blood Group

O+

Date of Issue

12-05-1982

9 HOLT ROAD #03-06  
SINGAPORE 249446

NRIC No: S1401297D

Date: 31/03/2013

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

14 Apr 1979



NP 428A

Accident Photo





Accident Photo



**Accident Photo**



**Accident Photo**



Accident Photo



Accident Photo





Accident Photo

