

## 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	11/07/2018 17:37
Date Of Accident	11/07/2018 10:30
Exact Location Of Accident	AMK AVE 5 (IN FRONT NANYANG POLY)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	EP707B
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### Insured/Policyholder

Name Of Registered Owner	SEE SIEW LUAN @ TAN SIEW LUAN
NRIC No	S1367679H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98200001
Alternative Phone No	Office-98200001

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250
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	THIRD PARTY
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	1700092226
Cover Note Number	

### Driver

Name of Driver	SEE SIEW LUAN @ TAN SIEW LUAN
NRIC No	S1367679H
Date Of Birth	25/10/1959
Occupation	INDOOR
Date Of Driving Pass	17/12/1979
Driving Experience	38 YEARS AND 6 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-98200001
Fax Number	
Contact Number	OFFICE-98200001
EMail Address	NOEMAIL
Address	17 SELETAR GREEN VIEW
Postcode	805163
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	2
Was any body injured in the Accident?	YES
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)	3
Passenger 1	Name: : CHRISTOPHER NG KIM SONG Gender: : Male
Passenger 2	Name: : GABRIEL NG KIM GUAN Gender: : Male

#### 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

AS I DRIVE ALONG ANG MO KIO AVE 5 TURNING INTO NANYANG POLYTECHIC WHEN THE GREEN ARROW SHOWS TO TURN RIGHT, I WAS HIT BY AN ON-COMING CAR B (SVJ4196H) WHO WAS VERY FAST. MDM SEE SIEW LUAN AND HER SON GABRIEL SEE DOCTOR DUE TO CHEST PAIN.

#### 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	SJV4196H
Vehicle Make/Model/Colour	HYUNDAI WHITE
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	NEO KAH YONG
NRIC/Passport Number	S7336862F
Contact Number	96956588
Address	
Postcode	
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SEE SIEW LUAN
Approximate Age	
Injuries Sustain	CHEST PAIN
Injured person in which vehicle?	EP707B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

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6. 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 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:  
NRIC/FIN No.:

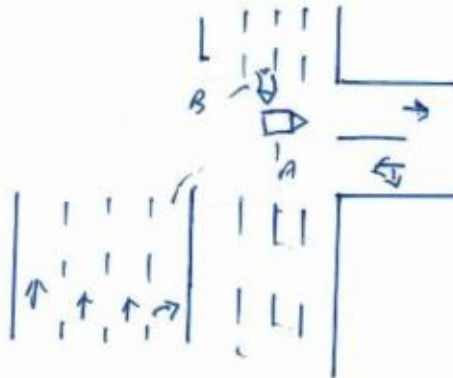
SKETCH PLAN

As I drive along Ang Mo Kio Ave 5 turning into Nanyang Polytechnic when the green arrow shows to turn right, I was hit by an on coming car who was very fast.

Mdm see siew Luan and her son Gabriel see chester due to chest pain.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: EP 707B  
B: SJV 4196H




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)

  
11/07/18 14:55pm  
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 Insurance  
10011 4401 1813 8133 0000  
Email: vincent.seah@cyclecarriage.com



## CERTIFICATE OF INSURANCE

### MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : SEE SIEW LUAN @TAN SIEW LUAN  
Period of Insurance : 02 Jan 2018 To 01 Jan 2019  
Engine No. : 27492031236002  
Chassis No. : WDD2130452A333755

Vehicle No. : EP707B  
Policy No. : 1700092225  
Endorsement No. :  
Issued Date : 05 Jan 2018

#### ABOUT THE COVER

Make/Model : MERCEDES Benz E250 Sedan Exclusive  
Engine Capacity/Tonnage : 1.991.00 CC Sum Insured : Market Value  
Driver Restriction : NA Off Peak Car : No  
First Year of Registration : 2017  
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 authorized driver only if he/she meets the specified age condition.  
You have to pay an additional sum of \$5,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorized 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, jockeys, 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. 166) 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 - \$800 Theft - \$0 Flood Cover - \$0

##### Section 2

Property Damage - \$0

Windscreen : \$100

#### Named Driver and Excess (where applicable)

SEE SIEW LUAN @TAN SIEW LUAN - \$800 (Own Damage)

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

1. Euro Service Center (For accident reporting only) Add: 230 Ubi Road 2 Singapore 408555 67412338

2. Pandan Loop Service Center - Body Care & Repair (For accident repair & accident reporting) Add: 108 Pandan Loop Singapore 128376 67773368

For other Approved Reporting Centres/AIG Authorized 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. 166), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612239

CYCLE & CARRIAGE - MINDYL

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*John*

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

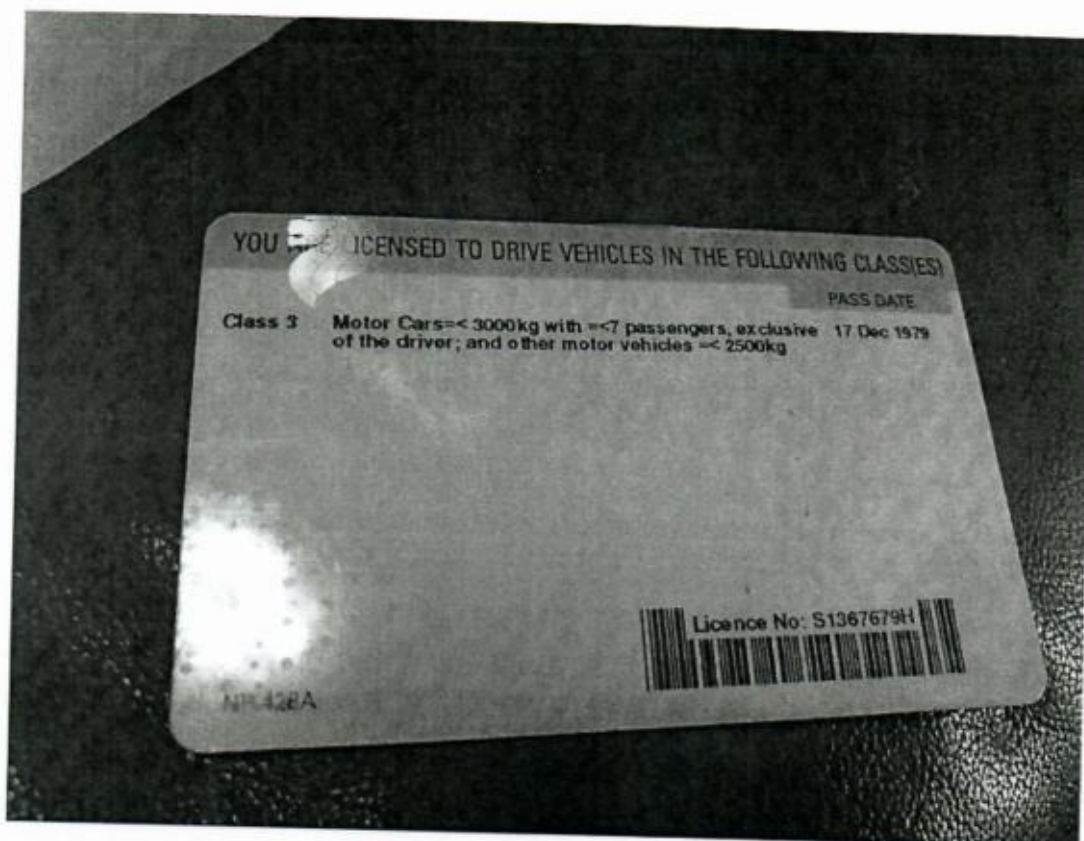
88CAB

78 Brenton Way #07-10 AIG Building 6079120 | T: +65 6419 3000 | F: +65 6415 3723 | [www.aig.com.sg](http://www.aig.com.sg)

AIG Asia Pacific Insurance Pte. Ltd.

Accident Sketch Plan





Accident Sketch Plan

3581409



NRIC No: S1367679H



Date of Issue  
02-05-2006

17 SELETAR GREEN VIEW  
SINGAPORE 805163  
NRIC No: S1367679H Date: 28/11/2012 No: 7178142

FOR C&C USE ONLY

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1367679H




Name  
SEE SIEW LUAN  
@TAN SIEW LUAN  
施 岫 鸾

Race  
CHINESE

Date of birth  
25-10-1959

Sex  
F

Country of birth  
SINGAPORE

S1367679H

Accident Sketch Plan





820 THOMSON ROAD, SINGAPORE 574623  
MAIN LINE: 6347 6888 WEBSITE: www.mtalvernia.sg  
GST REGN NO: M4-0003321-8

Patient Name : GABRIEL NG KIN GUAN  
ID No. : S9920136C  
Account No. : 0180729365

Receipt No. : 180086004  
Date : 11/07/2018  
Page : 1 of 1

Item	Qty	UCM	Amount (\$)
ANAREX (PARA450/ORPH35)	20.00	EA	7.00
ARCOXIA TAB 120MG	10.00	EA	37.80
OUTPATIENT NURSING SERVICE	1.00	EA	22.00
RMO CONSULTATION FEE	1.00	EA	37.00
VOREN GEL	1.00	EA	5.90
Total Charges			109.70
GST @ 7%			7.68
Paid:			117.38

AMERICAN EXPRESS BY GABRIEL NG KIN GUAN  
Mode of Payment : AMERICAN EXPRESS

Reference No. :

117.38

This is a computer generated official receipt, no signature is required.



820 THOMSON ROAD, SINGAPORE 574623  
MAIN LINE: 6347 6688 WEBSITE: www.mtalvernia.sg  
GST REGN NO: M4-0003321-8

Patient Name : SEE SIEW LUAN  
ID No. : S1367679H  
Account No. : 0180729372

Receipt No. : 180086002  
Date : 11/07/2018  
Page : 1 of 1

Item	Qty	UOM	Amount (\$)
ECG DURING OFFICE HRS	1.00	EA	37.00
OBSERVATION NURSING FEE	2.00	EA	26.00
Total Charges			63.00
GST @ 7%			4.41
			67.41

Paid:

AMERICAN EXPRESS BY SEE SIEW LUAN  
Mode of Payment : AMERICAN EXPRESS

Reference No. :

67.41

This is a computer generated official receipt, no signature is required.



820 THOMSON ROAD, SINGAPORE 574623  
MAIN LINE: 6347 6688 WEBSITE: www.mtalvernia.sg  
GST REGN NO: M4-0003321-8

Patient Name : SEE SIEW LUAN  
ID No. : S1367679H  
Account No. : 0180729364

Receipt No. : 180086003  
Date : 11/07/2018  
Page : 1 of 1

Item	Qty	UOM	Amount (\$)
ANAREX (PARA450/ORPH35)	20.00	EA	7.00
FASTUM GEL 30G	1.00	EA	5.60
MOBIC 7.5MG	10.00	EA	10.50
OUTPATIENT NURSING SERVICE	1.00	EA	22.00
RMO CONSULTATION FEE	1.00	EA	37.00
Total Charges			82.10
GST @ 7%			5.75
			87.85

Paid:

AMERICAN EXPRESS BY SEE SIEW LUAN  
Mode of Payment : AMERICAN EXPRESS

Reference No. :

87.85

This is a computer generated official receipt, no signature is required.

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**





Accident Photo



Accident Photo



Accident Photo





Accident Photo

