

## 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	06/09/2018 09:07
Date Of Accident	04/09/2018 16:30
Exact Location Of Accident	OPHIR ROAD OPPOSITE RAFFLES HOSPITAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR1195C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN WAI HONG MELVIN
NRIC No	S7036024A
Email Address	MELVIN_CHAN_WH@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96956864
Alternative Phone No	Office-64442762

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER-2.4 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING FAMILY MEMBERS
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	2100399209-03
Cover Note Number	

### Driver

Name of Driver	CHAN WAI HONG MELVIN
NRIC No	S7036024A
Date Of Birth	16/10/1970
Occupation	INDOOR
Date Of Driving Pass	18/06/1992
Driving Experience	26 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96956864
Fax Number	
Contact Number	OFFICE-64442762
EEmail Address	MELVIN_CHAN_WH@YAHOO.COM.SG
Address	3 JALAN SIMPANG BEDOK
Postcode	488149
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?	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)	4
Passenger 1	Name: : TAN FEE LING Gender: : Female
Passenger 2	Name: : CHAN YI XUAN JONATHAN Gender: : Male
Passenger 3	Name: : CHAN YI EN ADELYN 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

REFER TO ATTACHMENT.

#### 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	SGX9929C
Vehicle Make/Model/Colour	BMW / WHITE

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	GARRY
NRIC/Passport Number	
Contact Number	84889928
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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:

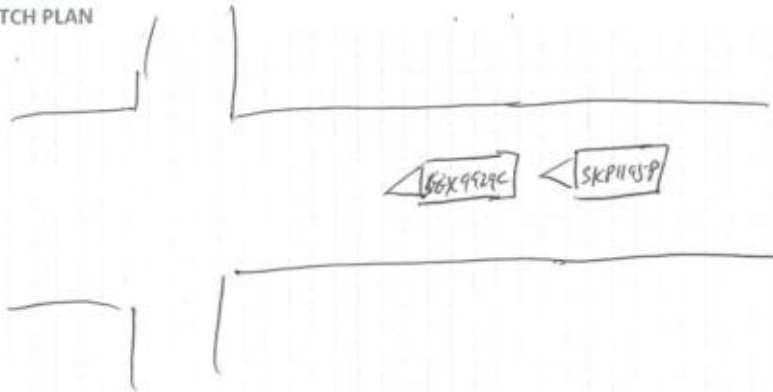
5/9/18 2:59pm

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

5/9/18 2:59pm

Reporting Centre Personnel's Signature  
Name: NG CHIA JEN  
NRIC/FIN No.: S 8602987C

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Ophir Rd opposite Raffles Hospital. With the red light in front, I was in the queue behind the white BMW.

When the lights turn green, we move & there was a sudden stop by the white BMW which I was not able to react on time. Hence I hit the rear of the car.

Upon checking the rear of the white BMW, there was only 2 dents in its rear.

## DECLARATION

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

  
Policyholder's Signature

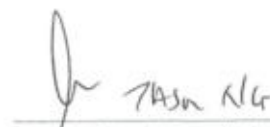
Date & Time:

5/9/18 2:55pm

  
Driver's Signature  
(If driver is not the policyholder)

Date & Time:

5/9/18 2:55pm

  
Reporting Centre Personnel's Signature  
Name: NIG CHIU SEN  
NRIC/FIN No.: 38002955C

Individual Statement



WE DRIVE FIRST CLASS

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED  
COMPANY NO. 197701489GCYCLE & CARRIAGE KIA PTE LTD  
COMPANY NO. 199405410KCYCLE & CARRIAGE FRANCE PTE. LIMITED  
COMPANY NO. 200509327MDIPLOMAT PARTS PTE LIMITED  
COMPANY NO. 196400304H**Accident Statement**☒ Mitsubishi ☐ Kia ☐ Citroen ☐ Others (Please tick accordingly)**Motor Accident Repair Basic Information**

Date of Accident	4 / 9 / 18
Time of Accident (24hr format)	1630
Exact Location of Accident	Ophir Rd opposite Raffles Hospital

**Own Vehicle Details**

Vehicle Registration Number	SKR1195P
INSURED/ POLICY HOLDER (OWN VEHICLE)	
Name of Registered Owner	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Company
ID of Registered Owner	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN S7036024A

**Vehicle Particulars (Own Vehicle)**

Model	Mitsubishi Outlander
Exact purpose for which vehicle was being used at the time of accident	Driving family members
Are you claiming under your own Ins. Policy	<input type="checkbox"/> Yes <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/> Reporting Only
Vehicle Category	<input checked="" type="checkbox"/> Private Car <input type="checkbox"/> Comm Veh / <input type="checkbox"/> Goods Veh / <input type="checkbox"/> Motor Trade / <input type="checkbox"/> Government

**Insurance Company (Own Vehicle)**

Insurance Company	AIG
Type of Coverage	Comprehensive / Third Party / Third Party Fire and / or Theft
Fleet Policy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Policy Number / Cover Note Number	2100399209-03

**Driver**


Name of Driver	Chan Wai Hong Melvin
ID of Driver	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN S7036024A
Date of Birth	16 / 10 / 1970
Occupation	Indoor / Outdoor
Driving Pass Date	02 / 06 / 2000
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
Mobile Phone No.	9695 6864
Office / Home / Other Numbers	6444 2762
Home Address	3 Jln Simpang Bedole S(488/49)
Email Address	melvin_chan@yahoo.com.sg
Was Driver an employee of the Insured's Company	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reason:
Does the driver own any other vehicle? If YES, please indicate driver's own car vehicle number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

OWNER/ DRIVER'S SIGNATURE: 

Individual Statement



General Information Of The Accident			
Type Of Accident			
Weather Condition	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input type="checkbox"/> Other
If Others, please state the condition			
Road Surface	<input type="checkbox"/> Wet	<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Other
If Others, please state the condition			
Other Information			
Was anyone injured in the accident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Was any foreign vehicle involved in the accident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Was any other vehicle or property damaged? ( Including witness)	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	X
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Was the accident reported to the police?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Name of the police station			
Was notice of intended Prosecution given?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
I have been approached by unknown person(s) soliciting/offering accident claims assistance	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Circumstances of Accident			
Refer attachment			
Third Party Vehicle Detail			
Details of Other Vehicle / Property			
Vehicle Registration No.	SKR1175P SX9929C		
Vehicle Make/ Model/ Colour	Mits BMW white		
Details of Property			
Name Of Driver			
Driver's NRIC	<input type="checkbox"/> Co. Reg. No.	<input type="checkbox"/> NRIC No.	<input type="checkbox"/> Passport No. / FIN
Contact Number			
8488 9928			
Name of Insurance Company			
Nature of Damage			
Detail of Witness - Name			
Detail of Witness - Phone			
Detail of Witness - Email			
Damages to Other Vehicles & Property (Other than Vehicles A & B)	Vehicle Regn No. or Details of Property	Name of the Driver	Contact Number
		N.A.	
Details of Injured Person			
Name			
Injury Sustained			
Injured person is on which vehicle?			
Were seat belts worn?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was injured conveyed to hospital by ambulance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

OWNER/ DRIVER'S SIGNATURE: 

Individual Statement

1) Number of Passengers in Vehicle A (Including driver)?

4

Passenger 1

Name : Chan Wai Hong Melvin

Gender : M / ~~F~~

Passenger 2

Name : Tan Fee Ying

Gender : ~~M~~ / F

Passenger 3

Name : Chan Yi Xuan Jonathan

Gender : M / ~~F~~

Passenger 4

Name : Chan Yi En Adelyn

Gender : ~~M~~ / F

Passenger 5

Name :

Gender : M / F

Passenger 6

Name :

Gender : M / F

Passenger 7

Name :

Gender : M / F

INSURANCE CERT





# CERTIFICATE OF INSURANCE

## CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : Chan Wai Hong Melvin  
**Period of Insurance** : 19 Jan 2018 To 18 Jan 2019  
**Engine No.** : 4B12PG5804  
**Chassis No.** : JMYXTGF3WFZ001583

**Vehicle No.** : SKR1195P  
**Policy No.** : 2100399209-03  
**Endorsement No.** :  
**Issued Date** : 30 Dec 2017

### ABOUT THE COVER

**Make/Model** : MITSUBISHI OUTLANDER 2.4 CVT  
**Engine Capacity/Tonnage** : 2,360.00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2015  
**Insuring with COE/PARF** : 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 \$3,000 as "Young and/or Inexperienced Driver Excess" ("IDR") 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, pace-making, reliability test 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** 1500cc - 1600cc

\* Limitations rendered inoperative by Section 9 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 159) and Section 95 of the Road Transport Act 1997 (Malaysia), are not to be included under these headings.

### EXCESS

**Section 1**  
 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

**Section 2**  
 Property Damage - \$0

**Windscreen** : \$100

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

Chan Wai Hong Melvin - \$900 (Own Damage)

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

1 Cycle & Carriage Customer Service Centre (For windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 84708008  
 2 Cycle & Carriage Customer Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 108850 67451000  
 3 Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 099339 85684501

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour toll-free emergency hotline at +65 6335 8290. 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: MayBank

We hereby certify that this policy is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 159) Part IV of the Road Transport Act 1997 (Malaysia) and Motor Vehicles (Third-Party Risks) Rules 1959 (Malaysia).

0500720779

CYCLE & CARRIAGE - CNLOH/MIT

239 ALEXANDRA ROAD

SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*M. Nile*

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORIZED REPRESENTATIVE

Accident Photo



Accident Photo



Accident Photo



Accident Photo

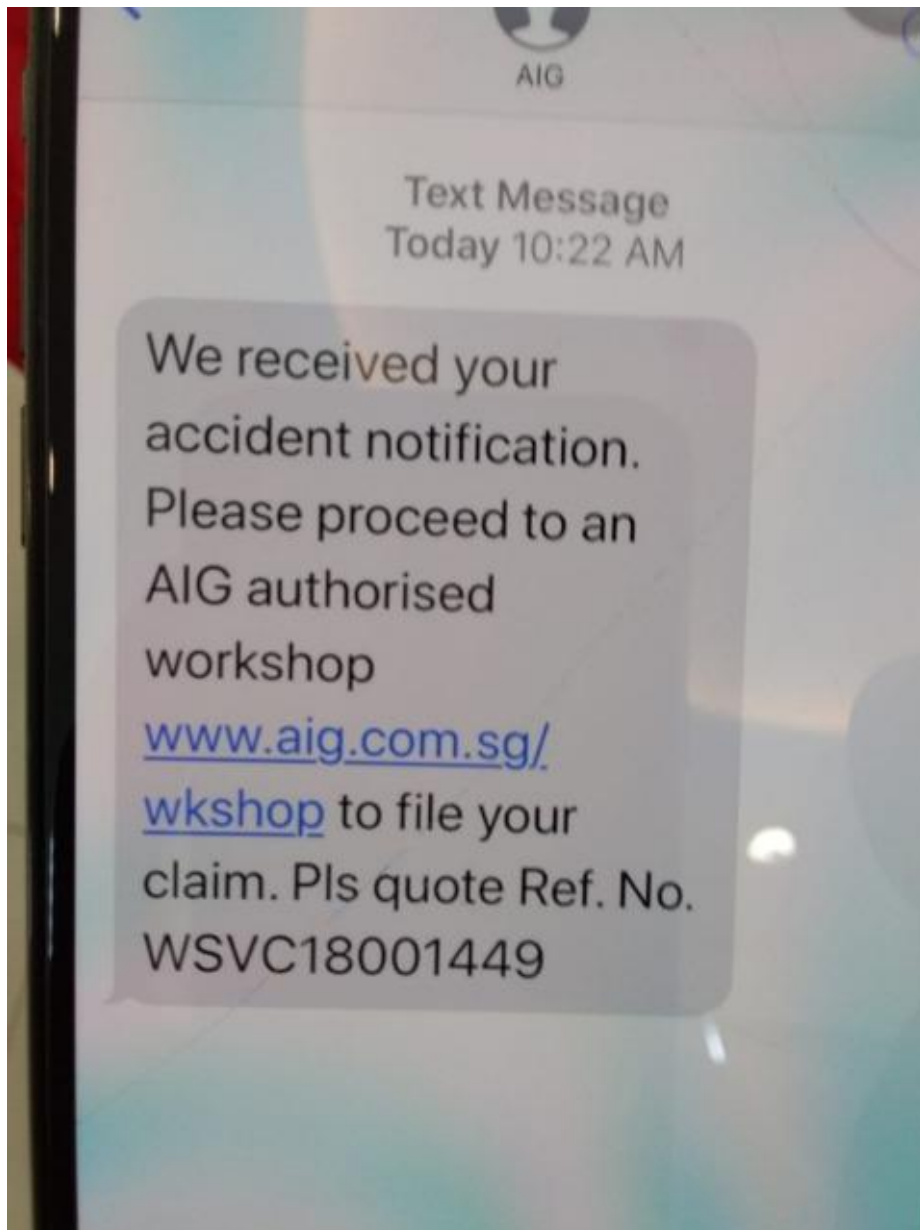


Accident Photo





Accident Photo





## DRIVING LICENCE & NRIC

