

## 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 liability.
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	09/10/2018 11:26
Date Of Accident	14/08/2018 10:30
Exact Location Of Accident	JCT OF HENDERSON RD AND DEPOT RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK7997P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DATO CONAN WU
NRIC No	S2186100F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96161680
Alternative Phone No	Office-96161680

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	SL350
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	2100341620
Cover Note Number	

### Driver

Name of Driver	DATO CONAN WU
NRIC No	S2186100F
Date Of Birth	19/01/1939
Occupation	INDOOR
Date Of Driving Pass	08/04/1970
Driving Experience	48 YEARS AND 4 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96161680
Fax Number	
Contact Number	OFFICE-96161680
E-Mail Address	NOEMAIL
Address	5 KEPPEL BAY DR #03-08 CORALS AT KEPPEL BAY
Postcode	098014
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)	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

WHEN I WAS APPROACHING THE TRAFFIC LIGHT, I REDUCED MY SPEED TO APPROXIMATE 1-2KM PER HOUR AND EVEN WITHOUT NOTICE HOW CLOSE THE FRONT CAR WAS. THE I APPLIED BRAKE WAS TOO LATE AND TOUCHED THE FRONT CAR B (SLH5426M). DRIVER OF CAR B AND I BOTH GOT OUT AND TRIED TO FIND THE DAMAGE IF ANY. NOTHING AT ALL CAN BE SEEN. CAR B DRIVER SAID THE CAR WAS INTERNALLY INJURED. BUT I CANT SEE ANY DAMAGE ACTUALLY OCCURED. NOT A EITHER SCRATCH.

#### 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	SLH5426M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver  
NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Sketch Plan

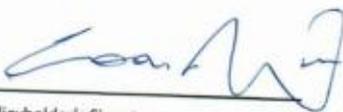
## SKETCH PLAN

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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/authorities (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 09.10.18 10:20AM

\_\_\_\_\_  
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 4411 HP: 9312 6163 Fax: 0872 1272  
Email: vincent.seah@cycleandcarriage.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was approaching the traffic light, I reduced my speed to approx 1-2 Km per hour or even less without noticing how close the front car was. Then I applied hard on the brake - too late, I touched the front car. Driver of that car & I both got out & tried to find the damage, if any. Nothing at all can be seen. The other car driver said it was intentionally injured ... But I can't see any damage actually occurred - Not a little scratch!

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)

*[Handwritten signature]*

Policyholder's Signature  
Date & Time 09.10.18 10:20AM

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

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

**Vincent Seah**  
 Vic & Constance Industries Pte Ltd  
 Body Care & Repair Center  
 011 9771 4601 | FP: 8 532 0992 | Fax: 6974 1172  
 Email: vincent.seah@vicandconstance.com.sg



# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

**Name of Policyholder** : Dato Conan Wu  
**Period of Insurance** : 31 May 2018 To 30 May 2019  
**Engine No.** : 27695430391433  
**Chassis No.** : WDD2314572F017732

**Vehicle No.** : SKK7997P  
**Policy No.** : 2100341620-05  
**Endorsement No.** :  
**Issued Date** : 23 May 2018

### ABOUT THE COVER

**Make/Model** : MERCEDES BENZ SL350 CGI  
**Engine Capacity/Tonnage** : 3,498.00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2013  
**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 authorised driver only if he/she meets the specified age condition.  
 You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

**Age Condition** : 40 years old and above

#### 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 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 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) 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 - \$4000 Theft - \$0 Flood Cover - \$0

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

Windscreen : \$100

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

Dato Conan Wu - \$4000 (Own Damage)

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

1. Eunus Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 67412338  
 2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128378 62061818  
 For other Approved Reporting Centres/AIG Authorised 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: DBS BANK 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. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500680347

CYCLE & CARRIAGE - STHAN  
 239 ALEXANDRA ROAD  
 SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*M. Nile*

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE  
 AIGSGMOBILAPP

29 Shelton Way #07-16 AIG Building 3079120 | T: +65 6419 3000 | F: +65 6415 3723 | [www.aig.com.sg](http://www.aig.com.sg)

AIG Asia Pacific Insurance Pte. Ltd.

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

EFFECTIVE DATE

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 08 Apr 1970

FOR C&C USE ONLY



License No: S2186100F

NP 428A

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S2186100F

Name

WU CONAN

Birth Date: 19 Jan 1939

Issue Date: 15 Apr 2014

FOR C&C USE ONLY



002195603D

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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