### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 1. Please report <u>correctly</u> 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 insurers, you hereby conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	04/10/2018 11:48
Date Of Accident	04/10/2018 07:55
Exact Location Of Accident	29 AMBER ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH1591U
Insured/Policyholder	
Name Of Registered Owner	CHEE YEOK LENG
NRIC No	S2174434D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97301238
Alternative Phone No	Office-97301238
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200
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	2100487226-01
Cover Note Number	
Driver	
Name of Driver	CHEE YEOK LENG
NRIC No	S2174434D
Date Of Birth	15/01/1945

**INDOOR** 

24/05/1971

47 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97301238

Fax Number

Contact Number OFFICE-97301238

EMail Address NOEMAIL

Address 29 AMBER ROAD #10-04

Postcode 439942
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 ON COLLISION

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

NO

3

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 Name: : WONG LAI FONG

Gender: : Female

Passenger 2 Name: : JOSEPHINE CHEE FEI

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**

I WAS DRIVING MY CAR ALONG 29 AMBER ROAD TWDS THE MAIN ROAD. THERE WAS A BUS AND HAD STOPPED AT THE BUSSTOP ON MY RIGHT BLOCKING MY VIEW SO I MOVED OFF SLOWLY. WHILE I INCHED FORWARD, CAR B (SHC5264L) ON THE RIGHT LANE SAW MY CAR AND HAD SLOWED DOWN BUT HE STILL MOVED FORWARD AND COLLIDED ONTO MY RIGHT FRONT PORTION.

#### 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

SHC5264L

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Oomact NC

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

TAXI

LIM CHOON SENG

S1304264J

#### Sketch Plan

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by 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
  - (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
- 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.

Kerlyn Ong Kai Li DID: 6771 4420 HP: 9186 5113 Email: kerlyn.ong@cyclecarriage.com.sg

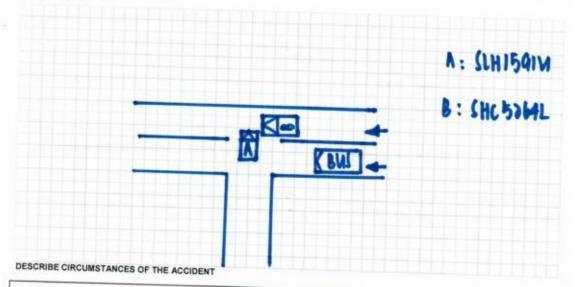
Cycle & Carriage Industries Pte Ltd Customer Service Centre Reporting Centre Personnel's

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

Name: KERLYN NRIC/FIN No.:

Policyholder's Signature Date & Time 04/10/2018 0938

Date & Time



I WAS DRIVING MY CAR (SLH1591U) ALONG 29 AMBER ROAD TOWARD THE MAIN ROAD. THERE WAS A BUS AND HAD STOPPED AT THE BUS-STOP ON MY RIGHT BLOCKING MY VIEW SO I MOVED OFF SLOWLY.

WHILE I INCHED FORWARD, VEHICLE B (SHC5264L) ON THE RIGHT LANE SAW MY CAR AND HAD SLOWED DOWN BUT HE STILL MOVED FORWARD AND COLLIDED ONTO MY RIGHT FRONT PORTION.

## 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 04/10/2018 0938

Kerlyn Ong Kai Li

DID: 6771 4420 HP: 9186 5113 Email: kerlyn.ong@cyclecarriage.com.sg Cycle & Carriage Industries Pte Ltd

Customer Service Control Pandan Loop
Customer Service Control Personnel's Driver's Signature

(If driver is not the policyholder) Date & Time

Name: KERLYN NRIC/FIN No.:



# POLICY SCHEDULE

# MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

2100487226-01

Period of Insurance | 26 Oct 2017 to 25 Oct 2018 Issued Date 04 Oct 2017

ABOUT THE POLICYHOLDER

Name of Policyholder Chee Yeok Leng Address 29 Amber Road

#10-04 SINGAPORE 439942

Occupation/Nature of Business: Retirees

ABOUT THE VEHICLE

Registration No. SLH1591U

WDD2136422A047570 Chassis No. Seating Capacity 5

5 First Year of Registration : 2016 MERCEDES Benz E200 Sedan Avantgarde

Make/Model

Engine Capacity/Tonnage : 1,991.00 CC Engine No.

27492030728022 Body Type Sedan

Insuring with COE/PARF : Yes

Off Peak Car

Hire Purchase Company/Employer's Loan NA

ABOUT THE COVER

Sum insured : Market Value Driver Restriction : NA

Person or Classes of Persons Entitled to Drive :

ii) The Policyholder b) Any other persons are it princip on the Policyholder's order or with Notice personation. The Policy will accuracily the Policyholder or any authorised driver only if holder treats the specific

Age Condition All Age Condition

Limitation as to use

Commissions that to value

One way for execution desirents and presents purposes and for the Policyholder's business. This Policy flore not copyer use for fine of research offers, changing has been been purposed and been purposed to present the purpose of grants of of grant

Other Key Policy Benefits

Auf of Cost, Deate + Arth Authorized Workshope, New For Chi (St months), Lists of Use (SNOtto, State, Rists and Cost Commissions, PA to Authorized-\$10000), February and Accessoring (Costoletic) \$20001, Solar Files-\$1100, to Car Camera Econol Water, NGD Protector

EXCESS

Section 1 Fire - St. Over Danage - \$1300 Traft - \$0 Flood Green - \$0

Windscreen: \$100

Named Driver Chee York Long - \$1300 (Own Demage)

PREMIUM

GST (7%) | \$

2.082.68

1,946.43

Your Premium includes the following discounties: Safe Driver Discourt - 5.00%, No Claim Discourt - 50%

Page 5 of 20



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2174434D





CHEE YEOK LENG

徐毓昊

15-01-1945

15332

FOR CACUSE ONLY

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

NP 428A

FORCACUSEON

07-05-1993

29 AMBER ROAD #10-04 SINGAPORS 439942 NOIC No: \$21744340

Date: 09/08/2008 No: 5966376

0936100









## **Accident Photo**



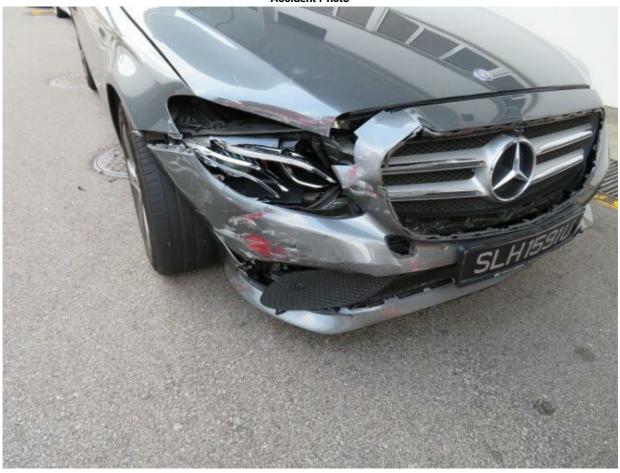




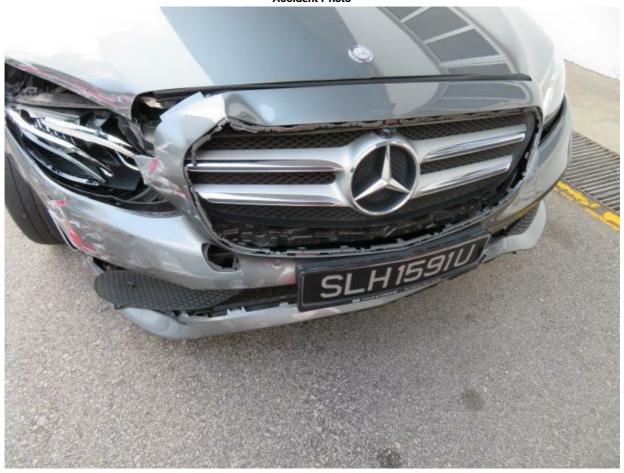
## **Accident Photo**

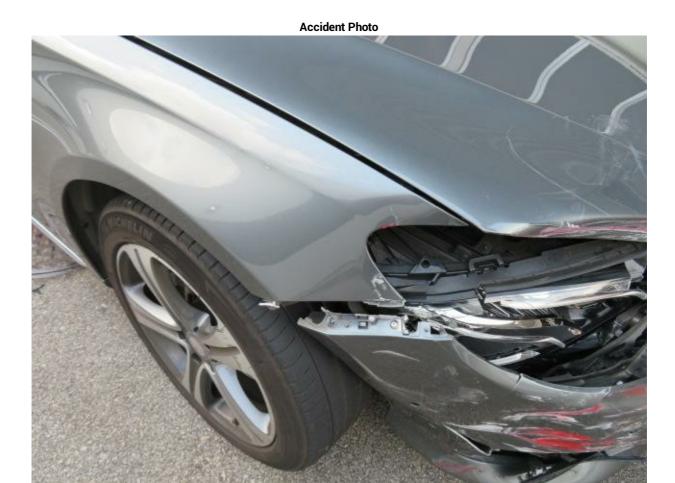












## **Accident Photo**





