

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	12/11/2018 14:05
Date Of Accident	11/11/2018 21:00
Exact Location Of Accident	URA OPEN CARPARK INFRT KEYBOX SHOP-UPP CIRCULAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ1118T
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Insured/Policyholder

Name Of Registered Owner	CHEW YI
NRIC No	S7040641A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98432825
Alternative Phone No	Office-98432825

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180

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
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If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100463207-02
Cover Note Number	

Driver

Name of Driver	CHEW YI
NRIC No	S7040641A
Date Of Birth	15/10/1970
Occupation	INDOOR
Date Of Driving Pass	07/10/1995
Driving Experience	23 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-98432825
Fax Number	
Contact Number	OFFICE-98432825
EMail Address	NOEMAIL
Address	BLK 17 JLN TENTERAM #11-118
Postcode	321017
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ANNEX E. AT ABOUT 8.55PM, I GOT INTO MY CAR AND WAS READY TO MOVE OFF. AS THE RD ALONG UPPER CIRCULAR RD IS A TWO-WAY TRAFFIC RD, I HAD TO BE CAREFUL TO LOOK AT BOTH DIRECTIONS BEFORE COMING OUT OF THE PARKING LOT. AS BOTH SIDES OF THE PARKING LOT WAS OCCUPIED, I COULD NOT SEE THE RIGHT SIDE OF THE TRAFFIC CLEARLY. HENCE, I MOVED FORWARD A LITTLE FOR BETTER CLARITY. SUDDENLY, THE CAR B (SHD389M) SEPD PAST ME AND HIT THE FRONT RIGHT PORTION OF MY CAR. HE WAS DRIVING SO FAST THAT HE SCREECHED TO A HALT AND REVERSED TO MY CAR.

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	SHD389M
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Vehicle Make/Model/Colour Details Of Properties	TRANSCAB RED
Vehicle Category	TAXI
Name of Driver	ANG GEOK BENG
NRIC/Passport Number	S7038932J
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/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 12.11.18 12:40PM

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 4401 HP: 8332 0062 Fax: 6872 1272
Email: vincent.seah@cyclecarriage.com.sg

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 8:55 p.m., I got into my car and was ready to move off. As the road along upper circular road is a two-way traffic road, I had to be careful to look at both directions before coming out of the parking lot. As both sides of the parking lot was occupied, I could not see the right side of the traffic clearly. Hence, I moved forward a little for better clarity when suddenly, the transcab sped past me and hit the front right ~~corner~~ portion of my car. He was driving so fast that he screeched to a halt and reversed to my car.

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 12.11.18 12:40PM

Driver's Signature

(If driver is not the policyholder)

Date & Time

Vincent Seah
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
DID: 6771 4401 HP: 8332 0062 FAX: 6875 1172
Email: vincent.seah@cyclecarriage.com.sg

Reporting Centre Person's

Name:

NRIC/FIN No.:



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Chew Yi
Period of Insurance : 05 May 2018 To 04 May 2019
Engine No. : 27091030926724
Chassis No. : WDD1173422N346704

Vehicle No. : SGZ1118T
Policy No. : 2100463207-02
Endorsement No. :
Issued Date : 29 Mar 2018

ABOUT THE COVER

Make/Model : MERCEDES Benz CLA180 Coupe
Engine Capacity/Tonnage : 1,595.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
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 - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Chew Yi - \$800 (Own Damage)

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

1. Funco Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 406650 67412338
2. Pandan Loop Service Center - Body Care & Repair (For accident repair & accident reporting) Add: 186 Pandan Loop Singapore-125376 67776368

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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

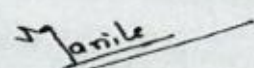
Hire Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asia Pacific Ltd

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. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1998 (Malaysia).

0504380219

CYCLE & CARRIAGE - EDCHUA
239 ALEXANDRA ROAD
SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

55C258

Accident Sketch Plan

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

EFFECTIVE DATE

Class 3 Motor Cars<3000kg with <7 passengers, exclusive of the driver, and other motor vehicles <2500kg 07 Oct 1995

NP 429A



FOR C&C USE ONLY

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7040641A

CHEW YI

Birth Date: 15 Oct 1970

Issue Date: 25 May 2011



FOR C&C USE ONLY

CONFIDENTIAL

ANNEX E



NOTICE OF REPORTING

This is to confirm that **CHEW YI**
APT BLK 17 JALAN TENTERAM
#11-118
S321017
C/NO 9843 2825

NRIC / ~~FIN~~ **S7040641A** has reported to the Police a non-injury
traffic accident which occurred at **URA OPEN SPACE CARPARK**
INFRONT OF KEYBOX SHOP
(UPPER CIRCULAR ROAD)

on **11/11/2018** at **9.00** ~~a.m.~~ / p.m. involving
the following vehicle (s) :-

1. **SGZ1118T**
2. **SHD389M**


2. If this accident was reported to the Police within 24 hours of its
occurrence, then he / ~~she~~ has complied with Sec 84 (2) of the Road Traffic
Act, Cap 276.

Rank / Name of Issuing Officer : **SSgt 99024 ZAINAL ABIDIN BIN AMAT**
Date : **11.11.2018** Time : **11.25PM**
eS/D No : **140**

Stamp of ~~Police Station~~ / ~~NPP~~ / NPC : **TOA PAYOH NPC**

ORIGINAL : to be submitted to informant
DUPLICATE : to be submitted to Traffic Police

CONFIDENTIAL


TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
50 TOA PAYOH CENTRAL #01-02
TOA PAYOH CENTRAL COMMUNITY CLUB
SINGAPORE 310104

Accident Sketch Plan



Accident Sketch Plan



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo

