

## 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	29/11/2018 16:09
Date Of Accident	21/11/2018 10:00
Exact Location Of Accident	KALLANG LEISURE PARK CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDK28R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH HNG
NRIC No	S1742808Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96308219
Alternative Phone No	Office-96308219

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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	1800050588
Cover Note Number	

### Driver

Name of Driver	GOH ZUO FU
NRIC No	S9427141Z
Date Of Birth	28/07/1994
Occupation	INDOOR
Date Of Driving Pass	18/07/2016
Driving Experience	2 YEARS AND 4 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98762828
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	123 MEYER RD #19-05
Postcode	437934
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	RAINING
Road Surface	WET

#### 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

I TURNED TO THE LEFT TO ADJUST SOMETHING ON THE PASSENGER , WHEN I LOOKED UP, IT WAS LATE TO STOP MY CAR INTIME TO AVOID HITTING CAR B.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REFER CSE YIK
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX3152G
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/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.

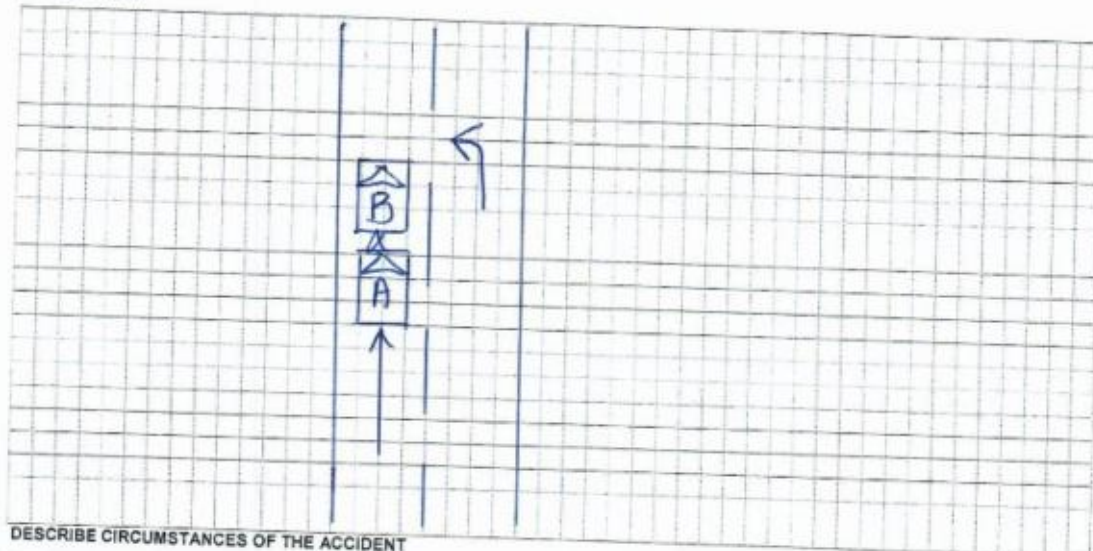
\_\_\_\_\_  
Policyholder's Signature  
Date & Time

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

**Yik Chan Hoe**  
Cycle & Carriage Industries Pte Ltd  
Body Care & Repair Center  
DID: 6771 4353 HP: 9186 5109 Fax: 6872 1272  
Email: [chanhoe.yik@cyclecarriage.com.sg](mailto:chanhoe.yik@cyclecarriage.com.sg)

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I turned to the left to adjust something on the passenger seat, when I looked up, it was too late to stop my car in time to avoid hitting car B.

## 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

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

**Yik Chan Hoe**  
Cycle & Carriage Industries Pte Ltd  
Body Care & Repair Center  
DID: 6771 4353 HP: 9186 5109 Fax: 6872 1272  
Email: chanhoe.yik@cyclecarriage.com.sg

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

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REPUBLIC OF SINGAPORE

Type	Country Code	Passport No
PA	SGP	E6466466J

GOM ZUO FU

Sex

**M SINGAPORE CITIZEN**

Date of birth

28 JUL 1994  
SINGAPORE

DATE OF ISSUE	DATE OF EXPIRY
1994	1994

DATE	DESCRIPTION	AMOUNT	CHECK NO.	BANK	DATE	DESCRIPTION	AMOUNT	CHECK NO.	BANK
04 JAN 2017	STATE OF TEXAS				04 OCT 2022	STATE OF TEXAS			

24 JAN 2001	Authority
2707 150 40	Modifications

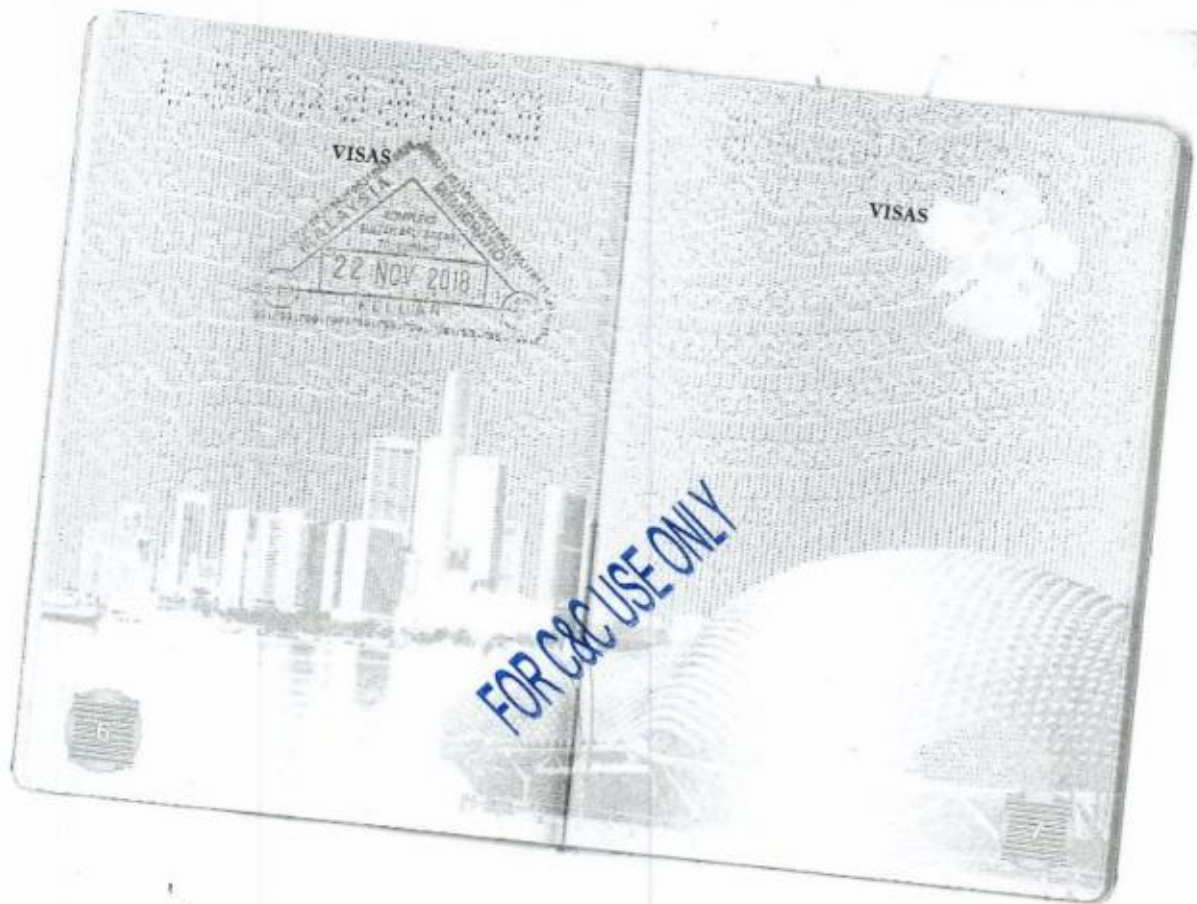
SEE PAGE 2  
MINISTRY OF HOME AFFAIRS

National ID No.

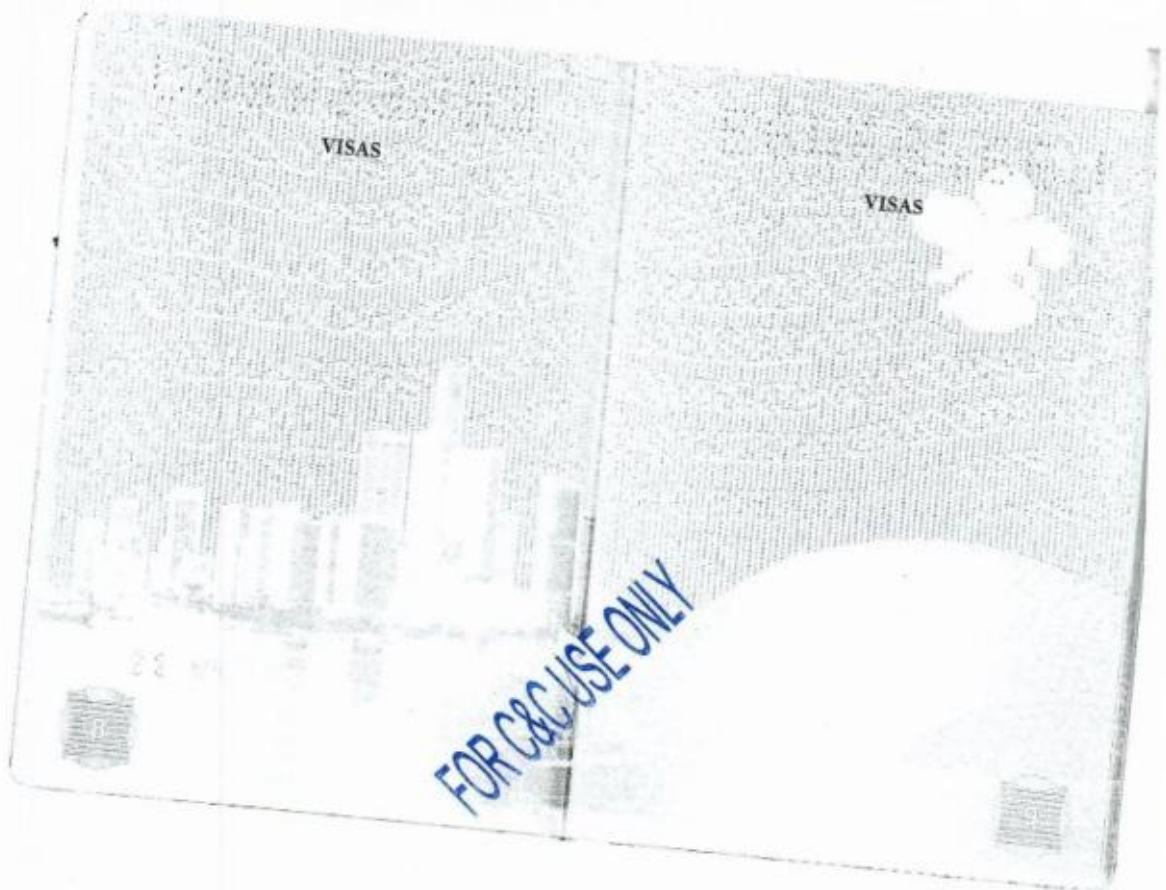
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Accident Sketch Plan



Accident Sketch Plan



**Yik Chan Hoe**

**From:** Zuo fu Goh <zuofu94@gmail.com>  
**Sent:** Thursday, 29 November, 2018 2:52 PM  
**To:** Yik Chan Hoe  
**Subject:** Goh Hng: Copy of Policy Cert

**AIG** **CERT**

**MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE**

Name of Policyholder : GOH HNG  
Period of Insurance : 21 May 2018 To 20 May 2019  
Engine No. : 27491031335188  
Chassis No. : WDD2050402R382798

**ABOUT THE COVER**

Make/Model : MERCEDES BENZ C180 SEDAN AVANTGARDE / E  
Engine Capacity/Tonnage : 1,595.00 CC  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No

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 "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your A  
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 trial or speed-b  
business or use for any purpose in connection with Motor Trade.

Loss of Use 2000cc

\* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.  
included under these headings.

**EXCESS**

**Section 1**  
Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

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

1

Accident Sketch Plan

REPUBLIC OF SINGAPORE
DRIVING LICENCE



Licence Number: S9427141Z  
Name: GOH ZUO FU  
Birth Date: 28 Jul 1994  
Issue Date: 18 Jul 2016



002589634E

FOR C&C USE ONLY

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	18 Jul 2016

NP 428A

Licence No: S9427141Z

FOR C&C USE ONLY

Accident Photo



Accident Photo

