

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	19/11/2018 16:59
Date Of Accident	16/11/2018 05:30
Exact Location Of Accident	BURNFOOT TERRACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV3939M
Insured/Policyholder	
Name Of Registered Owner	SOH BOON WAH
NRIC No	S0220498C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94206039
Alternative Phone No	OFFICE-94206039

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
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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	1700083907-01
Cover Note Number	

Driver

Name of Driver	SOH ZHUO SHENG, EUGENE
NRIC No	S8701804J
Date Of Birth	25/01/1987
Occupation	INDOOR
Date Of Driving Pass	06/04/2009
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90256421
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	35 TOSOA TERRACE
Postcode	455429
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	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
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	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2440000 - FAX NO: 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: G/20181118/7005. BEDOK DIVISION HQ.

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 INJURED PERSON 1

Name	SOH ZHUO SHENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJV3939M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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 19.11.18 15:55PM

Driver's Signature
(If driver is not the policyholder)
Date & Time 19.11.18 15:55PM

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Drove out to buy breakfast near my place when the accident happened. my nose hit my steering wheel and was dazed and thought I mounted a kerb. I didn't think that I hit another vehicle until later that morning when I wanted to drive off. I found a red rear light piece on the car. I checked the rear light of my car and it was fine. So I immediately went back to the road of the accident to look for any damaged vehicles. After asking around I couldn't find the vehicle and called Insurance. Lines were busy and I was late for my presentation so I called them later. Damage to left hand front and wind screen.

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 19.11.18 15:55PM

Driver's Signature

(If driver is not the policyholder)

Date & Time 19.11.18 15:55PM

Reporting Centre Person's

Name:

NRIC/FIN No.:

Vincent Seah
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
DD: 6771 4401 HP: 8132 0062 Fax: 688 1272
Email: vincent.seah@cyclecarriage.com.sg

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



G/20181118/7005

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Report No. G/20181118/7005

Date/Time Report Made 18/11/2018 02:44		Vide Report No.		Station Diary No.	
Name Of Informant SOH ZHUO SHENG, EUGENE		Address 35 TOSCA TERRACE SINGAPORE 455429			
ID Type / ID No. NRIC NO / S8701804J		Contact No. Home/Office:		Mobile: 90256421	
Nationality SINGAPORE CITIZEN		Email Address eugene@dude.sg			
Occupation Artistic director (stage, film, television and radio)		Sex Male	Age 31	Date of Birth 25/01/1987	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 16/11/2018 05:30 - 16/11/2018 05:30		Location Of Incident BURNFOOT TERRACE			

Brief details.

My car SJV3939M met an accident when I went to buy breakfast for my family near my house this morning. My nose hit my steering wheel and I was a little dazed and thought I mounted a kerb. I didn't think another vehicle was involved until later that morning when I wanted to drive to give a speech at 2nd college road and found a red rear light piece on my car. I checked my rear light and it was fine so I thought it must have been belonging to another car I may have hit but didn't realise. I immediately drove back to the road behind the McDonalds to look for any damaged vehicles and saw a van with a damaged rear. I parked and went down to ask the uncle if his van was damaged this morning, he said no and that he just

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/11/2018 02:44
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



G/20181118/7005

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20181118/7005

got here and wasn't parking here earlier too. I then went around asking the residents if their cars were damaged but they said that they were fine. One of the residents said that he saw a damaged car but didn't recognise it as any of his neighbours. I tried to call my insurance AIG to see if they can help me but their lines were busy and I was late for my talk so I rushed down to my talk. I managed to get through to AIG after my speech and they told me that I should call 999 and make a report to check and be able to reach out to any third party vehicles I may have hit

Subjects Involved			
Victim			
Person Name	SOH ZHUO SHENG, EUGENE		
ID Type	NRIC NO	ID No	S8701804J
Gender	Male	Age	31
Race	Chinese	Language	English
Occupation	Artistic director (stage, film, television and radio)	Address Type	
Address	35 TOSCA TERRACE SINGAPORE 455429	Mobile No	90256421
Is Informant A Victim?	Yes		
Person Name SOH ZHUO SHENG, EUGENE (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/11/2018 02:44
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Sketch Plan



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : SOH BOON WAH
 Period of Insurance : 12 Nov 2018 To 11 Nov 2019
 Engine No. : 27186030008109
 Chassis No. : WDD2120482A094805

Vehicle No. : SJV3939M
 Policy No. : 1700083907-01
 Endorsement No. :
 Issued Date : 27 Sep 2018

ABOUT THE COVER

Make/Model : MERCEDES BENZ E200 CGI BE
 Engine Capacity/Tonnage : 1,796.00 CC Sum Insured : Market Value First Year of Registration : 2009
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : 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 \$3,300 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are as Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 3 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-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)

SOH BOON WAH - \$800 (Own Damage)

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

1. Cycle & Carriage Eunus Service Center (For accident reporting only) Add: 333 Ubi Road 3 Singapore 408950 62061818
 2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 186 Pandan Loop Singapore 120378 62061918

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 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: MALAYAN BANKING BERHAD

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, 1956 (Malaysia).

0500660050

CYCLE & CARRIAGE - CORPORATE
 238 ALEXANDRA ROAD
 SINGAPORE 159930 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. Anile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSP/ML/LI

Accident Sketch Plan

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	06 Apr 2009

NP 428A

Licence No: S8701804J

FOR C&C USE ONLY

REPUBLIC OF SINGAPORE DRIVING LICENCE

Vehicle Number: S8701804J

SOH ZHUO SHENG, EUGENE
(SU ZHUOSHENG)

Birth Date: 25 Jan 1987
Issue Date: 14 Jun 2016

002577755G

FOR C&C USE ONLY

Accident Sketch Plan



AIG Asia Pacific Insurance Pte. Ltd
AIG Building
78 Shenton Way
#07-16

MOTOR ACCIDENT INTERVIEW FORM

NAME : Soh Zhuo Sheng, Eugene (SU
VEHICLE NUMBER : 17/11/18 05:30am zhuosheng)
DATE/ TIME OF ACCIDENT : SJV 3938M
PLACE OF ACCIDENT : Burnfoot Terrace
THIRD PARTY VEHICLE (IF ANY) :

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Home to
Siglap McDonald to Home

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?

N/A

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

LHT portion of Front Windscreen

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

Yes, nose SJV 3938M
Consult doctor later

NAME:

As Above

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

Accident Sketch Plan

UNDERTAKING

I, Soh Zhen Seng Eugene (Su Zhen Seng), (NRIC No. S87018047), hereby confirm that the Singapore Accident Statement lodged by me on 19/11/18 at 15.55pm hours pertaining to the accident involving motor car Reg. No: SDV 3938M in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature :

Name of Insured / Driver :

Nric No. :

Date :



As Above

S 87018047

19/11/18

Signature :

Name of Policyholder :

Nric No. :

Date :

Accident Photo



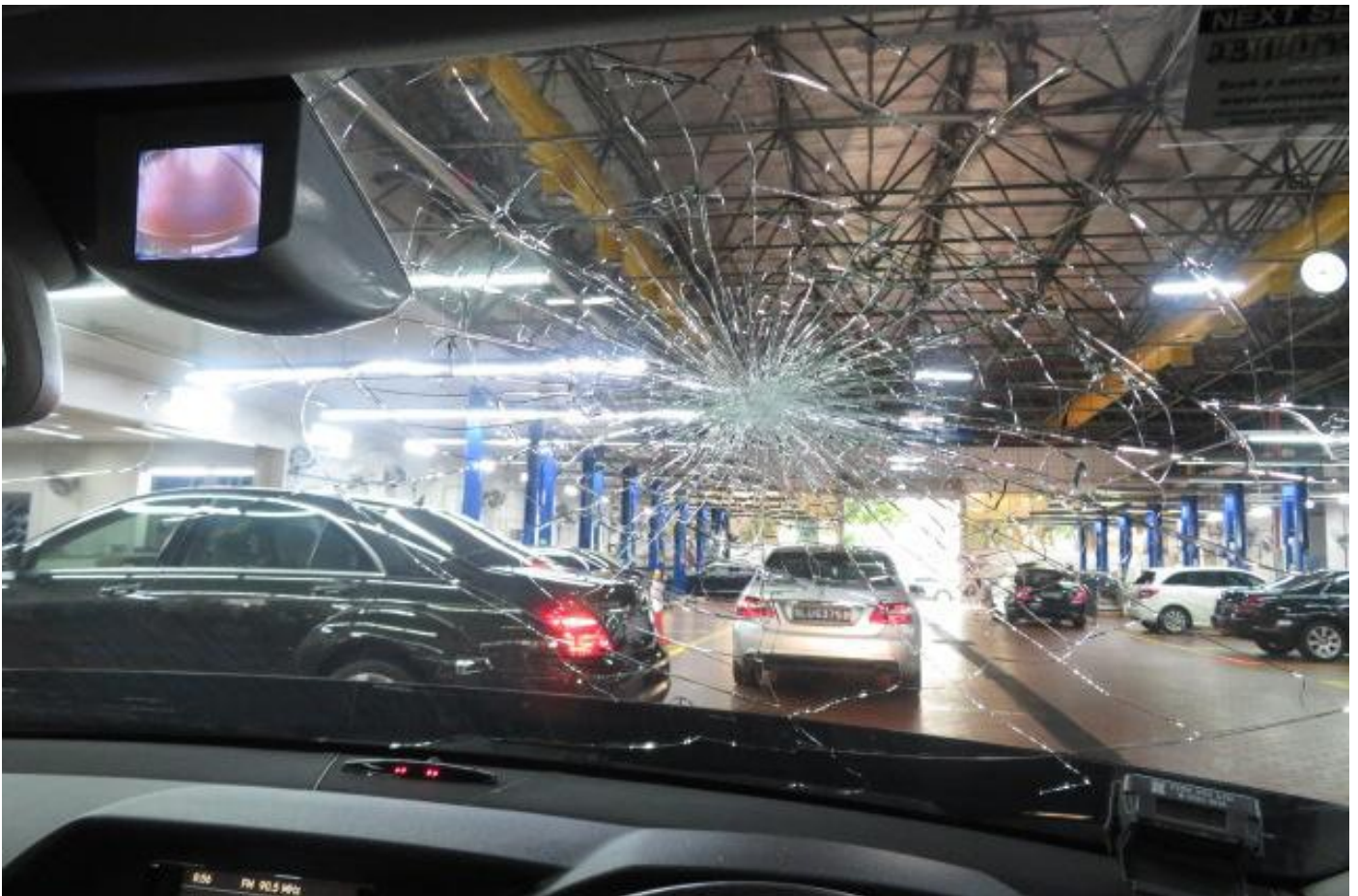
Accident Photo



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Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 5 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 - 17:00
 UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MCC 418 149738 Vehicle Registration No : SV 3888M
 Name (as shown in NRIC) : Soh Boon Wah NRIC/FIN/Passport No : _____
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : _____
 Email Address : _____
 Date of Accident : 17/11/18 Time of Accident : 05:30 am
 Place of Accident : Burnfoot terrace
 Insurance Company : Ath

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Accident Date 16/11/18 rpt 17/11/18

Policyholder / Driver's Signature
 Date: 20/11/18

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