## 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

By the lodgement of this report to the insurers, you hereby cons foresaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	26/12/2018 11:19
Date Of Accident	24/12/2018 15:00
Exact Location Of Accident	HAVELOCK ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SGG169C
nsured/Policyholder	
Name Of Registered Owner	LEE KENG KIAM
NRIC No	S0654553Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96375596
Alternative Phone No	Office-96375596
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy or repair to your vehicle?	YES
f No, Please state action to be taken	
/ehicle Category	PRIVATE CAR
nsurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
ype Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100446933-02
Cover Note Number	
Driver	
Name of Driver	LEE KENG KIAM
NRIC No	S0654553Z
Date Of Birth	02/08/1946

INDOOR 15/11/1966

52 YEARS AND 1 MONTH

Gender **MALE** 

Mobile Number (LOCAL) +65-96375596

Fax Number

**Contact Number** OFFICE-96375596

**EMail Address NOEMAIL** 

Address 2 MARTIN PLACE RESIDENCES #20-03

Postcode 237988 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** DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

YES

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) 2

Passenger 1 Name: : UNKNOWN

> Gender: : Male

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name ORCHARD NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 51 KILLINEY ROAD, POSTCODE: 239572, COUNTRY: SINGAPORE

**Police Station Contact** TEL NO: 1800-7359999 - FAX NO: 67331934

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

REFER POLICE REPORT NO: T/20181225/2031. ORCHARD NPC.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: REFER CSE KO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SHC4159C

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver NG SEE KIAT

NRIC/Passport Number S1611641F

Contact Number 93200827

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name

Approximate Age Injuries Sustain

Injured person in which vehicle? SGG169C

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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 referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government
  - (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.
- 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

DTD: 67/72 4420 HP: 9186 S113 Email: declaring@cyclecarris - ... Occie & Chrisge Industries re-

Oustomer Service Centre - Pan

Policyholder's Signature

Date & Time 26/12/2018 0916

Driver's Signature

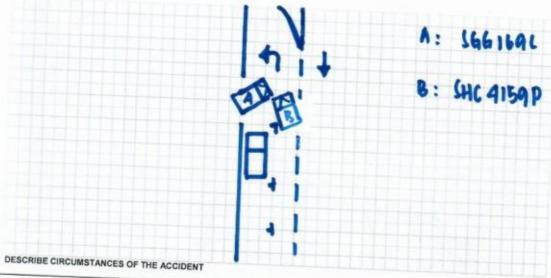
(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's

Name: KERLYN

NRIC/FIN No .:



REFER TO POLICE REPORT NO.T	20181225/2031		
ECLARATION			

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 26/12/2018 0916

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

Customer Service Contre - Pangan Loop Reporting Centre Personnel's Name: KERLYN NRIC/FIN No.:

Kerlyn Can Rat Li DID: 6771 4 - 1:01/05113 Email: kerlyn.on yer triage.com.sg

Cycle & Carr at Instances Fie Ltd





Date of Expiry:

1 of 4 Report No. T/20181225/2031

Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: Vide Report No .: 25/12/2018 11:54 Station Diary No.: Informant's Particulars 48 Name of Informant: Address: LEE KENG KIAM 2 MARTIN PLACE #20-03 SINGAPORE 237988 ID Type / ID No .: Contact No .: NRIC NO / S0654553Z Home/Office: Nationality: Mobile: 96375596 SINGAPORE CITIZEN Email: kkgoodwind@gmail.com Sex: Age: Date of Birth: Type of Informant: Male 72 02/08/1946 Driver Race: Language: Chinese Institution / School Name: Occupation: Driving Licence Information: Retiree

Type of	Injury	Drink	Doto ITI		
Accident: Location:	Others	Drive;	Date/Time Accident: 24/12/201		Type of Location Straight Road
ZION ROAD Turning out fro	ATO 00				
Weather: Clear	m AT3 93 HAVELO	OCK Carpark Road Surface:			
Clear Traffic Flow:	m A13 93 HAVEL	Road Surface: Dry		Ros	ad Speed Limit:
Clear Traffic Flow: Two Way		Road Surface: Dry Traffic Control: Not Controlled			ffic Volume:

Class:

Vehicle No.	Type	Make	1					
SGG169C Car		Ivioge	Color	Condition	Tal. co			
		MERCEDES BENZ	AVANTGAR DE (R17	AVANTGAR	NZ AVANTGAR	Red	Seriously Damaged	
SHC4159P	Car		LED)					
Details of Va					<ul> <li>Seriously Damaged</li> </ul>	0		

Details of Vehicl	e Insurance		Damaged	
	rance Company		-	
		Insurance No	Effective	Expiry Date





Police Station Of Origin: Orchard N.P.C

2 of 4 Report No. T/20181225/2031

51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

CONTINUATION OF REPORT .

	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	1	
SGG169C AIG ASIA PACIFIC INSURA	AIG ASIA PACIFIC INSURANCE DE		Effective	Expiry Date
	LTD.	2100446933-02	12/01/2018	11/01/2019

Details of Pers	on involved					
Any Pedestrian	Involved: No					
No. of Pedestria	ans Injured: NII		1			
Passenger	mjarca. ML		Use of	Pedestria	n Cros	sing; NA
Name	LEE YEOW WEE,	DAVID				
	TEC TECOV WEE, DAVID		ID No	٥.	S7726398E	
Related Vehicle	SGG169C (Car)					
	occiose (car)			Cont	act No.	97565722
Hospital/Clinic	SINGAPORE GENERAL HOSPIT					
	OLI OLI	LIVAL HO	SPITAL	Class		Class: NIL
				Drivin		Date of Expiry: NIL
					ce & y Date	
Date Treatment	24/12/2018		Date D	ischarge		
No. of Days gran	ted Medical Leave	03	Degree	of Injury	Sligh	12018
Driver			Jogice	or injury	olign	
Name	LEE KENG KIAM			ID No		COCEACECT
				ID NO		S0654553Z
Related Vehicle	NIL			Conto	ct No	06075500
				Contact No.		96375596
Hospital/Clinic	NIL .			Class	of	Olese NIII
				Driving		Class: NIL
				Licence		Date of Expiry: NIL
Data Transfer	****			Expiry		
Date Treatment	NIL		Date Di	scharge	NIL	
Oriver	ed Medical Leave	NIL	Degree	Degree of Injury NIL		
Vame				1	1112	
varrie	NG SEE KIAT			ID No.		S1611641F
Polated Market				.5 .10.		01011041F
Related Vehicle	NIL			Contac	t No	93200827
loonit-UOII-1				Joinac	110.	33200027
lospital/Clinic	NIL		Class	of	Class: NIL	
				Driving		Date of Evelous Aus
				Licence		Date of Expiry: NIL
ate Treatment	NIII.			Expiry		
ate Treatment	NIL		Date Dis	charge	NIL	
o. or Days grante	ed Medical Leave	NIL	Degree o	of Injury	NIL	





Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

3 of 4 Report No. T/20181225/2031

## CONTINUATION OF REPORT

## Brief Details.

On 24/12/2018 at about 1500hrs as I was exiting the parking lot at "AT3" 93 HAVELOCK road, I was slowly inching forward to check for traffic as there was a stationary lorry that had caused a blind spot on

As I was slowly inching forward, a taxi (SHC4159P) suddenly dashed through the road causing a collision with my vehicle (SGG169C). Both me and my son did not see said taxi approaching until the collision happened. As such I believe he was travelling at high speed. In addition, the taxi did not horn prior to the

The Damages to the vehicles are as follows:

1)SGG169C- The front right hand side was smashed, the headlight area was badly damaged.

2)SHC4159P- The left front side was smashed in and the front left tyre were punctured. Scratches to the

I then exchanged particulars with the taxi driver and proceeded to wait for both of the cars involved to be towed away as the damage caused was not deemed to be safe to carry on driving. After the tow trucks came, my son, Lee Yeow Wee, David (S7726398E) who was my passenger at the time of accident went to see the doctor at SGH A&E Department as a result of the injury.

No government property was damaged.

I am lodging this report for recording purposes and insurance claims.





Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

4 of 4 Report No. T/20181225/2031

CONTINUATION OF REPORT

Ske	ate	h F	la	-
OW		пг	161	

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sgt 2 MUHAMMAD SHAZWI BIN AZMI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/12/2018 11:54
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204 Authentication Stamp	Classification Of Case:
SIGNATURE	



# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE Name of Policyholder : Lee Keng Klam

Period of Insurance : 12 Jan 2018 To 11 Jan 2019 Engine No. : 27491030503370

Chassis No.

: WDD2050402R129500

Vehicle No. Policy No.

: SGG169C : 2100446933-02

Endorsement No. Issued Date

: 04 Jan 2018

## ABOUT THE COVER

Make/Model

MERCEDES BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE

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\*:

to the interpretation who is divining on the Policyholder's crear or with realizer commission.

This Policy will interestly the Policyholder or any authorised driver only if heisba meets the specified age constant.

You need to pay an additional sum of \$3,000 as "inexperienced Driver Excess" (EDR") if You are or Your Authorised Driver (named) has less than 2 years' diving exponence

Age Condition

: 40 years old and above

Limitation as to use\* :

Consideration was as used.

The crit is access domestic and pressure purposes and for the Policyholder's business. This Policy does not cover use for live or revenue, criving fulfors, driving bud, decree, pecs-making, reliability trial or consideration, the carriage of goods other than samples in connection with any trade or business of use for any purposes it connection with Motor Triade.

Laws of Use 2000ac

\*\* Unstalland inspection by Section 8 of the Motor Venicles (Thirst-Party Risks and Compensation) Act (Cap. 189) and Sevice 56 of the Road Transport Act, 1987 (Malaysia), are not to be EXCESS

Section 1
Fire - 95 Own Gamage - \$1300 Theft - \$0 Flood Cover - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Lee Kerg Klam - \$1300 (Owe Darrage)

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

1 Europe Service Certiler (For accident reporting only). Add: 335 Uni Road 3 Singapore 408000 67412008.

2 Facilities Lamp Sorvice Certiler — Body Care & Repeat (For accident report & accident reporting). Add: 168 Panden Loop Singapore 128376 67778088.

For other Approved Reporting CentrealAIG Authorised Repairers, plasse contact our 24-hour accident emergency native at -65 (536 (420)). Ademptively, you may telle to APQ without accident emergency native at -65 (536 (420)). Ademptively, you may telle to APQ without even agricum, sq. and SQ Mobile App. Simply search and download ArQ SQ Point Funes or Orange Play.

## IMPORTANT NOTES

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

TWA Ferrory cartify that the policy is whore the Genticute of Preumons relates in insceed in accordance with the provisions of the Motor Versches/Tried Party Fisiks and Comparisation) Act (Cap. 189), Part IV or Plant Tries Party Fisiks and Comparisation) Act (Cap. 189), Part IV or

0504360258

CYCLE & CARRIAGE - RUTHZH 238 ALEXANDRA ROAD SINGAPORE 169616

Underwritten by AkS Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

tion Way #37-16 AMS (building SU70120 | T+65 6410 3000 | F+85 6415 8723 | Www.nig opning

REPUBLIC OF SINGAPORE DRIVING LICENCE Name Senter S0654553Z LEE KENG KIAM

Birt Date: 02 Aug 1946

002647934K3

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0654553Z





LEE KENG KIAM

李 建 金

0021153

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

EFFECTIVE DATE

FOR C&C USE ON

S0654553Z

A+ 12-03-1993

2 MARTIN PLACE #20-03 SINGAPORE 237988

NRIO No: \$08545532 Date: 10/10/2018 (R)

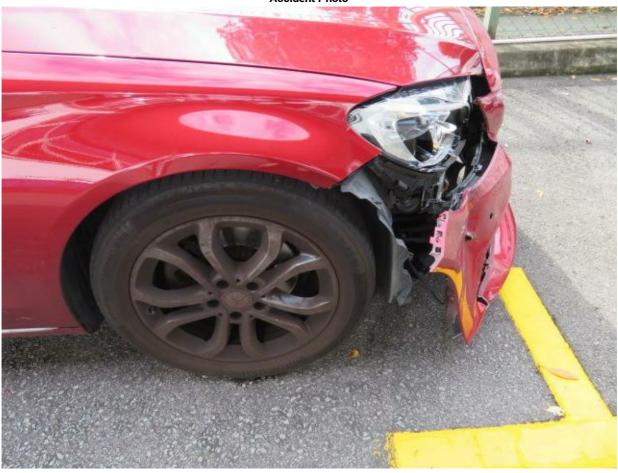
NF 4284



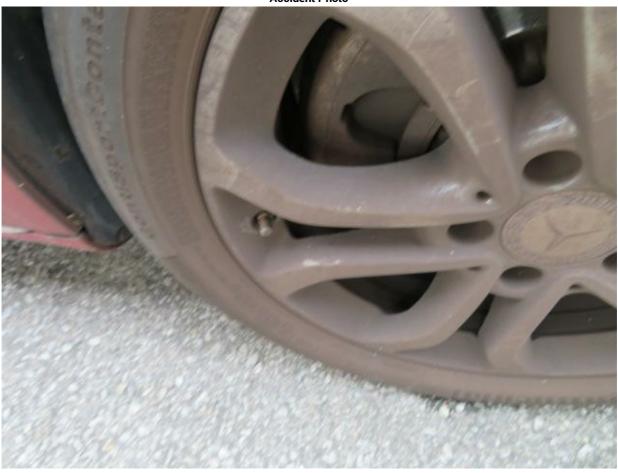




## **Accident Photo**



## **Accident Photo**













## **Accident Photo**







