

## 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	26/12/2018 17:42
Date Of Accident	25/12/2018 17:20
Exact Location Of Accident	YISHUN AVENUE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE9157C
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#### Insured/Policyholder

Name Of Registered Owner	CHEN SHAOYING
NRIC No	S2610986H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98382503
Alternative Phone No	Office-98382503

#### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B180

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	1800090135
Cover Note Number	

#### Driver

Name of Driver	CHEN SHAOYING
NRIC No	S2610986H
Date Of Birth	18/07/1966
Occupation	INDOOR
Date Of Driving Pass	01/02/2016
Driving Experience	2 YEARS AND 10 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-98382503
Fax Number	
Contact Number	OFFICE-98382503
EMail Address	NOEMAIL
Address	BLK 637 YISHUN ST 61 #04-120
Postcode	760637
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### 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?	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)	2
Passenger 1	Name: : TOH YAN JUN 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 YISHUN AVENUE 1. I WAS TRAVELLING AT THE CENTRE LANE. AS I WAS TRAVELLING STRAIGHT, I HAD ACCIDENTALLY DOZED OFF AND MY LEFT WENT TOWARD THE LEFT AND COLLIDED ONTO CAR B (UNKNOWN) RIGHT PORTION. I STOPPED MY CAR AND HAD COMMUNICATE WITH THE BUS DRIVER AND I FORGOT TO TAKE DOWN THE BUS NUMBER.

#### 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?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category BUS

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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6. 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 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.

*Chunshao ying*

Policyholder's Signature

Date & Time 26/12/2018 1623

Driver's Signature

(If driver is not the policyholder)

Date & Time

**Kerlyn Ong Kai Li**

DID : 6771 4420 HP : 9186 5113

Email : [kerlyn.ong@cyclecarriage.com.sg](mailto:kerlyn.ong@cyclecarriage.com.sg)

Cycle & Carriage Industries Pte Ltd

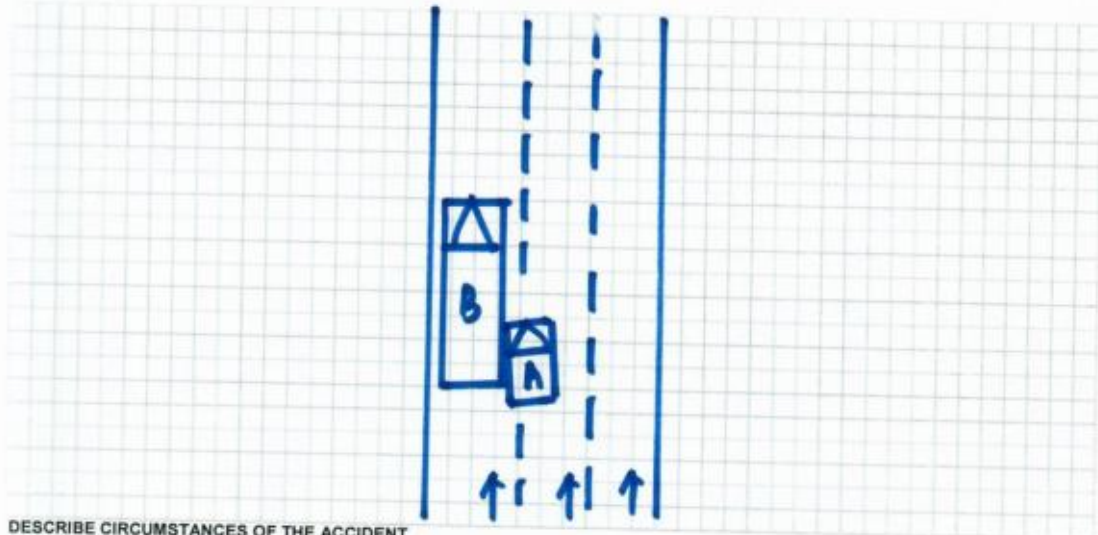
Customer Service Centre - Pandan Loop

Reporting Centre Personnel's

Name: KERLYN

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING MY CAR (SJE9157C) ALONG YISHUN AVENUE 1. I WAS TRAVELLING AT THE CENTER LANE. AS I WAS TRAVELLING STRAIGHT, I HAD ACCIDENTALLY DOZED OFF AND MY LEFT WENT TOWARD THE LEFT AND COLLIDED ONTO VEHICLE B (UNKNOWN) RIGHT PORTION.

I STOPPED MY CAR (SJE9157C) AND HAD COMMUNICATE WITH THE BUS DRIVER AND I FORGOT TO TAKE DOWN THE BUS NUMBER.

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)

Chen Shaoyin

Policyholder's Signature

Date & Time 26/12/2018 1623

Driver's Signature

(If driver is not the policyholder)

Date & Time

**Kerlyn Ong Kai Li**

DID : 6771 4420 HP : 9186 5113

Email : [kerlyn.ong@cyclecarriage.com.sg](mailto:kerlyn.ong@cyclecarriage.com.sg)

**Cycle & Carriage Industries Pte Ltd**

Customer Service Centre, Pandan, Looop

Name: KERLYN

NRIC/FIN No.:



CI\_SJE9157C

25% 15:35



## CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : CHEN SHAOYING  
Period of Insurance : 31 Jul 2018 To 30 Jul 2019  
Engine No. : 27091031830317  
Chassis No. : WDD248422J477643

Vehicle No. : SJE9157C  
Policy No. : 1800090135  
Endorsement No. :  
Issued Date : 08 Aug 2018

## ABOUT THE COVER

Make/Model : MERCEDES BENZ B180 SEDAN STYLE  
Engine Capacity/Tonnage : 1,995.00 CC  
Driver Restriction : NA  
Person or Classes of Persons Entitled to Drive\* :  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2018  
Insuring with COE/PAF : Yes

\* At The Policyholder's  
discretion, any other person may be driving on the Insured's order or with Insured's permission.  
This Policy does not cover use for hire or livery, driving school, driving test, racing, performance, delivery, haul 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 Taxis.

You have to pay an additional sum of \$5,000 as "Young and/or Inexperienced Driver Excess" ("YIDEP") if you are in your Authorized Driver (named or unnamed) is under the age of 25 and/or has less 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 livery, driving school, driving test, racing, performance, delivery, haul 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 Taxis.

Loss of Use 2000hrs

\* Limitations imposed pursuant to Section 9 of the Motor Insurance (Third Party Risk and Compensation) Act (Cap. 188) and Section 95 of the Road Transport Act, 1987 (Motorists), are not to be included under these headings.

## EXCESS

Section 1  
Fire - \$0; Own Damage - \$500; Theft - \$0; Flood Cover - \$0

Section 2  
Property Damage - \$0

Windscreen - \$150

Named Driver and EXCESS (where applicable)

CHEN SHAOYING - \$500 (Own Damage)

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

1. Cycle & Carriage Service Centre (For accident reporting only) - Add: 230-100 Road 3 Singapore 408902 (Tel: 6738 1818)  
2. Cycle & Carriage Service Centre (For accident reporting only) - Add: 188 Raffles Road Singapore 110573 (Tel: 6738 1818)

For other Approved Reporting Centres/Authorised Repairers, please contact our Customer Service Centre at +65 6338 6200. Alternatively, you may refer to A&P website www.aig.com.sg or AIG SG Mobile App. Search search and download "AIG SG" from iTunes or Google Play.

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Damler 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 Insurance (Third Party Risk and Compensation) Act (Cap. 188) and Part 12 of the Road Transport Act, 1987 (Motorists) and Motor Insurance (Third Party Risk and Compensation) Regulations (Cap. 188:01/02/03).

080412242

CYCLE & CARRIAGE - BEEHIVE

229 ALEXANDRA ROAD

SINGAPORE 119932

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

24-HOUR AIG AUTO HOTLINE: +65 6338 6200

IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

What can the 24-hour AIG Auto Emergency Hotline provide for you?

- Immediate assistance after an accident
- Emergency breakdown services
- Towing service (accident or non-accident related)
- Advice on Third Party Claims procedures
- Medical Referral Assistance

If no one is injured in the accident:

- You are not required to make any police report
- Record vehicle number, make and address, insurance company and policy number of the other driver(s) and vehicle(s)
- Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours of the next working day of the accident.

If the accident involves injuries or damage to government property & vehicles, foreign registered vehicles or non-injury hit & run case:

- Report the accident to the police, providing full details of the circumstances of the accident
- Record vehicle number, make and address, insurance company and policy number of the other driver(s) and vehicle(s), if applicable
- Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours of the next working day of the accident.

What should I do in the event of an accident?

- Keep calm and move your car to a safe place
- Do not admit or discuss fault or blame with the other party(ies)
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours of the next working day of the accident
- Submit a copy/summary/consolidation from third party(ies) to AIG immediately

## LOSS OF USE CAR REPLACEMENT BENEFIT

Applicable only if this benefit is included in your motor insurance. Please refer to your Policy Schedule for details. Policy terms and conditions apply. Please call our customer service hotline number (65) 6419-3000 for assistance.



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S2610986H**

Name: **CHEN SHAOYING**

Birth Date: **18 Jul 1966**  
Issue Date: **01 Feb 2016**

002524937D

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S2610986H**

Name: **CHEN SHAOYING**

**陳少英**

Race: **CHINESE**

Date of Birth: **18-07-1966** Sex: **F**

Country of Birth: **CHINA**

FOR C&C USE ONLY

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

**Class 3A** Motor cars without clutch pedals (Auto) with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight  $\leq 2500\text{kg}$

EFFECTIVE DATE: **01 Feb 2016**

NP 428A

Licence No: S2610986H

2549538

S2610986H

24-12-1994

APT BLK 637 YISHUN STREET 61 #04-120  
SINGAPORE 760637

S2610986H 06/05/2013 (R)

FOR C&C USE ONLY

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



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