# SINGAPORE ACCIDENT STATEMENT

# **IMPORTANT NOTICE**

**Date Of Driving Pass** 

**Driving Experience** 

- 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 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.
- 7 By the lodgement of this report to the inont to the ort at the

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	08/01/2019 16:36
Date Of Accident	08/01/2019 14:55
Exact Location Of Accident	TOA PAYOH LOR 6 & TOA PAYOH EAST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDJ6080D
Insured/Policyholder	
Name Of Registered Owner	LAI SZE FEI
NRIC No	S1106080C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92366463
Alternative Phone No	Office-92366463
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250
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	2100415445-03
Cover Note Number	
Driver	
Name of Driver	LAI SZE FEI
NRIC No	S1106080C
Date Of Birth	24/02/1955
Occupation	INDOOR

30/12/1980

38 YEARS AND 0 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-92366463

Fax Number

**Contact Number** OFFICE-92366463

**EMail Address NOEMAIL** 

Address BLK 205 COMPASSVALE LANE #09-29

Postcode 543205 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

2

NO

NO

NO

1

NO

NO

### **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 (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

#### **Circumstances of Accident**

I REALISED THE BRAKES ACCIDENTALLY, MY CAR ROLLED FORWARD SLIGHTLY AND BUMPED INTO THE BACK OF CAR B (SKR5939J) SLIGHTLY.

#### 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**

SKR5939J Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR SERENE GAN Name of Driver

NRIC/Passport Number

Contact Number Address

81984426

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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
- 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 by insurer, my workshop and the General insurance Association of Singapore ( GIA ) may are permitted to collect, use, discuss analogous 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 shall be collectively the "Personal Information" and disclose and transfer such Personal Information to 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
  - (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
- (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
- (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

VIK Chan Hoe

Cycle & Carriage Industries Pie Ltd

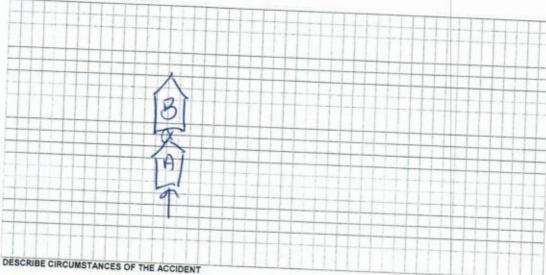
Cycle & Carriage Industries 6872 1272

Body Care & Repair Center

Cycle & Carriage Address of Control of Contro Reporting Centre Personnel's

Name:

NRIC/FIN No.:



I realeased the brakes accidentally, my car rolled forward slightly and bumped into the back of Car B dightly.

# 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 Signat

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's

Name:

NRIC/FIN No.:



# CERTIFICATE OF INSURANCE

# MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Lai Sze Fei

Period of Insurance : 04 Jun 2018 To 03 Jun 2019 Engine No. : 27492030379454

Chassis No.

: WDD2120362B149810

Vehicle No. Policy No.

: SDJ6080D : 2100415445-03

Endorsement No.

Issued Date

: 30 Apr 2018

# ABOUT THE COVER

: MERCEDES BENZ E250 2.0 CGI SEDAN

Engine Capacity/Tonnage : 1,991.00 CC Driver Restriction

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2015 Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive":

a) The Policyhokser b) Any other person who is driving on the Policyholder's order or with his/her permission. This Policy will indemcify 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

: 30 years old and above

Limitation as to use\* :

List interests as or used.

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-leating. the carriage of goods other than samples in correction 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 (Matayala), are not to be included under those headings. EXCESS

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

Section 2 Property Damage - \$0

Named Driver and Excess (where applicable)

Lai Sze Fei - \$800 (Own Damage)

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

Euros Senvice Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 67412338
 Contage Pandan Loop Service Center - Body Care & Repeix Add: 188 Pandan Loop Singapore 128378 62061818

For other: Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotins at +65 6338 8200. Attematively, you may refer to AIG website www.aig.com.ag

# IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

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 Section 1997.

0500660351

CYCLE & CARRIAGE - JACQHO 239 ALEXANDRA ROAD SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) Class 3

Motor Cars=< 3000kg with =<7 passengers, exclusive 30 Dec 1980 of the driver; and other motor vehicles =< 2500kg

FOR CACUSE ONLY

NP 428A



# **Accident Photo**







**Accident Photo** 



# **Accident Photo**

