

## 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	10/01/2019 13:10
Date Of Accident	10/01/2019 06:35
Exact Location Of Accident	CHAI CHEE ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFB6262P
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### Insured/Policyholder

Name Of Registered Owner	SEAH TECK GHEE
NRIC No	S1461735C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98224288
Alternative Phone No	Office-98224288

### 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?	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	1800147183
Cover Note Number	

### Driver

Name of Driver	SEAH TECK GHEE
NRIC No	S1461735C
Date Of Birth	09/06/1961
Occupation	INDOOR
Date Of Driving Pass	21/07/1980
Driving Experience	38 YEARS AND 5 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98224288
Fax Number	
Contact Number	OFFICE-98224288
EMail Address	NOEMAIL
Address	35 WARINGIN WALK
Postcode	416290
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
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: : BENJAMIN SEAG WEN ZHE Gender: : Male

#### 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

ON 10 JAN 2019 AROUND 6.35AM. MY CAR WAS STATIONARY BEHIND A LORRY. THEN I FILTER OUT AND HEARD A COLLISION WITH CAR B (GBF7934D).

#### 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

Vehicle Registration Number	GBF7934D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE

Name of Driver	MOHAMED FIRA BIN MOHAMED ALI
NRIC/Passport Number	S7128280E
Contact Number	90064299
Address	
Postcode	
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
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;
  - (ii) for complying with requirements under any regulations, laws or court orders.

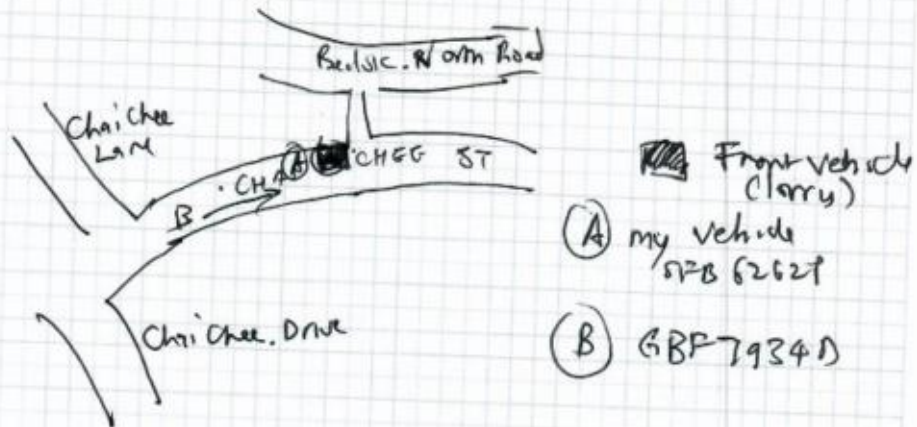
Policyholder's Signature  
Date & Time 10.01.19 11:40AM

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

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

Vincent Seah  
Cycle & Carriage Industries Pte Ltd  
Duty Care & Repair Center  
Tel: 64401 1111 IP: 5332 0005 Fax: 6922 1712  
Email: Vincent.seah@cyclecarriage.com.sg

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

10/1/2019 approx 6.35am  
 My vehicle was stationary behind a lorry. Then I  
 filter out and heard a collision with vehicle GBF 7934D.

## 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)

*[Signature]*

Policyholder's Signature  
 Date & Time 10.01.19 11:40AM

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

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

Vincent Seah  
 Cycle & Carriage Industries Pte Ltd  
 Body Care & Repair Centre  
 11P, 8312 10002 Fax: 8312 1122  
 Email: vincent.seah@cyclocarriage.com.sg  
 ID: 671 4401

## UNDERTAKING

I, Sect Teh Lee, (NRIC No. S1461735C), hereby confirm that the Singapore Accident Statement lodged by me on 10/01/18 at 11:40am hours pertaining to the accident involving motor car Reg. No: STB 6262 P, 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 :

As Above

Nric No. :

S 1461735 C

Date :

10/01/18

Signature :

Name of Policyholder :

Nric No. :

Date :





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

### MOTOR ACCIDENT INTERVIEW FORM

NAME

Seah Teck Lee

VEHICLE NUMBER

SFB 6262 P

DATE/ TIME OF ACCIDENT

10/01/19 06:35am

PLACE OF ACCIDENT

Chai Chee St.

THIRD PARTY VEHICLE (IF ANY)

GBZ 7934 D

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

Home to Chai Chee

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?

LHF Portion

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

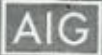
NA



NAME: As Above

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

Accident Sketch Plan



# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : SEAH TECK GHEE  
Period of Insurance : 12 Dec 2018 To 11 Dec 2019  
Engine No. : 27492031657978  
Chassis No. : WDD2130422A548563

Vehicle No. : SFB6262P  
Policy No. : 1800147183  
Endorsement No. :  
Issued Date : 19 Dec 2018

### ABOUT THE COVER

Make/Model : MERCEDES Benz E200 Sedan Exclusive  
Engine Capacity/Tonnage : 1,991.00 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/PARF : Yes

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 Authorised Driver (named or unnamed) is under the age of 23 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 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. 188) 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)

SEAH TECK GHEE - \$800 (Own Damage)

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

1. Cycle & Carriage Eunox Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62081818  
2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128379 62061818

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://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: United Overseas Bank Limited

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. 188), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia).

0504612259

CYCLE & CARRIAGE - VISAN

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

  
AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

SSCA23

24-hour accident emergency hotline: +65 6338 6200. For more information, please visit [www.aig.com.sg](http://www.aig.com.sg)

Accident Sketch Plan





Accident Sketch Plan



Accident Photo



Accident Photo





Accident Photo





Accident Photo



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Accident Photo

