

## 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	22/01/2019 17:19
Date Of Accident	21/01/2019 08:30
Exact Location Of Accident	SLIP RD TPE TWDS UPPER THOMSON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC95E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN BENG HUI
NRIC No	S0206272J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97536908
Alternative Phone No	Office-97536908

### 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	1800152089
Cover Note Number	

### Driver

Name of Driver	TAN BENG HUI
NRIC No	S0206272J
Date Of Birth	25/11/1953
Occupation	INDOOR
Date Of Driving Pass	10/03/2011
Driving Experience	7 YEARS AND 10 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97536908
Fax Number	
Contact Number	OFFICE-97536908
E-Mail Address	NOEMAIL
Address	BLK 126D EDGEDALE PLAINS #11-326
Postcode	824126
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)	1

#### 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 TRAVELLING OUT FROM THE SLIP RD OF TPE TWDS UPPER THOMSON RD AND THE SMRT BUS HIT INTO MY CAR RIGHT REAR PORTION. VEHICLE NOT IN DURING REPORTING.

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	HENG KOK CHAI
NRIC/Passport Number	G7578433W

Contact Number  
Address

65563232  
SMRT TRAINS LTD

Postcode

Insurance Company Name

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.

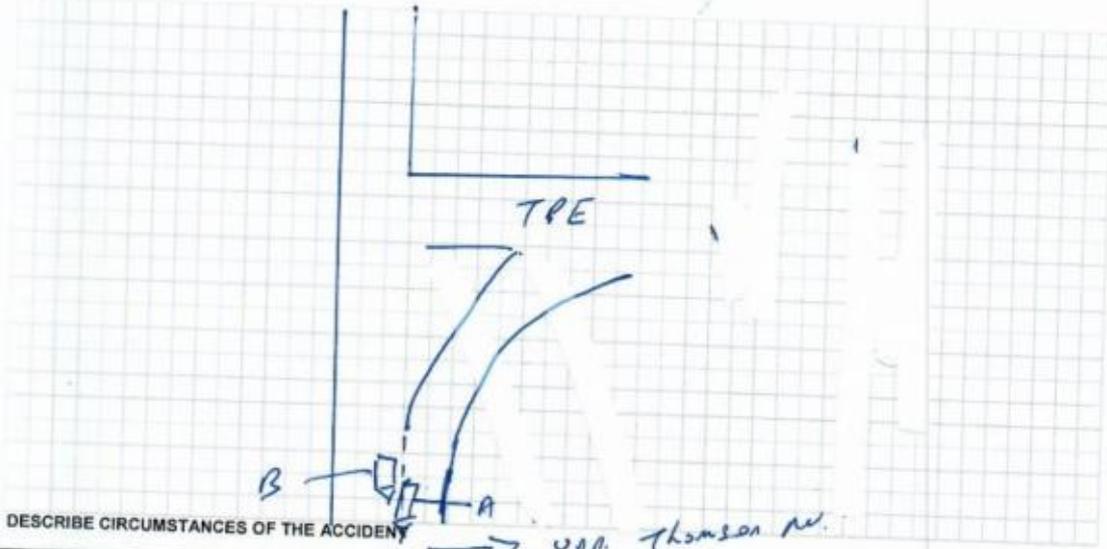
Policyholder's Signature  
Date & Time 22.01.19 16:50PM

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

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

*Blue circular stamp:*  
Vincent Seah  
Cycle & Carriage Industries Pte Ltd  
Body Care & Repair Center  
Tel: 65771 4401, 11P: 8132 0062, Fax: 6577 1272  
Email: vincentseah@cyclocarriage.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING OUT FROM THE SLIP ROAD RD OF TPE TWDS UPP. THOMSON RD . AND THE SMRT BUS HIT INTO MY VEHICLE RIGHT REAR PORTION

*Vehicle not in during reporting*

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)

**Vincent Seah**  
 Vehicle & Carriage Industries Pte Ltd  
 Body Care & Repair Center  
 DID: 671 4401 | IP: 8332 0062 Fax: 6877 4422  
 Email: vincent.seah@vycarriage.com.sg

  
 Policyholder's Signature  
 Date & Time 22.01.19 16:50PM

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

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



AIG Asia Pacific Insurance Pte. Ltd  
 AIG Building  
 78 Shenton Way  
 #07-15

MOTOR ACCIDENT INTERVIEW FORM

NAME Lee Beng Hui  
 VEHICLE NUMBER SKC 95 E  
 DATE/TIME OF ACCIDENT 21/01/19 08:30am  
 PLACE OF ACCIDENT Sup Rd TPE Towards Upp Thomson Rd  
 THIRD PARTY VEHICLE (IF ANY) NA.

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

Weggo to Upp Thomson.

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?

NA.

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

Right Rear Portion

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

NA

NAME: As Asove

I CERTIFY THE ABOVE INTERVIEW

**UNDERTAKING**

I, Lee Beng Hi, (NRIC No. S 0206272 J), hereby confirm that the Singapore Accident Statement lodged by me on 22/01/18 at 16:50pm hours pertaining to the accident involving motor car Reg. No: SKC 95 E; 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. : As Above  
Date : S 0206272 J

Signature : \_\_\_\_\_  
Name of Policyholder : \_\_\_\_\_  
Nric No. : \_\_\_\_\_  
Date : \_\_\_\_\_



# COVER NOTE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder : TAN BENG HUI  
 Period of Insurance : 15/02 Jan 2019 to 01 Jan 2020  
 Engine No. : 27492031670R30  
 Chassis No. : WDD2130452A558868 ✓



Vehicle No. : SK 95E  
 Cover Note No. : 1800152089  
 Endorsement No. :  
 Issued Date : 18 Dec 2018



### ABOUT THE COVER

Make/Model : MERCEDES Benz E250 Sedan Exclusive  
 Engine Capacity/Tonnage : 1,991.00 CC  
 Driver Restriction : NA  
 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 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.

Sum Insured : Market Value  
 Off Peak Car : No

First Year of Registration : 2019  
 Insuring with COE/PARF : Yes

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorized 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. 189) and Section 96 of the Road Transport Act, 1967 (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)  
 TAN BENG HUI - \$000 (Own Damage)

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

1. Cycle & Carriage Eunos Service Center (For accident reporting only) Add: 353 Ubi Road 3 Singapore 420030 62361818
  2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128378 62061818
- For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6339 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG 80 Mobile App. Simply search and download "AIG 80" from iTunes or Google Play.

### IMPORTANT NOTES

DBS Bank Ltd



Hire Purchase Company/Employer's Loan: ~~Deimler Financier Services Africa & Asia Pacific Ltd~~

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately. We hereby certify that this Cover Note 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, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

650461223  
 CYCLE & CARRIAGE - JAOQHO  
 239 ALEXANDRA ROAD  
 SINGAPORE 159939

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*M. J. J. J.*  
 AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

Harsha Saha

Accident Sketch Plan



