

## 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	18/03/2019 15:03
Date Of Accident	17/03/2019 22:40
Exact Location Of Accident	JB MALAYSIA CUSTOM TWDS SINGAPORE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME1539B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOH WEE KIEN
NRIC No	S7130215F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-9751 3706
Alternative Phone No	Office-97513706

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	1800110411
Cover Note Number	

### Driver

Name of Driver	LOH WEE KIEN
NRIC No	S7130215F
Date Of Birth	25/08/1971
Occupation	INDOOR
Date Of Driving Pass	21/02/1990
Driving Experience	29 YEARS AND 0 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97513706
Fax Number	
Contact Number	OFFICE-97513706
E-Mail Address	NOEMAIL
Address	31 YISHUN ST 51 #09-23 S 767990
Postcode	767990
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?	
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)	4
Passenger 1	Name: : UNKNOWN Gender: : Male
Passenger 2	Name: : UNKNOWN Gender: : Female
Passenger 3	Name: : UNKNOWN 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

REFER TO ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REFER CSE YIK
Was there any audio recorded?	NO

Vehicle Registration Number	SLT3499Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEAH WEI TING
NRIC/Passport Number	S8839423B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident 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 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.

Policyholder's Signature

Date & Time 18-Mar-2019  
1245-hrs.

Driver's Signature

(If driver is not the policyholder)  
Date & Time

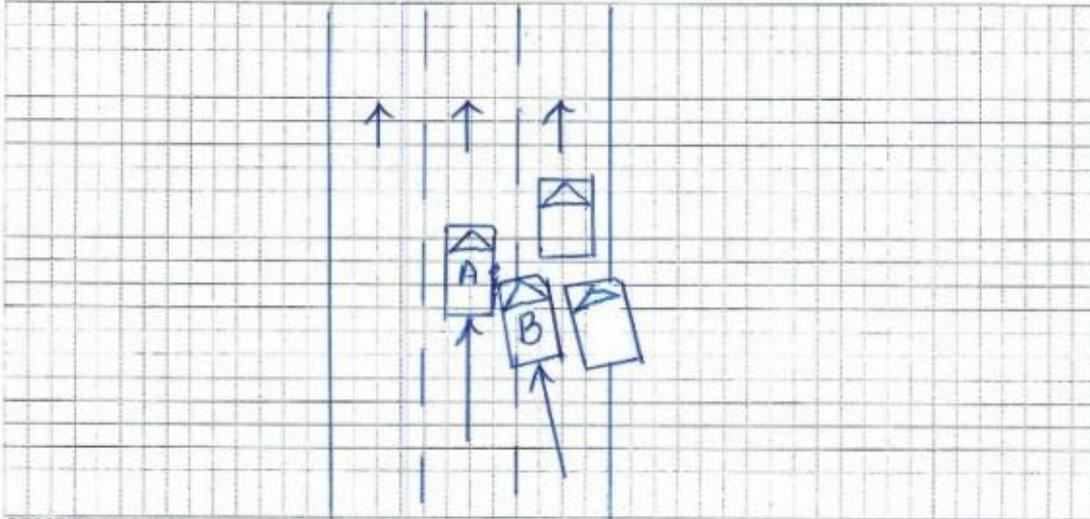
Reporting Centre Personnel's

Name:  
NRIC/FIN No.:

**Yik Chan Hoe**  
 Cycle & Carriage Industries Pte Ltd  
 Body Care & Repair Center  
 DID: 6771 4353 HP: 9186 5199 Fax: 6872 1272  
 Email: ehant@yikchanhoe.com.sg

SKETCH PLAN

customs.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was in my lane inching towards the customs as the traffic was jammed packed. Car B was trying to squeeze into my lane from the right but grazed into the right side of my car while doing so.

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)

**Yik Chan Hoe**  
 Cycle & Carriage Industries Pte Ltd  
 Body Care & Repair Center  
 DID: 6771 4333 HP: 9186 5109 Fax: 6872 1272  
 Email: chanhoe.yik@cyclocarriage.com.sg

\_\_\_\_\_  
 Policyholder's Signature  
 Date & Time 18-Mar-2019  
 1245 hrs.

\_\_\_\_\_  
 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** : LOH WEE KIEN  
**Period of Insurance** : 20 Sep 2018 To 19 Sep 2019  
**Engine No.** : 27091031688952  
**Chassis No.** : WDD1179422N694349

**Vehicle No.** : SME1539B  
**Policy No.** : 1800110411  
**Endorsement No.** :  
**Issued Date** : 27 Sep 2018

### ABOUT THE COVER

**Make/Model** : MERCEDES Benz CLA180 Shooting Brake  
**Engine Capacity/Tonnage** : 1,595.00 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 5 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189) 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)

LOH WEE KIEN - \$800 (Own Damage)

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

- 1. Cycle & Carriage Eunus Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 406650 62061818
- 2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 158 Pandan Loop Singapore 128378 62051818

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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Daimler 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 Vehicles(Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1990 (Malaysia).

0504612209

CYCLE & CARRIAGE - CHERYL  
 239 ALEXANDRA ROAD  
 SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*M. J. Tan*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

880714

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S7130215F**  
Name: **LOH WEE KIEN**

Birth Date: **25 Aug 1971**  
Issue Date: **28 Jan 2003**

000155369K

*FOR C&C USE ONLY*

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

	PASS DATE
<b>Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms</b>	<b>21 Feb 1990</b>

NP 428A

Licence No: S7130215F

*FOR C&C USE ONLY*

Accident Photo



Accident Photo



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