### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

**Driving Experience** 

Mobile Number

Fax Number
Contact Number
EMail Address

- 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 <u>truthful and accurate</u> 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 insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid

aloresald.	
	ACCIDENT STATEMENT
Date Of Report	10/04/2019 17:31
Date Of Accident	06/04/2019 23:15
Exact Location Of Accident	OUTSIDE CONCORDE HOTEL (ORCHARD RD)
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SBH66U
Insured/Policyholder	
Name Of Registered Owner	WONG FOOT HIN
NRIC No	S1597523G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96381955
Alternative Phone No	OFFICE-96381955
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	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	1800151939
Cover Note Number	
Driver	
Name of Driver	WONG SHOU JIAN, BRIAN
NRIC No	S9517862F
Date Of Birth	20/04/1995

**INDOOR** 

MALE

**NOEMAIL** 

26/05/2016

2 YEARS AND 10 MONTHS

(LOCAL) +65-92336645

Address 80 JLN GIRANG

Postcode 329249

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

NO

NO

3

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : CAITLIN CHOY

GENDER: : FEMALE

Passenger 2 NAME: : NICOLETTE WONG

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name SERANGOON NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 50 SERANGOON AVE 2 #01-02, POSTCODE: 556129, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-4880999 - **FAX NO**: 64883561

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

I WAS STATIONARY AND THE CAR B (SLU6055A) HIT ME FROM BEHIND.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SLU6055A

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver LEONG REN YUAN, ELIOT

NRIC/Passport Number S9148443I Contact Number 91126393

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

AXA INSURANCE PTE LTD

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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.
- 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

- 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")
- 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
- 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.
- 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 10.04.19 16:10PM

Driver's Signature

(If driver is not the policyholder) Date & Time 10.04.19 16:10PM Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
Body Care & Repair Center
OID: 6771 4401 HP: 8332 0062 Fax: 6872 1272

Emails Reporting Centre Personnel's

Name

NRIC/FIN No.:

SKETCH PLAN		
		A: 58H66L1
		B1 SL4 6055A
	VV	
	V	
	A	
DESCRIBE CIRCUMSTANCES OF THE AC	CIDENT	

and the other car hit me flow behind. 1 was stationer

### 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 Signature Date & Time 10.04.19 16:10PM

Driver's Signature (If driver is not the policyholder) Date & Time 10.04.19 16:10PM Cycle & Carriage Industries Pie Ltd
Body Care & Repair Center
DID: 6771 4401 HP: 8332 0062 Fax: 6872 1272 Fmail: vincent scabiocycles artings among

Reporting Centre Personnel's

NRIC/FIN No.:

## CONFIDENTIAL

Annex E

## NOTICE OF COMPLIANCE

RIC/FIN S95 17867 F	has reported to the Police a non-injury traffic accident
ich occurred at Out)	he concorde Hotel
614/19 2300hrs	involving the following vehicles:
	SBH660
	SLUGOSSA
147	SLUGOSSH

2 If this accident was reported to the Police within 24 hours of its occurrence, Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt(2) Darcen Mg10

Date: 714/19

S/D Ref: 33

Secondary State of Management Ave 2
601-0% State of Management 256129
Tel: 1800 488 0999

Original – to be issued to informant Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002



# CERTIFICATE OF INSURANCE

#### MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : WONG FOOT HIN

Period of Insurance

: 21 Dec 2018 To 20 Dec 2019

Engine No. Chassis No. : 27492031686447 : WDD2130422A569318 Vehicle No.

: SBH66U

Policy No.

: 1800151939

Endorsement No. Issued Date

: 000000000257492 : 12 Feb 2019

### ABOUT THE COVER

Make/Model

: MERCEDES Benz E200 Sedan Avantgarde

Engine Capacity/Tonnage : 1,991.00 CC

Sum Insured : Market Value

First Year of Registration : 2018

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

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 will indemnify the Policyholder or any authorised driver only if her/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 expension.

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 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 (Thiro-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)

WONG FOOT HIN - \$800 (Own Damage)

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

Cycle & Camage Euros Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818 2 Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128378 62061818

For other: Approved Reporting Centres/AIG Authorised Repailers, please contact our 24-hour accident emergency hottine 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: DBS BANK LTD

We hersby 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 Since Road Transport Act, 1367 (Melaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Melaysia).

0504612268

CYCLE & CARRIAGE - ANGIEN 239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

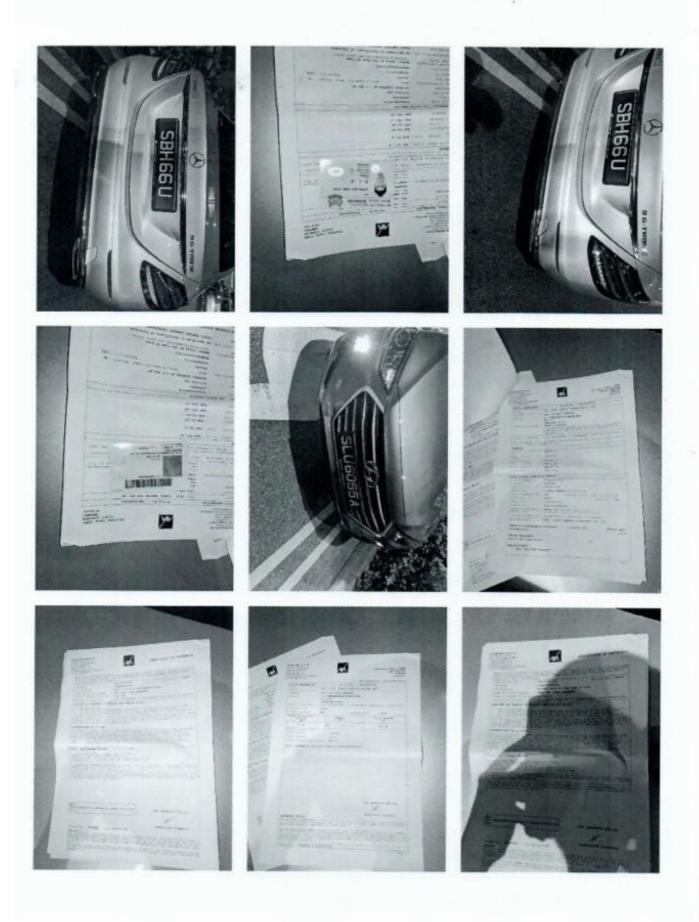
AUTHORISED REPRESENTATIVE

### **Accident Sketch Plan**





## **Accident Sketch Plan**



# **Accident Sketch Plan**























