

## 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	06/06/2019 13:13
Date Of Accident	06/06/2019 10:15
Exact Location Of Accident	ALONG FARLEIGH AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA8223L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM CHOON HUEY
NRIC No	S1427557F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91198223
Alternative Phone No	Office-91198223

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLA180
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?	YES
If No, Please state action to be taken	
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	1800054836-01
Cover Note Number	

### Driver

Name of Driver	TAN HUI LING
NRIC No	S9018592F
Date Of Birth	29/05/1990
Occupation	INDOOR
Date Of Driving Pass	04/06/2009
Driving Experience	10 YEARS AND 0 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-91198223
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	10 CROWHURST DRIVE
Postcode	557889
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	WET

#### 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

REFER TO SKETCH PLAN.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV9176H
Vehicle Make/Model/Colour	KIA RED
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GWEE SHU HUI
NRIC/Passport Number	S9490141C
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

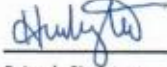
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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

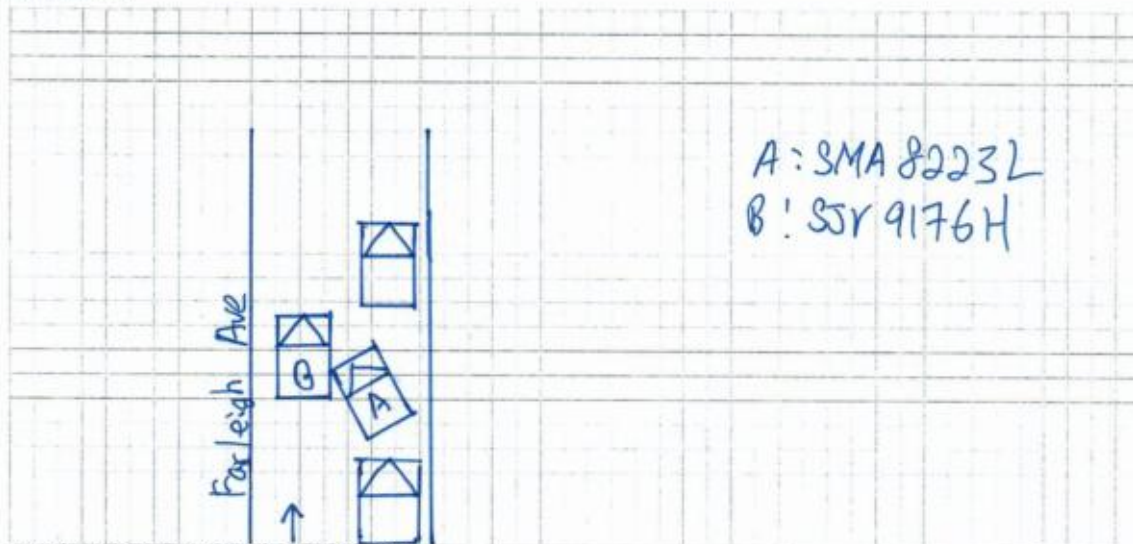
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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, 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

**Go Chee Han**  
DID : 6771 4336 HP : 9181 7717  
Email : cheehan.go@cyclecarriage.com.sg  
Cycle & Carriage Industries Pte Ltd  
Reporting Centre Personnel's  
Name:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was in the midst of parking my car (parallel) when the accident occurred.

~~I was alighting my mum~~

~~I~~ I just alighted my mum and was about to park properly as my car was still out (about 45°) when a car ~~came~~ (SJR 9176H) just sped through, knocking the left front of my car. She was driving at a high speed and only came to a halt when her car completely passed mine. She immediately apologised ~~admitting that she thought~~ ~~we were done~~ and admitted that it was her fault, ~~as~~ she thought we were done parking and her car could pass through.


## 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

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

**Go Chee Han**  
DID : 6771 4336 HP : 9181 7717  
Email : cheehan.go@cyclecarrriage.com.sg  
Cycle & Carriage Industries Pte Ltd  
Reporting Centre - Pandan Loop  
Customer Service Centre Personnel's  
Name:





# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : LIM CHOON HUEY  
Period of Insurance : 22 May 2019 To 21 May 2020  
Engine No. : 27091031613260  
Chassis No. : WDC1569422J501575

Vehicle No. : SMA8223L  
Policy No. : 1800054836-01  
Endorsement No. :  
Issued Date : 17 May 2019

### ABOUT THE COVER

Make/Model : MERCEDES Benz GLA180  
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/PAF : 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. 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)

LIM CHOON HUEY - \$800 (Own Damage)

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

1. Cycle & Carriage Eunice Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818  
2. Cycle & Carriage Pandan Loop Service Center - Body Cars & Repair Add: 188 Pandan Loop Singapore 128373 62061818

For other Approved Reporting Centres/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: 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, 1969 (Malaysia).

0504612270

CYCLE & CARRIAGE - ERROLL

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

AGS0505LEAPP

Accident Sketch Plan

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S9018592F**  
Name:

**TAN HUI LING**

Birth Date: **29 May 1990**

Issue Date: **24 Dec 2013**



FOR C&C USE ONLY

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

EFFECTIVE DATE

Class 3 Motor Cars= $\leq$  3000kg with  $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 04 Jun 2009

FOR C&C USE ONLY

NP 428A



Licence No: S9018592F

Accident Photo





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**





Accident Photo





**Accident Photo**



Accident Photo



Accident Photo



Accident Photo





Accident Photo





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Accident Photo



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Accident Photo





## Driving License





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Driving License



Accident Photo

