SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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

	ACCIDENT STATEMENT
Data Of Danaut	
Date Of Report	24/07/2019 11:01
Date Of Accident	23/07/2019 11:50
Exact Location Of Accident	ORCHARD POINT BASEMENT CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKM336H
Insured/Policyholder	
Name Of Registered Owner	YVONNE LAU YEE WAN
NRIC No	S0012604G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97389116
Alternative Phone No	Office-97389116
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	YES
f 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	2100508308-02
Cover Note Number	
Driver	
Name of Driver	YVONNE LAU YEE WAN
NRIC No	S0012604G
Date Of Birth	03/11/1952

INDOOR

25/05/1985

34 YEARS AND 1 MONTH

Gender **FEMALE**

Mobile Number (LOCAL) +65-97389116

Fax Number

Contact Number OFFICE-97389116

EMail Address NOEMAIL

Address 4 DA SILVA LANE

Postcode 549729 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**

2

NO

NO

YES

NO

1

NO

NO

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 ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

WHILE REVERSING INTO CARPARK LOT DUE TO THE PLACE WAS VERY DARK. I DID NOT NOTICED THE PARKED VEHICLE B (SJY8869H) AND BRUSHED TO THE CAR B RIGHT FRONT PORTION.

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

SJY8869H Vehicle Registration Number Vehicle Make/Model/Colour **AUDI RED**

Details Of Properties

Vehicle Category PRIVATE CAR NG ENG GUAN Name of Driver

NRIC/Passport Number

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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
- 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
 - (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
 - (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
- 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 (d)
- (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

ann

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time

DID: 6771 4336 HP: 9181 7717 Email: chechan.go@cyclecarriage.com.sg Cycle & Carriage Industries Pte Ltd Customer Service Centre - Pandan Loop

Go Chee Han

Reporting Centre Personnel's

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While reversing in to carpark Lot, due to the place was very dark, I didn't noticed the parked vehicle and boushed to the car right front portion.

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 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 Customer Service Centre - Pandan Loop

Reporting Centre Personnel's

Name:



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Yvonne Lau Yee Wan Period of Insurance : 26 Apr 2019 To 25 Apr 2020

Engine No. Chassis No.

: WDD2130422A188377

: 27492030929130

Vehicle No.

: SKM336H

Policy No.

: 2100508308-02

Endorsement No. Issued Date

: 14 Mar 2019

ABOUT THE COVER

: MERCEDES Benz E200 Sedan Avantgarde

Engine Capacity/Tonnage : 1,991.00 CC Driver Restriction

: NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2017

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 helshe 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

Age Condition

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 fast, racing, page-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)

Yvonne Lau Yee Wan - \$800 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRES (FOR CLAIMS RELATED REPAIRS)

Cycle & Carriage Eunos Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818
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 hotine at +85 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

I/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. 169), Part IV of 30 (Malaysia), and Motor Vehicles (Third Party Risks), Rules, 1869 (Malaysia).

CYCLE & CARRIAGE - SEEMHP 239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

SEPEMO

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S0012604G

YVONNE LAU YEE WAN

Birth Date 03 Nov 1952 Issue Date: 28 Jan 2014

FOR CAC USE ONLY

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

EFFECTIVE DATE

Motor Cars=< 3000kg with =<7 passengers, exclusive 25 May 1985 of the driver; and other motor vehicles =< 2500kg

FOR C&C USE ONLY

NP 428A

Licence No: S0012604G







Accident Photo





















