

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	24/09/2019 13:09
Date Of Accident	22/09/2019 16:30
Exact Location Of Accident	TAKASHIMAYA SHOPPING CTR CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ211A
Insured/Policyholder	
Name Of Registered Owner	WONG YOKE WAH
Passport No/FIN	SXXXX321G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96608343
Alternative Phone No	Office-64524568

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLC200
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	1800116258-01
Cover Note Number	

Driver

Name of Driver	WONG YOKE WAH
Passport No/FIN	SXXXX321G
Date Of Birth	16/11/1961
Occupation	INDOOR
Date Of Driving Pass	16/04/1986
Driving Experience	33 YEARS AND 5 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-96608343
Fax Number	
Contact Number	OFFICE-64524568
EMail Address	NOEMAIL
Address	-
Postcode	
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	NO COLLISION
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20190923/2008. BISHAN NPC.

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

Vehicle Registration Number	SMJ5096J
Vehicle Make/Model/Colour	HONDA CIVIC
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

Describe Circumstances of the Accident

Refer to police report : T/20190923/2008

Declaration

I/We declare for 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@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop
Witnessed by Reporting Centre Personnel

IMPORTANT NOTICE

- #### B. Consent under the Personal Data Protection Act (PDPA)

(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' law firms/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

- (ii) investigating the accident and/or my claims;

- (li) 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.

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

Go Chee Han
DID: 6771 4336 HP: 9181 7717
mail: cheehan.go@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop

Witnessed by Reporting Centre
Personnel

Sketch Plan

A full-page view of a blank sheet of graph paper. The grid consists of small squares formed by thin black lines. There are approximately 20 columns and 18 rows of squares visible. A faint horizontal line runs across the middle of the page, dividing it roughly in half. The paper has a slightly off-white or light gray tint.



SINGAPORE POLICE FORCE



T/20190923/2008

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20190923/2008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/09/2019 01:41		Vide Report No.: E/20190922/0153		Station Diary No.: 9	
Informant's Particulars					
Name of Informant: WONG YOKE WAH			Address: APT BLK 407 SIN MING AVENUE #03-211 SINGAPORE 570407		
ID Type / ID No.: NRIC NO / S1468732G			Contact No.: Home/Office: Mobile: 96608343		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 57	Date of Birth: 16/11/1961	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: 3		Date of Expiry:

General information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 22/09/2019 16:30	Type of Location: Car Park
Location: Along Road 1 ORCHARD ROAD inside the Takashimaya parking lot				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKJ211A	Car	MERCEDES BENZ	GLC200 (R18 LED)	White		0
SMJ5096J	Car	HONDA	CIVIC 1.6 VTI CVT	Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKJ211A	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800116258	03/10/2018	02/10/2019

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20190923/2008

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

2 of 3

Report No. T/20190923/2008

CONTINUATION OF REPORT

Brief Details.

At about 1330hrs, I arrived at Takashimaya for lunch and parked my vehicle (white Mercedes SKJ211A) at the parking lot of the building. I left the location at about 1630hrs. I wish to state that when I was driving my vehicle out of the parking lot, I did not feel any impact whatsoever to my vehicle and I am unaware of any accident that took place involving my vehicle. On 23/09/2019 at 0110hrs, an officer from TP IO Dylan Ma Jun Xiang contacted me and informed me of the accident, requesting for me to lodge a report.

My vehicle possesses in car camera footage but I am unsure if it captured the claimed accident. The memory card was taken by the TP officer above.

Accident Sketch Plan



SINGAPORE
POLICE FORCE



T/20190923/2008

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 3

Report No. T/20190923/2008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sgt 2 TAN YI XIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/09/2019 01:41

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

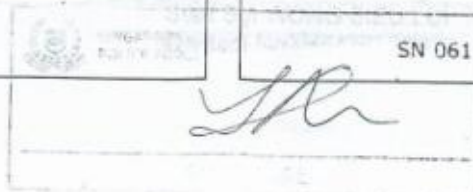
Contact No.: 65476151

Classification Of Case:

SN 061

Authentication Stamp

NP168



Accident Sketch Plan



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : WONG YOKE WAH
Period of Insurance : 03 Oct 2019 To 02 Oct 2020
Engine No. : 27492031606580
Chassis No. : WDC2539422F505064

Vehicle No. : SKJ211A
Policy No. : 1800116258-01
Endorsement No. :
Issued Date : 20 Sep 2019

ABOUT THE COVER

Make/Model : MERCEDES Benz GLC200
Engine Capacity/Tonnage : 1,991.00 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" ("YIEDR") 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), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, 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

Windscreens : \$100

Named Driver and Excess (where applicable)

WONG YOKE WAH - \$800 (Own Damage)

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

1. Cycle & Carriage Eunos 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: 168 Pandan Loop Singapore 128378 62061818

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6536 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

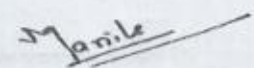
Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1950 (Malaysia).

0504612240

CYCLE & CARRIAGE - NL
239 ALEXANDRA ROAD
SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

83POMM

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1468732G**
Name:

WONG YOKE WAH

Birth Date: **16 Nov 1961**

Issue Date: **19 Jun 2003**



FOR C&C USE ONLY

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

16 Apr 1986

FOR C&C USE ONLY

*NP 428A



Licence No: S1468732G

Accident Photo



Accident Photo



Accident Photo



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