## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

**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 truthful and accurate 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 constaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	16/10/2019 11:05
Date Of Accident	16/10/2019 09:30
Exact Location Of Accident	UPPER SERANGOON RD (AFTER HILLSIDE DR)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMD8101P
Insured/Policyholder	
Name Of Registered Owner	FOO JONG KIEM ANDY
Passport No/FIN	SXXXX112B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96954212
Alternative Phone No	Office-96954212
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	B180
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	1800104941-01
Cover Note Number	
Driver	
Name of Driver	FOO JONG KIEM ANDY
Passport No/FIN	SXXXX112B
Date Of Birth	30/01/1971
Occupation	INDOOR

19/06/1992

27 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96954212

Fax Number

Contact Number OFFICE-96954212

EMail Address NOEMAIL

Address 90 PUNGGOL DRIVE #05-01

Postcode 828794
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

emole

Insurance Company of Driver's Own Vehicle

insurance Company of Driver's Own Venicle

## **General Information of the Accident**

Type Of Accident CHAIN 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

3

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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**

I WAS DRIVING MY CAR ALONG UPPER SERANGOON RD (AFTER HILLSIDE DR). CAR C (SLF4200P) INFRONT OF ME SUDDENLY JAMMED BRAKE AND STOPPED. I THEN STEPPED ON MY BRAKE TO STOP. HOWEVER, CAR B (SFR1133C) CAME FROM THE REAR DID NOT MANAGE TO STOP ON TIME AND COLLIDED ONTO MY REAR PORTION. THE IMPACT WAS HUGE THAT MY CAR WAS BEING SWERVED FORWARD AND COLLIDED ONTO CAR C REAR PORTION.

### Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: REFER CSE KO

Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SFR1133C

Vehicle Make/Model/Colour

**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)

TANG KOON LOKE SXXXX517Z

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SLF4200P

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver TAN ZHIHAN

NRIC/Passport Number SXXXX716J

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

#### 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.
- 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:
  - 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:
  - 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 16/10/2019 1031

Driver's Signature

(If driver is not the policyholder)

Will.

Date & Time

Customer Service Centre - Pandan Loop

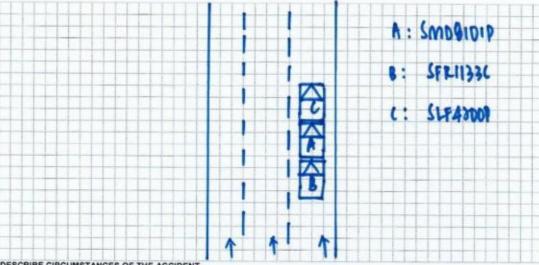
Reporting Centre Personnel's

Name: KERLYN

Merlyn Ong Kai Li
DID: 6771 4420 HP: 9186 5113
Email: kerlyn.ong@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd

NRIC/FIN No.:

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING MY CAR (SMD8101P) ALONG UPPER SERANGOON RD (AFTER HILLSIDE DR). VEHICLE C (SLF4200P) INFRONT OF ME SUDDENLY JAMMED BRAKE AND STOPPED. I THEN STEPPED ON MY BRAKE TO STOP AND TO STOP. HOWEVER, VEHICLE B (SFR1133C) CAME FROM THE REAR DID NOT MANAGE TO STOP ON TIME AND COLLIDED ONTO MY REAR PORTION.

THE IMPACT WAS HUGE THAT MY CAR WAS BEING SWERVED FORWARD AND COLLIDED ONTO VEHICLE C (SLF4200P) REAR 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's Signature Date & Time 16/10/2019 1031 Driver's Signature (If driver is not the policyholder) Date & Time

Email: kerlyn.ong@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop
Reporting Centre Personnel's Name: KERLYN NRIC/FIN No.:

Kerlyn Ong Kai Li DID: 6771 4420 HP: 9186 5113



## **POLICY SCHEDULE**

# MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

1800104941-01

Period of Insurance ... 06 Sep 2019 to 05 Sep 2020

Issued Date 07 Aug 2019

## ABOUT THE POLICYHOLDER

Name of Policyholder

FOO JONG KIEM ANDY

Address.

90 PUNGGOL DRIVE

#05-01 RIVERPARC RESIDENCE

SINGAPORE 828794

Occupation/Nature of Business: Manager/Director/Management

## ABOUT THE VEHICLE

Registration No. SMD8101P

Chassis No. : WDD2462422J512132

Seating Capacity : 5

First Year of Registration : 2018 Make-Model MERCEDES BENZ 8180 SEDAN STYLE

Engine No.

Engine Capacity/Tonnage: 1,595.00 CC

27091031731814

Body Type

Sedan

Hirs Purchase Company/Employer's Loan United Overseas Bank Limited

## ABOUT THE COVER

Sum Insured Market Value

Off Pisak Car.

Driver Restriction : NA

Insuring with COE/PARF Yes

### Person or Classes of Persons Entitled to Drive

Age Condition : All Age Condition

Limitation as to use

## Other Key Policy Benefits

## EXCESS Section 5 Free SC Clark Develope S000 Tradt SC Fixed Cover 30

Windsoren : \$100

Named Driver FOO JONG KIEM AND Y \$500 (Der Detek

PREMIUM Premium

Total

5 GST (7%)

1,369.32 95.85

8 1,465.17

\$305.00 transance Credita Robelle

Your Premium reliables the following discounting

Safe Orner Discount - 5,00%, Linywhy Discount - 5,00%, No Cler



