# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 25/11/2019 08:55

#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 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 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

	A COURT OF A TENENT
	ACCIDENT STATEMENT
Date Of Report	25/11/2019 08:50
Date Of Accident	05/11/2019 18:05
Exact Location Of Accident	PAYA LEBAR ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SDW3039B
Insured/Policyholder	
Name Of Registered Owner	LEEW KIN @ LIEW NG KING
NRIC No	S2061205C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96261945
Alternative Phone No	Office-96261945
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 or repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900088345
Cover Note Number	
Driver	
Name of Driver	LEEW KIN @ LIEW NG KING
NRIC No	S2061205C
Date Of Birth	25/04/1944

**INDOOR** 

14/02/1970

49 YEARS AND 8 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-96261945

Fax Number

**Contact Number** OFFICE-96261945

**EMail Address NOEMAIL** 

Address BLK 677B JURONG WEST ST 64 #12-299

Postcode 642677 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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name JURONG WEST NEIGHBOURHOOD POLICE CENTRE

1

NO

NO

NO

ROAD: 700 CORPORATION ROAD, POSTCODE: 649818, COUNTRY: **Police Station Address** 

**SINGAPORE** 

**Police Station Contact** TEL NO: 1800-2689999 - FAX NO: 62672438

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

REFER POLICE REPORT NO: T/20191121/2182. JURONG WEST 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

Vehicle Make/Model/Colour

**Details Of Properties** 

UNKNOWN

Vehicle Category Name of Driver

BUS

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 6. 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")
- 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

Driver's Signature

(If driver is not the policyholder)

Date & Time

Cycle & Carriage Industries Pie Ltd Customer Service Centre - Pandan Loop Reporting Centre Personnel's

Go Chee Han DID: 6771 4336 HP: 9181 7717 Email: cheehan.go@cyclecarriage.com.sg

Name:

# SKETCH PLAN Unicow DESCRIBE CIRCUMSTANCES OF THE ACCIDENT potrce report: 7/20191121/2182 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) 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 Policyholder's Signature

Reporting Centre Personnel's

Name:

Driver's Signature

Date & Time

(If driver is not the policyholder)

Date & Time



REPORT OF A TRAFFIC ACCIDENT



Police Station Of Origin; Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

1 of 3 Report No. T/20191121/2182

Date/Time Report Made: 21/11/2019 19:13	Vide Report No.:	Station Diary No.:	
Informant's Particulars			
Name of Informant: Address: LEEW KIN APT BLK 677B JURONG WEST STREET 64 #12-2			

Name of Informant: LEEW KIN		29	Address: APT BLK 677B JURONG WI SINGAPORE 642677	EST STREET 64 #12-299
	/ ID No.: D / S20612	05C	Contact No.: Home/Office: Mobile: 96261945	
Nationality: SINGAPORE CITIZEN		EN	Email:	
Sex: Male	Age:	Date of Birth: 25/04/1944	Type of Informant:	
Race: Chinese			Language:	Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/11/2019 18:05	Type of Location	
Location: Along Road 1 PAYA LEBAR		•			
Weather:		Road Surface:	Ro	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Tro	Traffic Volume:	
Traffic Flow:		Tramo Gondon	1	amc volume:	

Details of V	ehicle Invo	lved		-		
Vehicle No.	7.5	Make	Model	Color	Condition	No of Passenger
SDW3039B	Car	MERCEDES BENZ	E200 AVG (R18 LED)	Blue	No Damage	1

	ehicle Insurance		The state of the state of the		
	Insurance Company	Insurance No	Effective	Expiry Date	
SD4/3039B	AIG ASIA PACIFIC INSURANCE PTE.	1900088345	18/04/2019	17/04/2020	





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

2 of 3 Report No. T/20191121/2182

CONTINUATION OF REPORT

#### Brief Details.

On the 05/11/2019 at about 1805hrs, to what I can recall was that I was in my company with my wife. It is located at 150 MacPherson Road, Science Arts Building, Singapore 348524. At about 19/11/2019, I discovered that there was a letter issued by Traffic Police but I was unsure on what happened. On the 20/11/2019, my son called the traffic police in-charge on my behalf and was advised to lodge a report with regards to an accident.

The purpose of me lodging this report because I would like to state that I am not involved in any accident during the month of November. I am lodging this report with reference to TP/IP/70613/2019.





3 of 3 Report No. T/20191121/2182

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999 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 <u>report number</u> as reference.

Signature Of Officer Recording The Report: J / Sgt 1 LIM JUNJIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/11/2019 19:13
Officer In Charge Of Case: TP / GIA /	Classification Of Case:
Contact No.: // SN 126	representation of the state of
Authentication Stamp	LEAN LIFERIAS A LACINAR
Singapere Poste Force	Y



# CERTIFICATE OF INSURANCE

# MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : LEEW KIN @LIEW NG KING

Engine No. Chassis No.

Period of Insurance : 18 Apr 2019 To 17 Apr 2020 : 27492031711219 : WDD2130422A585177

Vehicle No. Policy No.

: SDW3039B : 1900088345

Endorsement No.

Issued Date

: 29 Apr 2019

#### ABOUT THE COVER

Make/Model

: 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 : 2019 Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

a) The Policyholder b) Any other person who is deving 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 years' driving experience.

Age Condition

: All Age Condition

Limitation as to use\* :

Use only for social, donestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or revised, driving fuston, driving test, racting, sece-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. 169) and Section 95 of the Road Transport Act, 1987 (Melaysia), are not to be included under those headings.

Section 1
Fire - \$0 Own Damage - \$1300 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

LEEW KIN @LIEW NG KING - \$1300 (Own Damage)

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

1 Cycle & Carriage Euros Service Center (For accident reporting only) Add: 330 Util Road 3 Singapore 408650 62061618 2 Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128376 62061818

For other Approved Reporting Centres/AIS Authorised Repairers, please contact our 24-hour accident emergency hotine at +65-6336-6200. Alternatively, you may refer to AIS website www.aig.com.ag or AIG SG Mobile App. Sierply search and download "AIG SG" from ITunes or Geogle Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

I/We hereby certify that the policy to which this Certificate of Insurance relates is leaved in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part N of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Molaysia).

0504612252

CYCLE & CARRIAGE - TOMMY 239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

**DRIVING LICENCE** 



Licence Number S2061205C

LEEW KIN

Birth Date: 25 Apr 1944 Issue Date: 04 Dec 2003



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

#### PASS DATE

Class 2B Motorcycles not exceeding 200 cc Class 2A

Motorcycles between 201 cc and 400 cc

Class 2 Motorcycles exceeding 400 cc Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms, 25 Sep 1974

25 Sep 1974

25 Sep 1974

14 Feb 1970

FOR CACUSE ON Licence No: S2061205C

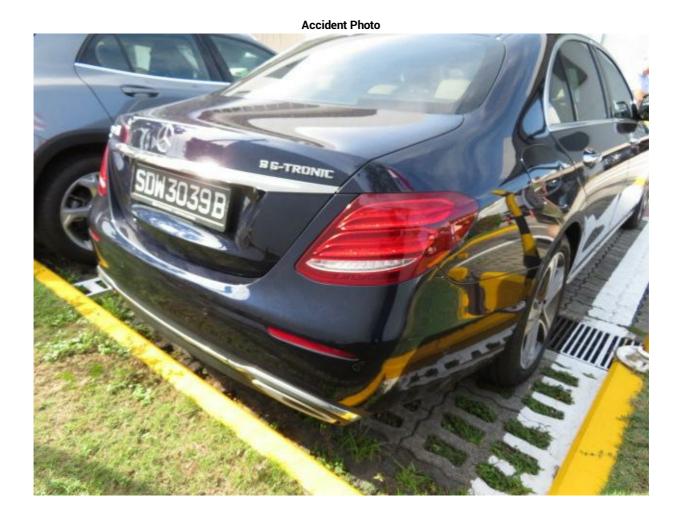
NP 428A

#### **Accident Photo**





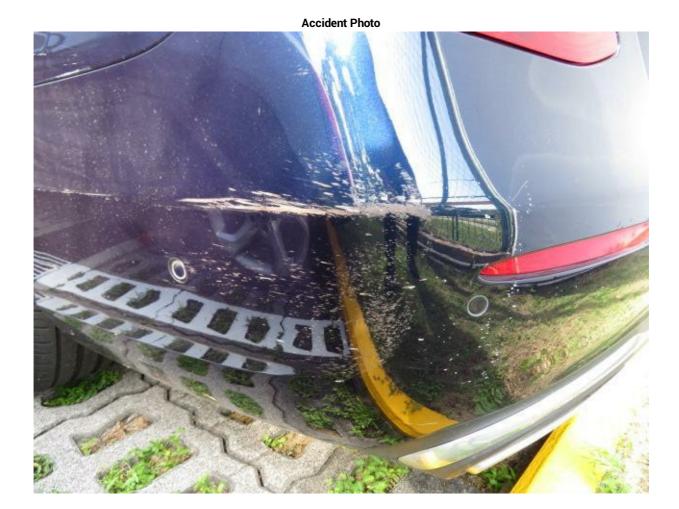




# **Accident Photo**







# **Accident Photo**

