

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	26/11/2019 09:25
Date Of Accident	25/11/2019 14:45
Exact Location Of Accident	JCT WEST COAST RD & JTIT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT252D
Insured/Policyholder	
Name Of Registered Owner	NG HUI KOON
NRIC No	S1491302E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97951919
Alternative Phone No	Office-97951919

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLC250
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	1900072699
Cover Note Number	

Driver

Name of Driver	ANG OH CHUEK
NRIC No	S1692053C
Date Of Birth	19/04/1965
Occupation	INDOOR
Date Of Driving Pass	29/05/1992
Driving Experience	27 YEARS AND 5 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-98427523
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	42 PAYA LEBAR CRESCENT
Postcode	534023
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

BOTH VEHICLE WAS STOP ALONG WEST COAST RD. WHEN TRAFFIC LIGHT TURN GREEN. INSTEAD OF I ENGAGE TO 'D' MODE, I ENGAGED TO 'R' MODE WHILE REVERSE I HIT ONTO CAR B (SBS3345L) FRONT PORTION. WE EXCHANGE PARTICULAR AND THEN MOVED OFF.

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	SBS3345L
Vehicle Make/Model/Colour	VOLVO GREEN
Details Of Properties	
Vehicle Category	BUS
Name of Driver	JEGAN JAYAMANEY
NRIC/Passport Number	G2742588M

Contact Number

Address

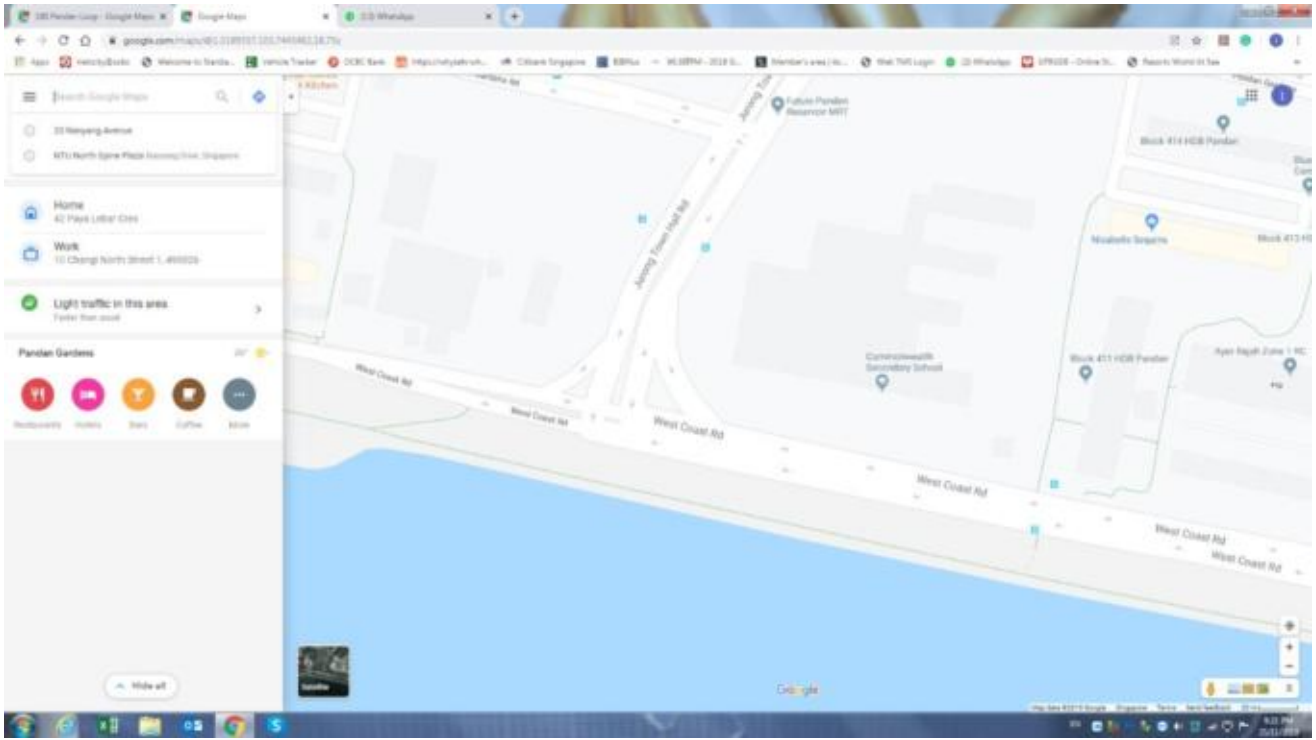
Postcode

Insurance Company Name

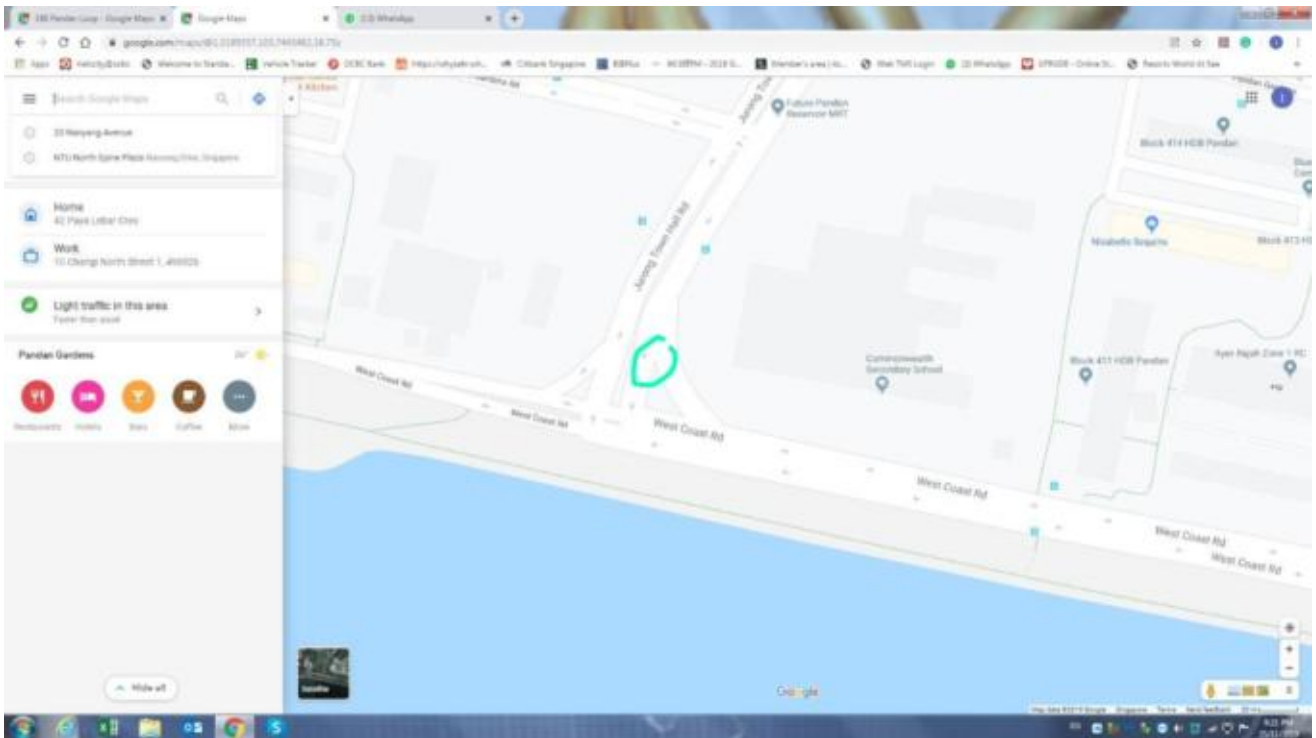
Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan



Accident Sketch Plan



Accident Sketch Plan



AIG Asia Pacific Insurance Pte. Ltd
 AIG Building
 78 Shenton Way
 #07-16

MOTOR ACCIDENT INTERVIEW FORM

NAME : Ang OH chuan
 VEHICLE NUMBER : SKT 252D
 DATE/ TIME OF ACCIDENT : 25/11/08 14:45 PM
 PLACE OF ACCIDENT : _____
 THIRD PARTY VEHICLE (IF ANY) : NA

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Home to Pandan Loop

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?

NA

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

RHR portion

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NA

NAME: As Above

NAME: _____

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

UNDERTAKING

I, Ang o H chueh (NRIC No. 516920530), hereby confirm that the Singapore Accident Statement lodged by me on 25/11/19 at 14:45 pm hours pertaining to the accident involving motor car Reg. No: S1LT252D, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature : [Signature]
Name of Insured / Driver : _____
Nric No. : As Above
Date : _____

Signature : _____
Name of Policyholder : _____
Nric No. : _____
Date : _____



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : NG HUI KOON
Period of Insurance : 20 Mar 2019 To 19 Mar 2020
Engine No. : 27492031715891
Chassis No. : WDC2533462F570432

Vehicle No. : 5KT2520
Policy No. : 1500072969
Endorsement No. : 00000000273091
Issued Date : 22 Apr 2019

ABOUT THE COVER

Make/Model : MERCEDES-Benz GLC250 Coupe
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 : 2019
Insuring with COE/PARF : Yes

* Any person other than the Policyholder who is driving on the Policyholder's order or with his/her permission. This Policy will extend to any authorized driver other than the Policyholder only if he/she meets the specified age condition. You have to pay an additional sum of \$1,000 as "Young driver (inexperienced driver Excess) (YEDR)" if you are or your Authorized Driver (named or unnamed) is under the age of 23 and/or has less than 3 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 200000

* Limitations rendered operative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1967 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$500 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

NG WEI TONG - \$800 (Den Damage)

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

1.Cycle & Carriage Euros 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: 188 Pandan Loop Singapore 126378 62061818

For other Approved Reporting Centres/A.G Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6358 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG 503" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK 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 the Road Transport Act, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia).

0504612218

CYCLE & CARRIAGE - DORA

239 ALEXANDRA ROAD

SINGAPORE 159930

Indemnified by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE

Shenton Way #07-16 AIG Building S079120 | T +65 6419 3000 | www.aig.sg

AIG Asia Pacific Insurance Pte. Ltd.

Accident Sketch Plan



Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Cars < 3000kg with ≤ 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg

EFFECTIVE DATE

29 May 1992

FOR CAR USE ONLY

NP 425A



License No. S1L29053C

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S1692053C

Name: ANG OH CHUEK

Birth Date: 19 Apr 1905

Issue Date: 21 May 2013

FOR CAR USE ONLY



0002181326H

Accident Photo



Accident Photo



Accident Photo



Accident Photo



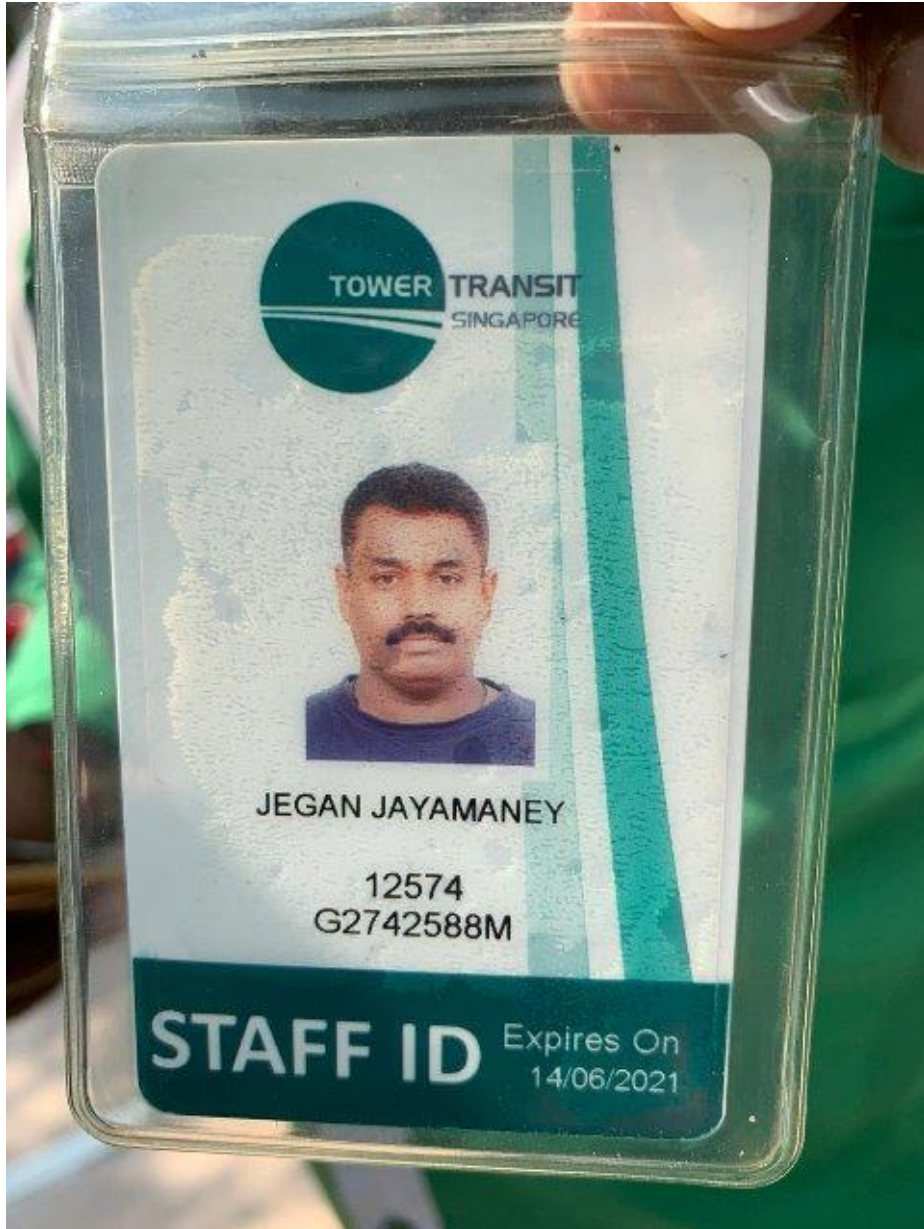
Accident Photo



Accident Photo



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