

## 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	13/10/2020 17:17
Date Of Accident	07/11/2019 16:00
Exact Location Of Accident	ALONG UPPER THOMSON RD AFTER JASMINE RD.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML3565A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MERCY KARUNIAH JESUVADIAN
NRIC No	SXXXX860F
Email Address	MERCY.MICHAEL@NIE.EDU.SG
Mobile Phone No	(LOCAL) +65-97374057
Alternative Phone No	OTHERS-97374057

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER-2.0 (A)
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	
Cover Note Number	1900088071

### Driver

Name of Driver	K SAMUEL MICHAEL
NRIC No	SXXXX525E
Date Of Birth	13/11/1975
Occupation	OUTDOOR
Date Of Driving Pass	26/06/2004
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93376203
Fax Number	
Contact Number	
Email Address	KSMWESTERNHAWK@GMAIL.COM

Address	BLK 103 AMK AVE 3
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : MERCY KARUNIAH GENDER: : FEMALE

#### 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

ON THE 7TH NOVEMBER AT AROUND 4PM, WE WERE DRIVING BACK HOME USING UPPER THOMSON ROAD. SAMUEL WAS DRIVING AND HE NOTED A VAN (GBH8075R) TURNING OUT FROM JASMINE ROAD ONTO UPPER THOMSON ROAD. HE CAME OUT AND SLOWED DOWN AND JAMMED BRAKED SUDDENLY. WE HAD TO HORN AT HIM BUT INSTEAD MOVING OUT, HE STOPPED HIS VAN ENTIRELY CLAIMING THAT WE HIT HIS VAN. HOWEVER THERE WAS NO HIT, WE STOPPED ON TIME AND WE MADE NO CONTACT WITH HIS VAN. THE DRIVER STEPPED UP AND CLAIMED THAT WE HIT HIM AND THAT WE WERE DRIVING TOO FAST. WE CALLED THE POLICE AND THEY ARRIVED BUT HE DID LEFT BEFORE THAT. HE ALSO REFUSED TO GIVE HIS PARTICULARS WHEN ASKED FOR. THE POLICE ARRIVED AND ADVISED THAT A POLICE REPORT IS NOT NECESSARY SINCE THAT THERE WAS NO HIT. IF THE OTHER PARTY MADE THE REPORT, THEN THE POLICE WILL FOLLOW UP. WE RECEIVED A NOTE ASKING US TO REPORT THE "ACCIDENT" AND SO WE CAME TO DO THE NEEDFUL.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH8075R
Vehicle Make/Model/Colour	WHITE/ BLUE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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.
5. Any false reporting may be referred to the Police for investigation.
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 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:
  - (i) 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:
  - (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: 9/12/2019

5:25pm

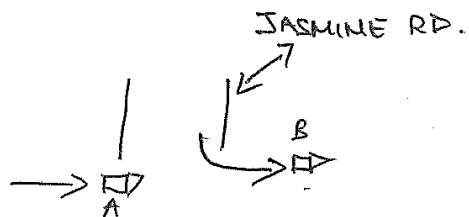
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 9/12/2019

5:25pm

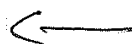
  
Reporting Centre Personnel's Signature  
Name: WELIAM LIM VEE KHIAN  
NRIC/FIN No.: 634144989

# Sketch Plan #2 Pg. 1

## SKETCH PLAN



UPPER THOMSON RD TOWARDS A.M.K.



UPPER THOMSON RD TOWARDS HORNIE RD.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 7th of November, at around 4pm, we were driving back home, using Upper Thomson Road. Samuel was driving and he noted a van - (C9BH8075K) turning out from Jasmine road onto Upper Thomson road. He came out and slowed down and jammed brakes suddenly. We had to horn at him, but instead of moving out, he stopped his van entirely, claiming that we hit his van. However, there was no hit, we stopped on time and we made no contact with his van.

The driver stepped up and claimed that we hit him and that we were driving too fast. We called the police and they arrived, but he did not leave the van. He also refused to give his particulars when asked for.

The police arrived and advised that a police report is not necessary since there was no hit. If the other party made the report, then the police will follow up.

We received a note asking us to report the 'accident' and so we came to do the needful.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time: 9/12/2019  
S. HOPU

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 9/12/2019  
S. HOPU

Reporting Centre Personnel's Signature  
Name: HELLUM LIAW VU KHIAN  
NRIC/FIN No.: 934144980



51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC4/AIG19020942/Gea3

05 December 2019

**Mercy Karuniah Jesuvadian**  
103 Ang Mo Kio Avenue 3  
#02-1457  
Singapore 560103

Dear Sirs/Madam,

**ACCIDENT INVOLVING SML 3565A AND GBH 8075R ON 07/11/2019 ALONG  
/AT UPPER THOMSON ROAD**

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, AIG Asia Pacific Insurance Pte Ltd (AIG) to settle a THIRD PARTY claim against you for an accident which happened on the above-mentioned date and location.

Kindly proceed to lodge your GIA report within five (05) working days of receipt of this letter, giving the version of the accident amongst other things related to the accident. The GIA report can be lodged at any of AIG reporting centres. You may refer to your Certificate of Insurance for the list of the reporting centres.

If you have any information to add or any amendments to make, please contact the undersigned within five days from the date of this letter.

Please note that the standing of your insurance policy such as NCD, premium & etc would be affected.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'f. m/s'.

Asher Sng  
Claims  
Tel : 6841 6051  
Fax: 6741 4108  
Email : AsherSng@lkkauto.com

c.c. *Claims Manager*  
*AIG Asia Pacific Insurance Pte Ltd*  
*(Motor Claims Dept)*



Exceptional Journeys

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED  
COMPANY NO. 197701469GCYCLE & CARRIAGE KIA PTE LTD  
COMPANY NO. 199405410KCYCLE & CARRIAGE FRANCE PTE. LIMITED  
COMPANY NO. 200609327MDIPLOMAT PARTS PTE LIMITED  
COMPANY NO. 196400304H**Accident Statement**
☒ Mitsubishi
 ☐ Kia
 ☐ Citroen
 ☐ Others (Please tick accordingly)
**Motor Accident Repair Basic Information**

Date of Accident	7 / 11 / 2019
Time of Accident (24hr format)	16:00
Exact Location of Accident	Along Upper Thomson Rd After Jasmine Rd.

**Own Vehicle Details**

Vehicle Registration Number	SML 3565 A
<b>INSURED/ POLICY HOLDER (OWN VEHICLE)</b>	
Name of Registered Owner	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Company
ID of Registered Owner	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN
	S7420860 IF

**Vehicle Particulars (Own Vehicle)**

Model	Mitsubishi Outlander
Exact purpose for which vehicle was being used at the time of accident	Returning home
Are you claiming under your own Ins. Policy	<input type="checkbox"/> Yes <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/> Reporting Only
Vehicle Category	<input checked="" type="checkbox"/> Private Car <input type="checkbox"/> Comm Veh / <input type="checkbox"/> Goods Veh / <input type="checkbox"/> Motor Trade / <input type="checkbox"/> Government

**Insurance Company (Own Vehicle)**

Insurance Company	AIG
Type of Coverage	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire and / or Theft
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number / Cover Note Number	19000 88071

**Driver**

Name of Driver	K. Samuel Michael
ID of Driver	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN
	S7570525 E
Date of Birth	13 / 11 / 1975
Occupation	Indoor / <input checked="" type="checkbox"/> Outdoor
Driving Pass Date	26 / 06 / 2004
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
Mobile Phone No.	93376203
Office / Home / Other Numbers	
Home Address	BLK 103 A.M.K AVE3
Email Address	kswesternhawk@gmail.com
Was Driver an employee of the Insured's Company	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reason: _____
Does the driver own any other vehicle? If YES, please indicate driver's own car vehicle number and insurance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Vehicle No: _____ Insurance: _____

OWNER/ DRIVER'S SIGNATURE:

Common Statement Pg. 1

General Information Of The Accident	
Type Of Accident	
Weather Condition	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Other If Others, please state the condition:
Road Surface	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Other If Others, please state the condition:
Other Information	
Was anybody injured in the accident?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was any foreign vehicle involved in the accident?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Foreign Vehicle Registration Number	
Foreign Vehicle Category	
Number of vehicles involved in the accident	
Was there any witness? (Name, Phone, Email)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Was there any other vehicle or property damaged?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Was the accident reported to the police?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Click here if not in the above list
Was notice of intended Prosecution given?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, against whom?
I have been approached by unknown person(s) soliciting/offering accident claims assistance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Number of Passengers (Including Driver)	2
Passenger (Name and Gender)	Mery karunich (Female) Female
Circumstances of Accident	
Refer attachment	

Third Party Vehicle Detail	
Details of Other Vehicle / Property	
Vehicle Registration No.	GBH 807SR
Vehicle Make/ Model/ Colour	, white & blue
Details of Property Damaged in Accident	nil
Vehicle Category	carp van (JJ Express)
Name Of Driver	REFUSED TO GIVE
Driver's NRIC	<input type="checkbox"/> Co. Reg. No. <input type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN Refused to give
Contact Number	Refused to give
Name of Insurance Company	Refused to give
Nature of Damage	None noted

	Vehicle Regn No. or Details of Property	Name of the Driver	Contact Number
Damages to Other Vehicles & Property (Other than Vehicles A & B)	NA	NA	NA

Details of Injured Person	
Name	NA
Injury Sustained	NA
Injured person is on which vehicle?	NA
Were seat belts worn?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

OWNER/ DRIVER'S SIGNATURE: 



Common Statement Pg. 1

1) Number of Passengers in Vehicle A (including driver)?

<u>Passenger 1</u>	
Name :	k. Samuel Michael
Gender :	<input checked="" type="radio"/> M / <input type="radio"/> F

<u>Passenger 2</u>	
Name :	MERCY KARUNIAH
Gender :	M / <input checked="" type="radio"/> F

<u>Passenger 3</u>	
Name :	
Gender :	M / F

<u>Passenger 4</u>	
Name :	
Gender :	M / F

<u>Passenger 5</u>	
Name :	
Gender :	M / F

<u>Passenger 6</u>	
Name :	
Gender :	M / F

<u>Passenger 7</u>	
Name :	
Gender :	M / F



## COVER NOTE

## CYCLE &amp; CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder : MERCY KARUNIAH JESUVADIAN/  
 Period of Insurance : 16-06 May 2019 to 05 May 2021  
 Engine No. : 4J11AR9065 / 15  
 Chassis No. : GF7W0601275

Vehicle No. :  
 Cover Note No. : 1900088071  
 Endorsement No. :  
 Issued Date : 06 May 2019

## ABOUT THE COVER

Make/Model : MITSUBISHI Outlander 2.0 Elegance/Sports /  
 Engine Capacity/Tonnage : 1,998.00 CC/ Sum Insured : Market Value First Year of Registration : 2019  
 Driver Restriction : NA Off Peak Car : No 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 he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("VIDR") 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 1500cc - 1600cc

\* 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 - \$600 Theft - \$0 Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)  
 MERCY KARUNIAH JESUVADIAN - \$600 (Own Damage)

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

1. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000
2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708688
3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
4. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 66684501

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://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: DBS BANK LTD

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.  
 We hereby certify that this Cover Note 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, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0504620218  
 C&CMICP2 - LUKAS  
 239 ALEXANDRA ROAD  
 SINGAPORE 159930

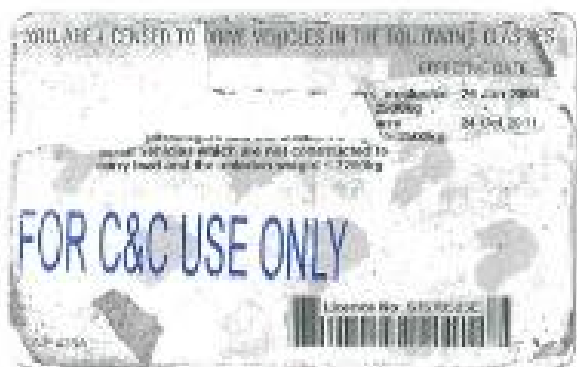
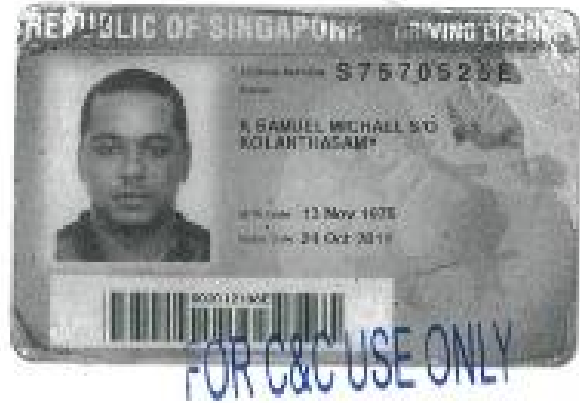
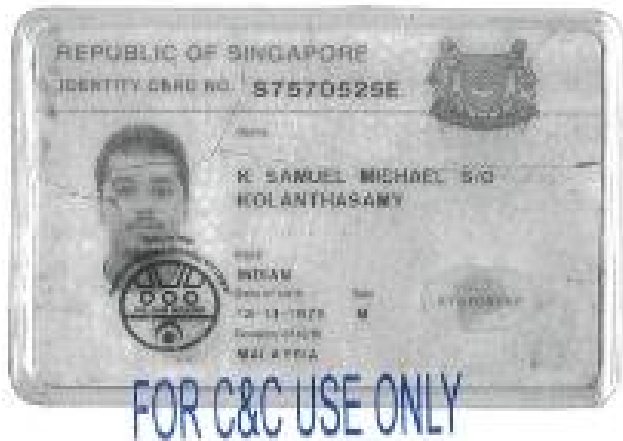
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

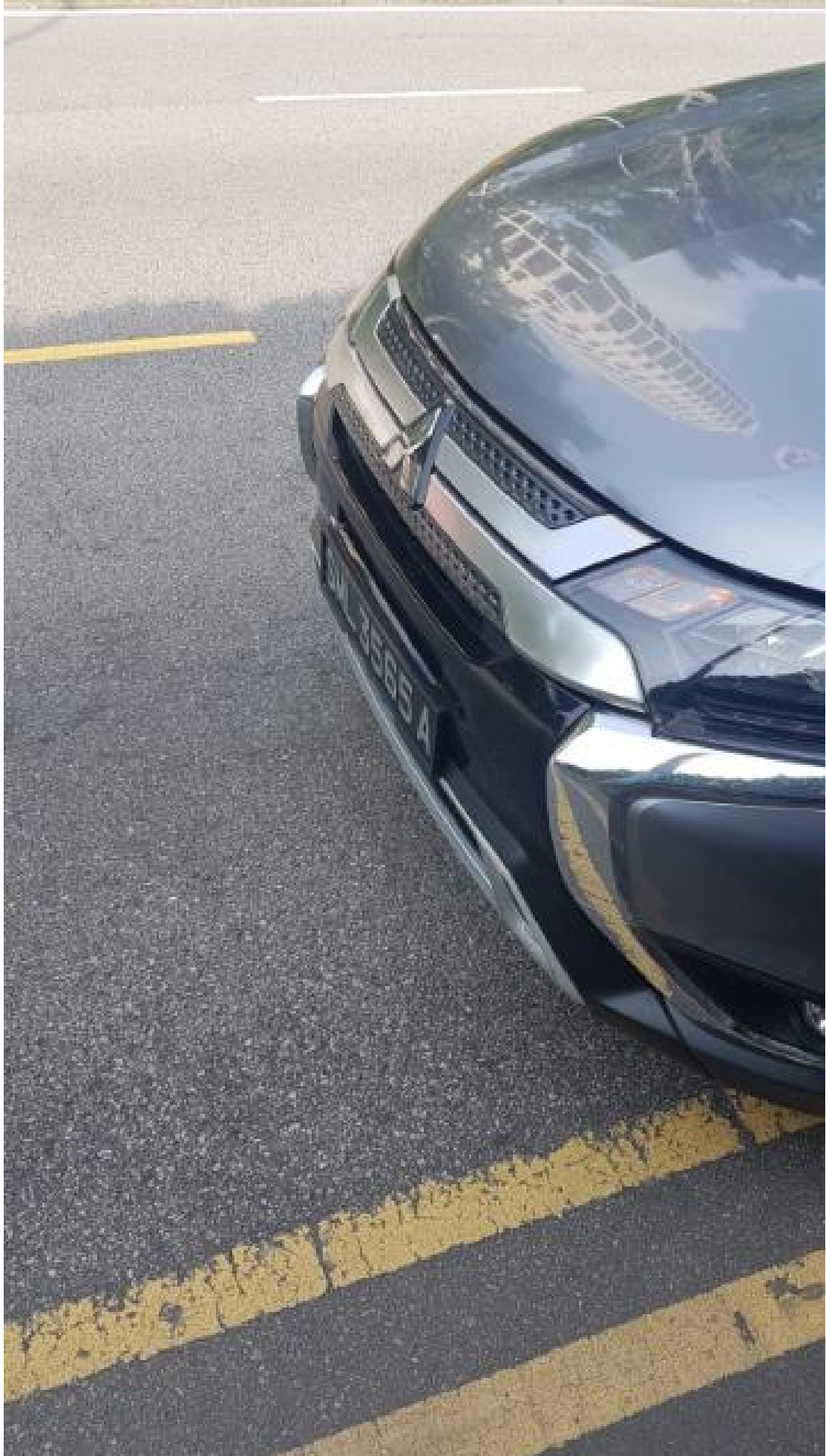
AUTHORISED REPRESENTATIVE

Jasmine Loh

## Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

