

## 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 14/11/2019 15:16  
Date Of Accident 12/11/2019 12:00✓  
Exact Location Of Accident MAUDE ROAD✓  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SDJ3858Y ✓  
**Insured/Policyholder**  
Name Of Registered Owner CHEW MEI LING  
NRIC No S6938161H  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-96672166  
Alternative Phone No Office-96672166

### Vehicle Particulars

Manufacturer MERCEDES-BENZ  
Model CLA200

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 1700005461  
Cover Note Number

### Driver

Name of Driver CHEW MEI LING  
NRIC No S6938161H  
Date Of Birth 09/11/1969  
Occupation INDOOR  
Date Of Driving Pass 19/08/1994  
Driving Experience 25 YEARS AND 2 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-96672166
Fax Number	
Contact Number	OFFICE-96672166
EMail Address	NOEMAIL
Address	BLK 750 BEDOK RESERVOIR RD #02-04
Postcode	479256
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	SIDE SWIPE
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

REFER TO ATTACHED.

#### 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	SMC143B
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)

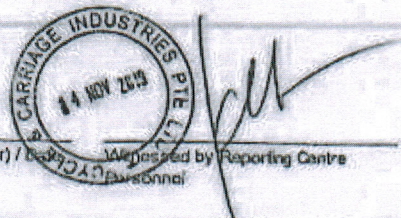
## Accident Sketch Plan

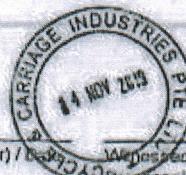
### SKETCH PLAN

#### IMPORTANT NOTICE

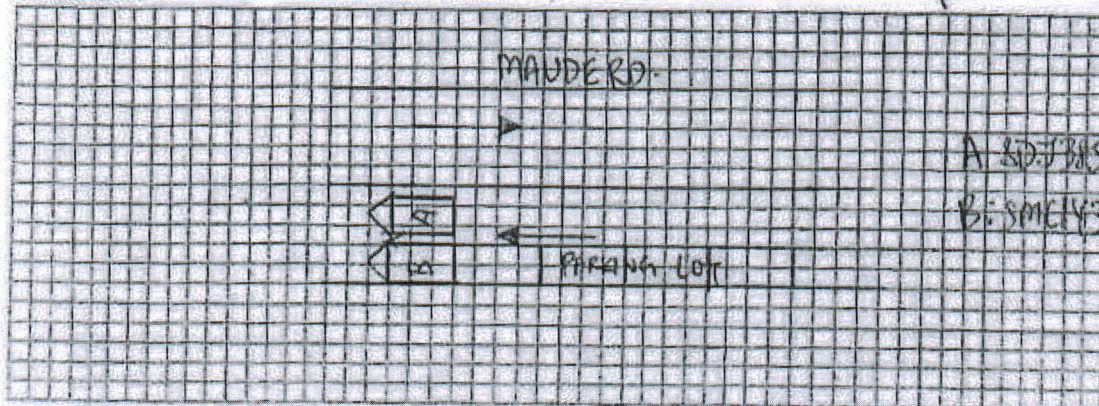
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
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.

  
Policyholder's Signature / Date & Time

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



#### Sketch Plan



Describe Circumstances of the Accident

On 12 Nov 2019, I was filtering left to pick up someone along Maude Road at 12:00 noon. My left side mirror came into contact with the right side mirror of SMC 143 B.

The impact was very minor that I did not feel it. It was only when the driver of SMC 143 B came out of his vehicle to inform me.

I inspected my vehicle left side mirror and there was no damage or any scratch. The driver claimed that my left side mirror scratched his right side mirror cover. I took some photos of the scratch he claimed. There was no paint transfer from my red paint vehicle and the scratch seemed old and touched up before.

I was ready to private settle this matter and made various attempts to contact MKM Leasing, owner of the Grab car SMC 143 C. We agreed on a meeting on 14 Nov 2019 at 12 noon at MKM Leasing workshop in Sin Ming Auto Care #04-08.

However, when I arrived at the meeting, there was no attempt to discuss the private settlement. They quoted a sum of about \$500+ for private settlement which I felt was grossly unjustified. They then said they would claim against my insurance. Therefore, this accident report was made today.

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.

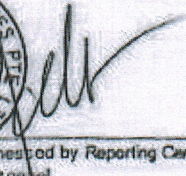
(Please contact your insurance company for any further details)



Policyholder's Signature / Date & Time

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



  
Witnessed by Reporting Centre Personnel



e-Services (/content/policehubhome/homepage.html)

Log in

# Status of Driving Licence

## Qualified Driving Licence

### Qualified Driving Licence Number

S6938161H

### Status of Qualified Driving Licence

Valid

### Class(es) of Qualified Driving Licence

3

### Expiry Date

Lifetime unless revoked, suspended or disqualified

## Provisional Driving Licence

### Provisional Driving Licence Number

S6938161H

### Status of Provisional Driving Licence

No Licence

### Class(es) of Provisional Driving Licence

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FAQS (<https://va.ecitizen.gov.sg/cfp/CustomerPages/SPF/explorefaq.aspx>)

CONTACT US (<https://www.police.gov.sg/content/contact-us>)

E-FEEDBACK (/content/policehubfeedback/efeedback.html)

SITEMAP (<https://www.police.gov.sg/sitemap>)

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