

## 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	26/12/2019 20:00
Date Of Accident	24/12/2019 20:35
Exact Location Of Accident	STUDIO M HOTEL CAR PARK ENTRANCE AT NANSON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDY123A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KELINGTON ENGINEERING (S) PTE. LTD.
Co Reg No	200608338Z
Email Address	TECKKUANG.CHAM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96281329
Alternative Phone No	Office-96281329

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250 EXCLUSIVE (R18 LED)
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	1800008325-01
Cover Note Number	

### Driver

Name of Driver	CHAM TECK KUANG
NRIC No	S2504609I
Date Of Birth	28/08/1957
Occupation	INDOOR
Date Of Driving Pass	22/03/1982
Driving Experience	37 YEARS AND 9 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96281329
Fax Number	
Contact Number	
E-Mail Address	TECKKUANG.CHAM@GMAIL.COM
Address	66 TOH TUCK ROAD #06-11
Postcode	596730
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	DRIZZLE
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?	
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)	3
Passenger 1	Name: : TANG YUIT MEI Gender: : Female
Passenger 2	Name: : CHAM WEI ESTEE 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

KINDLY REFER TO ATTACH SKETCH PLAN.

#### 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	SMN2767E
Vehicle Make/Model/Colour	AUDI
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	JAECHYEOK HEU
NRIC/Passport Number	
Contact Number	8225157
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

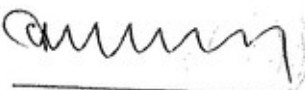
### SKETCH PLAN

#### IMPORTANT NOTICE

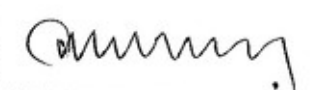
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

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:

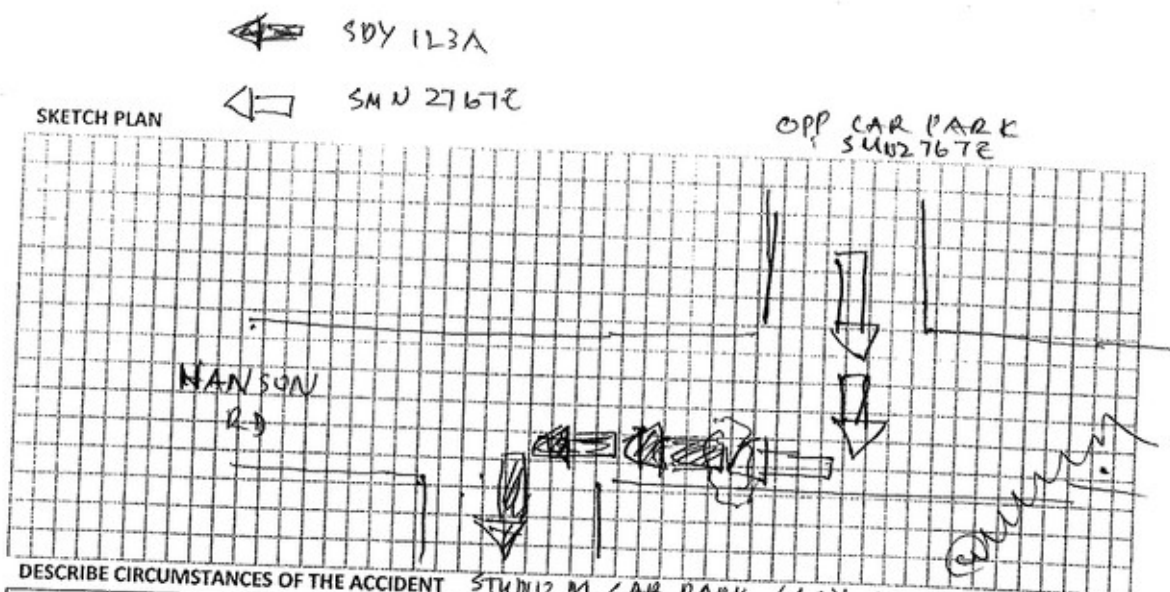


Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 24/12/2014  
10:37 am



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT STUDIO M CAR PARK (SDY 123A)

<p>① Vehicle No SDY 123A was reversing out of Studio M Hotel (Nanson Road (on the request of the security guard at Studio M Hotel) at a very slow speed. Another vehicle, SMN 2767E an Audi, at a car park exit opposite Studio M Hotel's car park entrance, saw my reversing car, then stopped for a while before deciding to drive forward towards my car while I (driver of SDY 123A) was still reversing, hence he hit the back of my car on the right bumper. His car was very close to mine at no safety distance apart (refer to video attached)</p>									
<p>② Visibility was low at the time of the incident</p>									
<p>③ Minor scratches can be seen on his front and my back bumper</p>									
<p>④ An online report was made on 26/12/2019 (REF WSVL 1900260)</p>									
<p><b>Important:</b> You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.</p>	<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>- Reporting Only</td> </tr> <tr> <td><input type="checkbox"/></td> <td>- Claim OD</td> </tr> <tr> <td><input type="checkbox"/></td> <td>- Claim TP</td> </tr> <tr> <td><input type="checkbox"/></td> <td>- Claim OD/TP at other workshop</td> </tr> </table>	<input checked="" type="checkbox"/>	- Reporting Only	<input type="checkbox"/>	- Claim OD	<input type="checkbox"/>	- Claim TP	<input type="checkbox"/>	- Claim OD/TP at other workshop
<input checked="" type="checkbox"/>	- Reporting Only								
<input type="checkbox"/>	- Claim OD								
<input type="checkbox"/>	- Claim TP								
<input type="checkbox"/>	- Claim OD/TP at other workshop								

### DECLARATION

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

\_\_\_\_\_  
Policyholder's signature  
Date & Time

\_\_\_\_\_  
Driver's Signature  
(if driver not the policyholder)  
Date & Time 22/12/2019  
10:31 am

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.



## CERTIFICATE OF INSURANCE

### MERCEDES-BENZ MOTOR INSURANCE PRIVATE LIMITED

**Name of Policyholder** : KELINGTON ENGINEERING (S) PTE. LTD.  
**Period of Insurance** : 30 Jan 2019 To 29 Jan 2020  
**Engine No.** : 27492031310892  
**Chassis No.** : WDD2130452A377321

**Vehicle No.** : SDY123A  
**Policy No.** : 1800008325-01  
**Endorsement No.** :  
**Issued Date** : 14 Jan 2019

#### ABOUT THE COVER

**Make/Model** : MERCEDES Benz E250 Sedan Exclusive  
**Engine Capacity/Tonnage** : 1,991.00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2018  
**Insuring with COE/PAF** : Yes

#### Person or Classes of Persons Entitled to Drive\*

Any person who is driving on the Policyholder's order or with their 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 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 2000cc**

\* 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 - \$800 Theft - \$0 Flood Cover - \$0

##### Section 2

Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)

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

1. Cycle & Carriage Euro 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/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:** Daimler Financial Services Africa & Asia Pacific 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 IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612261

CYCLE & CARRIAGE - DLING

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Signature*

**AIG Asia Pacific Insurance Pte. Ltd.**

AUTHORISED REPRESENTATIVE

AIGSGMOBILEAPP

Driving License/Nric

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S2504609I**

Name: **CHAM TECK KUANG**

Birth Date: **28 Aug 1957**  
Issue Date: **29 Apr 2003**

**FOR ACCIDENT CLAIM USE ONLY**

1000432895H

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S2504609I**



Name: **CHAM TECK KUANG**

**詹德權**

Race: **CHINESE**

Date of birth: **28-08-1957**

Country/Place of birth: **MALAYSIA**

Sex: **M**

S2504609I

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

Class	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	PASS DATE
Class 3		22 Mar 1982

**FOR ACCIDENT CLAIM USE ONLY**

Licence No: S2504609I

NP 422A



NRIC No. **S2504609I**



Date of issue: **05-12-2019**

Address: **66 TOH TUCK ROAD  
#05-11  
SINGAPORE 596730**

6342682

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





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