#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 1. Please report <u>correctly</u> 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.
- nort to the inont to the ort at the

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	19/12/2019 15:43
Date Of Accident	19/12/2019 06:55
Exact Location Of Accident	TANJONG PAGAR PLAZA MSCP
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMQ23R
Insured/Policyholder	
Name Of Registered Owner	CHEN KIN FATT
NRIC No	S7672551I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96963080
Alternative Phone No	Office-96963080
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200
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	1800064100-01
Cover Note Number	
Driver	
Name of Driver	CHEN KIN FATT
NRIC No	\$76725511
Date Of Birth	23/07/1976

**INDOOR** 

11/08/1998

21 YEARS AND 4 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-96963080

Fax Number

**Contact Number** OFFICE-96963080

**EMail Address NOEMAIL** 

Address BLK 670 HOUGANG AVE 8 #04-739

Postcode 530670 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 **COLLISION - HEAD TO REAR** 

2

NO

NO

NO

1

NO

NO

**Weather Conditions CLEAR** DRY Road Surface

#### 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.

Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

## **Circumstances of Accident**

I WAS DRIVING MY CAR ALONG TANJONG PAGAR PLAZA MSCP. AS I WAS DRIVING UP AND WAS TURNING RIGHT. CAR B (SGD3622G) CAME OUT FROM THE PARKING LOT DID NOT NOTICE MY CAR AND COLLIDED ONTO MY RIGHT FRONT PORTION.

#### Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: REFER CSE KO

Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SGD3622G

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

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

- 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.
- 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
  - (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
- 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. (c)
- (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.

Kerlyn Ong Kat I.

DID: 6771 4420 HP: 10 - 3113

Email: kerlyn.ong@cyclecarriage.com.sg

Cycle & Carriage Industries Pie Lid

Customer Service Centre - Pandan Loop

Policyholder's Signature

Date & Time 19/12/2019 15/11

Driver's Signature

(If driver is not the policyholder)

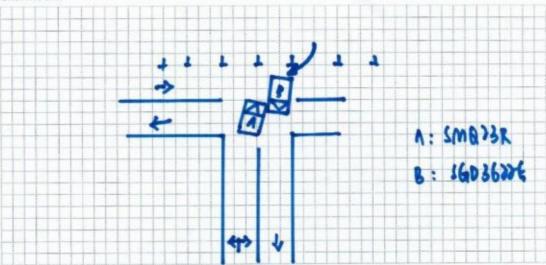
Date & Time

Reporting Centre Personnel's

Name: KERLYN

NRIC/FIN No.:

#### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING MY (SMQ23R) ALONG TANJONG PAGER PLAZA MSCP. AS I WAS DRIVING UP AND WAS TURNING RIGHT, VEHICLE B (SGD3622G) CAME OUT FROM THE PARKING LOT DID NOT NOTICE MY CAR AND COLLIDED ONTO MY RIGHT FRONT PORTION.

## 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)

Policyholder's Signature

Date & Time 19/12/2019 1511

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's

Kerlyn One Kai I.i
DID: 6771 4420 1 : 9186 5113
Email: kerlyn.ong@cyclecarriage.com.sg
Cycle & Carriage Industries Pre L. 1
Customer Service Centre - Pandan Loop

Name: KERLYN

NRIC/FIN No.:



# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : CHEN KIN FATT

Vehicle No. : SMA4033U Period of Insurance : 06 Jun 2019 To 05 Jun 2020 Policy No. : 1800064100-01

: 27492031460211 Engine No.

Endorsement No. Chassis No. : WDD2130422A449583 Issued Date : 13 May 2019

#### ABOUT THE COVER

Make/Model : MERCEDES Benz E200 Sedan Avantgarde

Engine Capacity/Tonnage: 1,991.00 CC Sum Insured : Market Value First Year of Registration : 2018 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

The Policyholder
 Nor 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 it 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' difving 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 hise or reward, driving total, driving tost, 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 surpose in connection with Motor Trade.

Loss of Use 2000cc

\* Limitations rendered inoperative by Section 6 of the Motor Various (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

Named Driver and Excess (where applicable)

CHEN KIN FATT - \$800 (Own Damage)

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

1. Cycle & Carriage Euros Service Center (For accident reporting only). Act: 330 Ubi Road 3 Singapore 408850 62061818.
2. Cycle & Carriage Pandan Loop Service Center - Body Care & Rapain Act: 188 Pandan Loop Singapore 128378 82051818.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine at +85 6338 6200. Alternatively, you may refer to AIG website www.sig.com.sg or AIG SIG Mobile App. Simply search and download "AIG SIG" from Turies or Google Play.

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asia Pacific Ltd

I/We hareby 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, 1969 (Malaysia).

0504612247

CYCLE & CARRIAGE - ST 239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE





Licence No:576735511

MALAYSIAN

MALAYSIAN

A\* 18-10-10-97

APT-BLK 678 HOUSANG AVENUE 8 #64-739

SINGAPORE \$30670

NRIC No. \$7872551

Date 25/12/2008 (R)

NP 428A

# **Accident Photo**







# **Accident Photo**



# **Accident Photo**









