

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	27/12/2019 17:41
Date Of Accident	27/12/2019 13:45
Exact Location Of Accident	COLLYER QUAY.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB6262S
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Insured/Policyholder

Name Of Registered Owner	LOW LAI CHEE
NRIC No	S1801707E
Email Address	EILEENLOW62@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93870338
Alternative Phone No	Office-93870338

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLA180-1.6 (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?	YES
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If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800003366
Cover Note Number	

Driver

Name of Driver	LOW LAI CHEE
NRIC No	S1801707E
Date Of Birth	30/10/1967
Occupation	INDOOR
Date Of Driving Pass	28/02/1995
Driving Experience	24 YEARS AND 9 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-93870338
Fax Number	
Contact Number	OFFICE-93870338
EEmail Address	EILEENLOW62@HOTMAIL.COM
Address	62 TRURO ROAD
Postcode	217606
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 - CHANGE/CROSS LANE
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?	
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)	2
Passenger 1	Name: : YUSRIYANTI 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

I ON MY LEFT SIGNAL AND SLOWLY SWITCH TO MY LEFT VEHICLE B FROM MY LEFT NEVER GIVE WAY AND HIT MY VEHICLE FRONT LEFT PORTION.

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	SHC2933J
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
Vehicle Category	TAXI

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

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

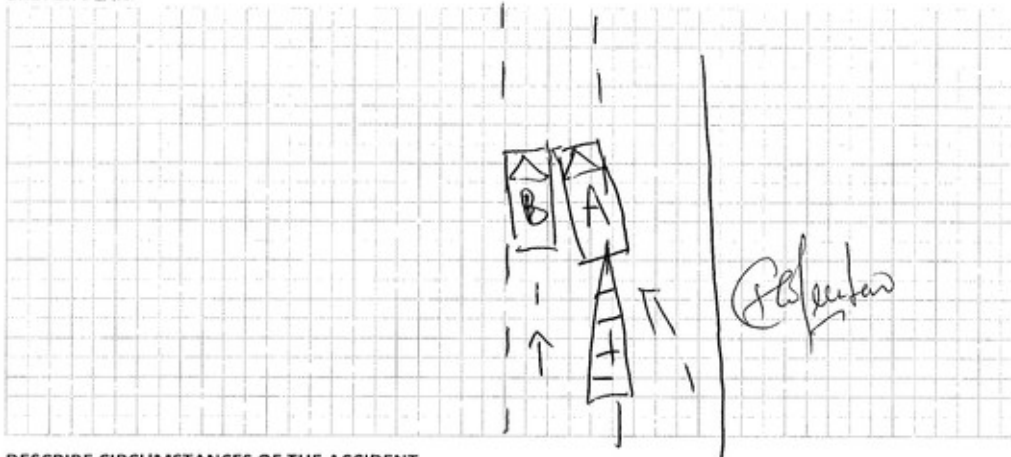
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I on my left signed & slowly switch to my left. Veh B from my left never give way & hit my veh front LH position.

[Signature]

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Low Kai Chee
 VEHICLE NUMBER : SJB 62625
 DATE/TIME OF ACCIDENT : 24/12/19 @ 1345pm
 PLACE OF ACCIDENT : Collyer Quay
 THIRD PARTY VEHICLE (IF ANY) : Stc 2933J

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

from 'international plaza & going home.

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 IS THE RESULT?

NIL

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

side to side

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

NIL

Name: Alfred

I Affirmed The Above Information Is Given To My Best Knowledge.

CERT OF INS

POLICY SCHEDULE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Policy No. : 1800003366-01
Period of Insurance : 17 Jan 2019 to 16 Jan 2020

Issued Date : 18 Dec 2018

ABOUT THE POLICYHOLDER

Name of Policyholder : LOW LAI CHEE
Address : 62 TRURO ROAD
SINGAPORE 217606

Occupation/Nature of Business : Homemaker/Housewife

ABOUT THE VEHICLE

Registration No. : SJB6262S Engine Capacity/Tonnage : 1,595.00 CC
Chassis No. : WDC1569422J455859 Engine No. : 27091031489713
Seating Capacity : 5 First Year of Registration : 2018 Body Type : Sedan
Make/Model : MERCEDES Benz GLA180
Hire Purchase Company/Employer's Loan : Daimler Financial Services Africa & Asia Pacific Ltd

ABOUT THE COVER

Sum Insured : Market Value Off Peak Car : No
Driver Restriction : NA Insuring with COE/PAF : 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" ("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.

Other Key Policy Benefits :

Act of God, Key Replacement Cover - \$2000, Personal Effects - \$1000, Loan Protection, PA to Authorised Driver / Unnamed Passengers - \$10000, Solar Film - \$1150, Loss of Use 2000cc, In-Car Camera Excess Waiver, Dealer + AIG Authorised Workshops, NCD Protector, Glass Roof/ Moon Roof/ Sun Roof/ Panoramic Glass Roof, PA Insured - \$100000, Fixture and Accessories (Cosmetic) - \$5000, New For Old (36 months), Strike, Riots and Civil Commotions

EXCESS

Section 1
Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver
LOW LAI CHEE - \$800 (Own Damage)

PREMIUM

Premium : \$ 1,384.34

GST (7%) : \$ 96.90

Total : \$ 1,481.24

Your Premium includes the following discount(s):

Safe Driver Discount - 5.00%, Loyalty Discount - 5.00%, No Claim Discount - 50%

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AIG Asia Pacific Insurance Pte. Ltd.

Identification Card

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1801707E**

Name: **LOW LAI CHEE**

Birth Date: **30 Oct 1967**

Issue Date: **27 Feb 2003**

000239489E



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1801707E**

Name: **LOW LAI CHEE**

卢丽珠

Race: **CHINESE**

Date of Birth: **30-10-1967** Sex: **F**

Country of Birth: **SINGAPORE**





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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **28 Feb 1995**

Licence No: **S1801707E**

NP 426A




0092935

NRIC No. **S1801707E**

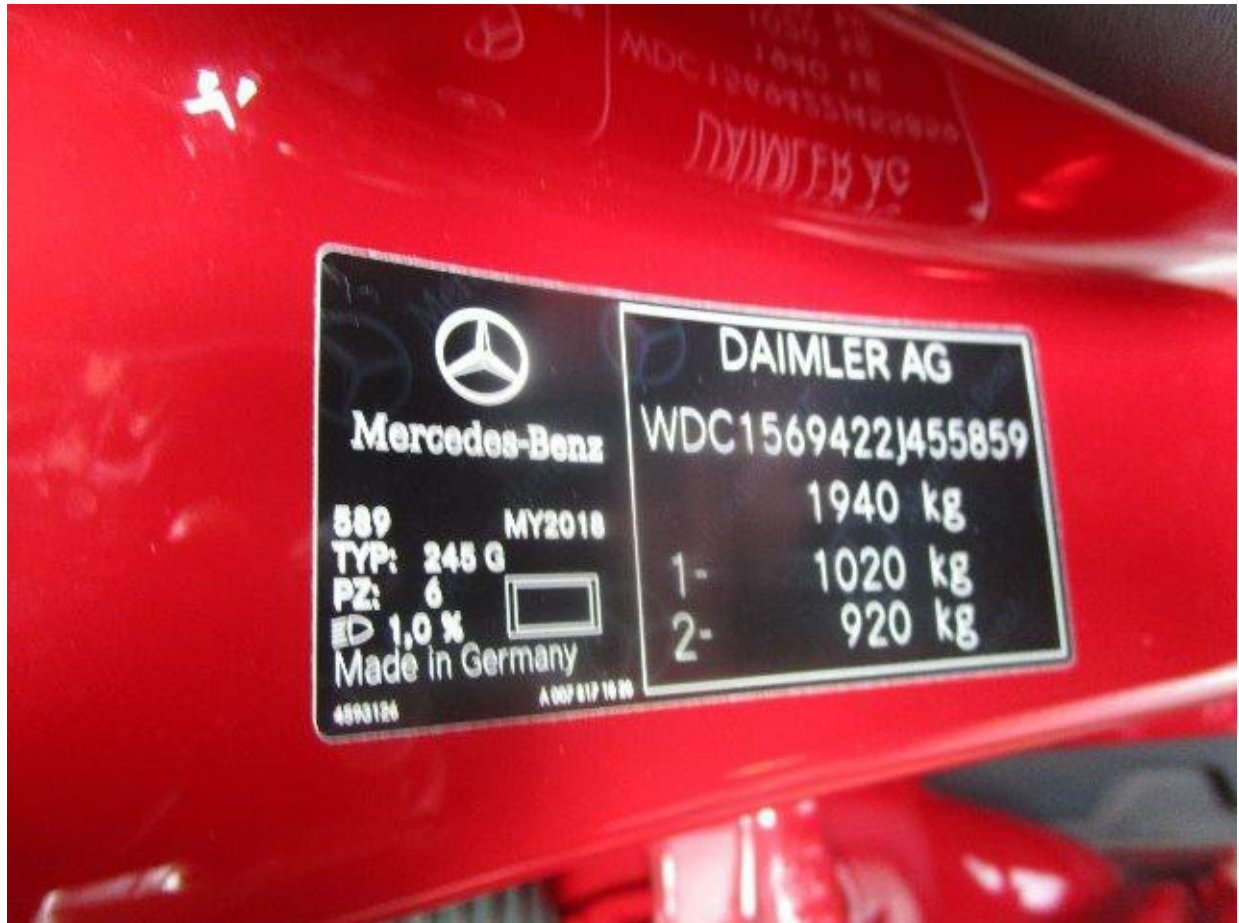
Blood Group: **A+** Date of Issue: **17-09-1991**

Address: **62 TRURO ROAD SINGAPORE 217606**

NRIC No: **S1801707E** Date: **27/12/2012 (R)** No: **7294035**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

