





## 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	20/01/2020 11:28
Date Of Accident	19/01/2020 12:30
Exact Location Of Accident	JUNCTION OF CLEMENTI RD/MAJU DR TWRDS COMMONWEALTH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFF629J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG MAY FOONG MEIDA (HUANG MEIFANG)
NRIC No	SXXXX289C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96384369
Alternative Phone No	OTHERS-96384369

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A180-1.6 FL STYLE (R17 HLG) (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	1700060269-02
Cover Note Number	

### Driver

Name of Driver	KHOO MIN HUI
NRIC No	SXXXX793A
Date Of Birth	23/08/1985
Occupation	INDOOR
Date Of Driving Pass	25/11/2011
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96384369
Fax Number	
Contact Number	OTHERS-96384369
Email Address	NOEMAIL

Address	BLK 5 WOODLANDS ROAD #11-33
Postcode	677728
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200119/7010

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBP4270C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	UNKNOWN RIDER
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBP4270C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



## SKETCH PLAN


### IMPORTANT NOTICE

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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:

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

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

SKETCH PLAN

SKETCH PLAN

CLEMENTI ROAD

(A) SFF629J

(B) FBP4270C

Diagram showing a road layout with a dashed line indicating a lane. A vehicle labeled (A) is positioned in the lane, and a vehicle labeled (B) is positioned to the right of the lane. The vehicles are labeled with their respective license plate numbers: (A) SFF629J and (B) FBP4270C.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: T/0200119/7010

The accident occurred on Clementi Road. The vehicle (A) SFF629J was in the lane, and the vehicle (B) FBP4270C was to the right of the lane. The accident occurred at the intersection of Clementi Road and [unintelligible].

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.:





**SINGAPORE  
POLICE FORCE**



T/20200119/7010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20200119/7010

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/01/2020 14:23		Vide Report No.: D/20200119/0066		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KHOO MIN HUI			Address: APT BLK 5A WOODLANDS ROAD #11-33 SINGAPORE 677728		
ID Type / ID No.: NRIC NO / S8561793A			Contact No.: Home/Office: Mobile: 83684369		
Nationality: MALAYSIAN			Email: hui328@gmail.com		
Sex: Male	Age: 34	Date of Birth: 23/08/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Marine engineer officer			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/01/2020 12:30	Type of Location: Straight Road
Location:  CLEMENTI ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP4270C	Motorcycle					0
SFF629J	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20200119/7010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20200119/7010

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	Unknown Rider	ID No.	NIL
Related Vehicle	FBP4270C (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
<b>Driver</b>			
Name	KHOO MIN HUI	ID No.	S8561793A
Related Vehicle	SFF629J (Car)	Contact No.	83684369
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

I WAS TRAVELLING ALONG CLEMENTI ROAD TOWARDS COMMONWEALTH ON LANE 2 OF 5 LANES. TRAFFIC WAS LIGHT AND WEATHER WAS CLEAR. UPON REACHING THE JUNCTION OF MAJU DRIVE, THE TRAFFIC LIGHT TURNED RED, THEREFORE I SLOWED DOWN TO STOP BEFORE THE JUNCTION. HOWEVER, BEFORE I COULD STOP MY VEHICLE, I FELT AN GREAT IMPACT FROM THE REAR. I ALIGHTED AND REALISED THE MOTORBIKE COULD NOT STOP IN TIME AND COLLIDED ONTO THE REAR OF MY VEHICLE. THE RIDER OF THE MOTORBIKE WAS CONVEYED TO THE HOSPITAL AFTER THE ACCIDENT.





**SINGAPORE  
POLICE FORCE**



T/20200119/7010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20200119/7010

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
THABAGESH JEYATHESH  
Contact No.: 65476232

Authentication Stamp

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
19/01/2020 14:23

Classification Of Case:

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 19/07/2010	TIME: 1230 HRS (hh:mm) 24 hrs Format
LOCATION: Junction of Clementi Rd & Maia Drive Towards Commonwealth	
VEHICLE NUMBER: SFP 629J	
INSURED NAME: Wong May Poong Maeda (Huan Mei Pong)	
NRIC / FIN: S1837289C	CONTACT:
MAKE: Mercedes Benz	MODEL: 1.6 A180 BE STYLE
Are you claiming under your own insurance policy for repair to your vehicle?	
( ) Yes, If No, Pls Select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting Only	
INSURANCE COMPANY: AIG	
TYPE OF POLICY ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT	
POLICY NUMBER: 1700090269-02	
NAME DRIVER: Khoo Min Hui ( ) SAME AS INSURED	
NRIC / FIN: S8561793A	CONTACT: 9368 4669
DATE OF BIRTH: 23.08.1965	
DRIVING PASS DATE: 25.11.2011	
OCCUPATION: ( <input checked="" type="checkbox"/> ) INDOOR ( ) OUTDOOR	
GENDER: ( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE	
EMAIL ADDRESS:	( ) NO EMAIL
ADDRESS OF DRIVER: 5A Woodlands Rd #11-33 (617728)	
Number Of Passenger Include Driver: Driver only	
Was driver an employee of the Insured's Company? ( ) YES ( <input checked="" type="checkbox"/> ) NO	
If No, Relationship Of The Driver With The Insured	
( ) Owner ( <input checked="" type="checkbox"/> ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others	
Does The Driver Own Any Other Vehicle? ( ) YES ( <input checked="" type="checkbox"/> ) NO	
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:	
Insurance Company Of Driver's Own Vehicle	
Weather Conditions: ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Drizzling ( ) Others	
Road Surface: ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others	
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO	
Was Anybody Injured In The Accident? ( <input checked="" type="checkbox"/> ) YES ( ) NO	
If YES, Injured details:	
Convey By Ambulance: ( <input checked="" type="checkbox"/> ) YES ( ) NO	
Was There Any Video Capture By Car Camera? ( <input checked="" type="checkbox"/> ) YES ( ) NO	
Was There Accident Reported To The Police? ( <input checked="" type="checkbox"/> ) YES ( ) NO If Yes Attach Police Report	
Police Report Number (if any)	
Details Of 3rd Party	
Veh B: SFP 4270C	Name / NRIC: (PXA)
Veh C:	No. of Paxs (incl'driver): ( ) / Not Sure ( )
Veh D:	( ) / Not Sure ( )
Veh E:	( ) / Not Sure ( )
Veh F:	( ) / Not Sure ( )
Veh G:	( ) / Not Sure ( )





# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : WONG MAY FOONG MEIDA (HUANG MEIFANG)  
Period of Insurance : 21 Dec 2019 To 20 Dec 2020  
Engine No. : 27091031498916  
Chassis No. : WDD1760422J708702

Vehicle No. : SFF629J  
Policy No. : 1700090269-02  
Endorsement No. :  
Issued Date : 14 Nov 2019

### ABOUT THE COVER

Make/Model : MERCEDES BENZ A180 BE STYLE  
Engine Capacity/Tonnage : 1,595.00 CC  
Driver Restriction : NA  
Person or Classes of Persons Entitled to Drive\* :  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2017  
Insuring with COE/PAFF : Yes

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.

Loss of Use 2000cc

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

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

Section 2  
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

WONG MAY FOONG MEIDA (HUANG MEIFANG) - \$800 (Own Damage), \$800 (Flood Cover)

### 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 400650 62061818  
2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 129378 62001818

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 6200. Alternatively, you may refer to AIG website [www.aig.sg](http://www.aig.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

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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504812201

CYCLE & CARRIAGE - ALC

239 ALEXANDRA ROAD  
SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

8805AN

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	289C
<b>Vehicle Details</b>	
Vehicle No.:	SFF629J
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Jan 2020
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	A180 FL STYLE (R17 HLG)
Primary Colour:	Grey
Manufacturing Year:	2017
Engine No.:	27091031498916
Chassis No.:	WDD1760422J708702
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$23,295.00
Original Registration Date:	21 Dec 2017
First Registration Date:	21 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$19,613.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Dec 2027
PARF Rebate Amount:	\$14,709.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	20 Dec 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$46,791.00
COE Rebate Amount:	\$36,904.00
<b>Total Rebate Amount:</b>	<b>\$51,613.00</b>

The information contained herein is correct as at 20 Jan 2020

OK



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : 200420008815 Vehicle Registration No : SFF 629J

Name (as shown in NRIC) : KHOO Min Hui NRIC/FIN/Passport No : 9XXX793A

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore( )

Contact (Tel) : \_\_\_\_\_ Mobile No. : 96384369

Email Address : \_\_\_\_\_

Date of Accident : 19/01/2020 Time of Accident : 12:30

Place of Accident : Intersection of Clementi Rd / Kovan Rd T-junction common  
ALG ALG

Insurance Company : \_\_\_\_\_

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Third Party Vehicle Number 2 FB 4200C

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Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Koh Lian  
NRIC/FIN No.: 900000000000  
Date: 20/01/2020