

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	03/02/2020 09:46
Date Of Accident	25/01/2020 12:55
Exact Location Of Accident	JCL OF TOA PAYOH LOR 1 & 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ3366G
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Insured/Policyholder

Name Of Registered Owner	NG BOON CHIANG, DESMOND(HUANG WENZHANG)
NRIC No	SXXXX119B
Email Address	DESNGBGC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86935336
Alternative Phone No	Office-86935336

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLA180
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?	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	1900165119
Cover Note Number	

Driver

Name of Driver	NG BOON CHIANG, DESMOND(HUANG WENZHANG)
NRIC No	SXXXX119B
Date Of Birth	03/03/1974
Occupation	INDOOR
Date Of Driving Pass	28/04/1984
Driving Experience	35 YEARS AND 8 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-86935336
Fax Number	
Contact Number	OFFICE-86935336
EMail Address	DESNGBC@GMAIL.COM
Address	1 AMBER GARDENS #06-05 SINGAPORE
Postcode	439957
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
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 THE 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	SJJ490Y
Vehicle Make/Model/Colour	TOYOTA WISH GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG CHEE KOON (HUANG ZHIQIN)
NRIC/Passport Number	SXXXX686I
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

1

Accident Sketch Plan



ENDORSEMENT SCHEDULE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Policy No. : 1900165119

Period of Insurance : 26 Sep 2019 to 25 Sep 2020

Endorsement No. :

00000000308154

Issued Date

: 07 Oct 2019

ABOUT THE POLICYHOLDER

Name of Policyholder : NG BOON CHIANG, DESMOND (HUANG WENZHANG)
Address : 1 AMBER GARDENS
#06-05
SINGAPORE 439957

Occupation/Nature of Business : Manager/Director/Management

ABOUT THE VEHICLE

Registration No. : SMQ3366G
Chassis No. : WDC1569422J655594
Seating Capacity : 5
Make/Model : MERCEDES Benz GLA180
Hire Purchase Company/Employer's Loan : Daimler Financial Services Africa & Asia Pacific Ltd

Engine Capacity/Tonnage : 1,595.00 CC
Engine No. : 27091031905019
Body Type : Sedan

ABOUT THE COVER

Sum Insured : Market Value

Driver Restriction : NA

Person or Classes of Persons Entitled to Drive :

Off Peak Car : No

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.

Other Key Policy Benefits :

Act of God, Dealer + AIG Authorised Workshops, New For Old (36 months), Loss of Use 2002cc, Strike, Riots and Civil Commotions, PA to Authorised Driver / Unnamed Passengers- \$10000, PA Insured- \$100000, Fire and Accessories (Cosmetic)- \$5000, Solar Film- \$1150, Personal Effects- \$1000, Key Replacement Cover- \$2000, Loan Protection, In-Car Camera Excess Waiver, Glass Roof, Moon Roof, Sun Roof Panoramic Glass Roof

ENDORSEMENT REMARK

- 1) Driver Details : Update Claims Details
- 2) NCD Details : Update NCD on Policy with AIG

Declared Previous Insurer: AUTO & GENERAL INSURANCE (BUDGET DIRECT)

Declared NCD: 10%

Verified NCD: 20%

With the update in Claims/NCD details, premium and/or excess are revised. Refer to details stated above.

Based on the updated NCD, Safe Driver Discount and/or No Claim Discount Protector is/are revised accordingly.

Endorsement effective from: 26-Sep-2019. All other terms and conditions remain unchanged.

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 01/02/2020

11:05AM

Driver's Signature

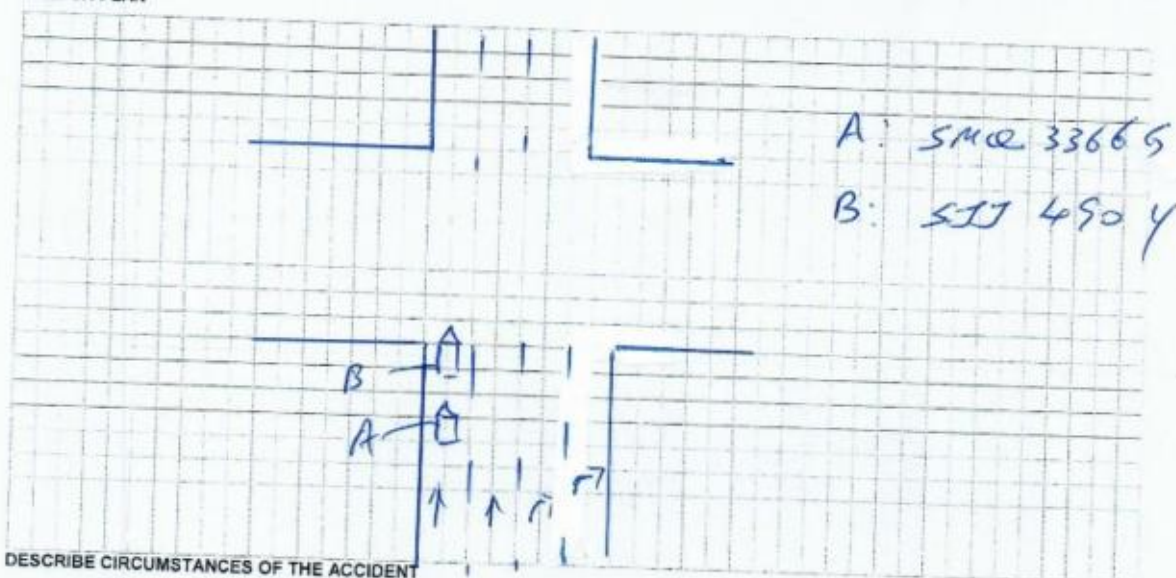
(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's
Name:

Vincent Seah
Vehicle & Carriage Indemnities Pte Ltd
Body Care & Repair Center
Email: vincentseah@gia.com.sg
Tel: 6771 4401 Fax: 6771 4772
H/P: 8322 0002

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Once traffic lights turns green, Front vehicle STJ 490 Y forwards and sudden E-brake. Did I follow suit. BUT my vehicle SMQ 3366 G Front bumper hit into STJ 490 Y rear 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 01/02/2020
11:05 AM

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

Reporting Centre Personnel
Name:

Vincent Sealy
Cycle & Carriage Industries Ltd
Cycle Care & Repair Centre
Bobby Carr 8332 0002 ext: 6812 1272
Email: vincent.sealy@cyclecare.com.au
010: 6711 4401



Accident Photo



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