

## 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	24/02/2020 11:20
Date Of Accident	21/02/2020 18:35
Exact Location Of Accident	CARPARK AT DEMPSY ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR5281Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHEARER MICHAEL HOWARD
NRIC No	FXXXX701N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98627780
Alternative Phone No	Office-98627780

### 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?	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	1900263626
Cover Note Number	

### Driver

Name of Driver	SHEARER MICHAEL HOWARD
NRIC No	FXXXX701N
Date Of Birth	07/09/1955
Occupation	INDOOR
Date Of Driving Pass	15/10/1971
Driving Experience	48 YEARS AND 4 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98627780
Fax Number	
Contact Number	OFFICE-98627780
EMail Address	NOEMAIL
Address	BLK 37 ORANGE GROVE RD #04-12
Postcode	258361
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?	YES
Foreign Vehicle Registration Number	JRA195 (PRIVATE CAR)
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ( 'E' DIVISION )
Police Station Address	<b>ROAD:</b> 21 KAMPONG JAVA ROAD , <b>POSTCODE:</b> 228892 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-3910000 - <b>FAX NO:</b> 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT NO: E/20200222/7025. TANGLIN DIVISION HQ.

#### 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	JRA195
Vehicle Make/Model/Colour	

Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96911734
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

### SKETCH PLAN

1. Please report correctly the details of the accident to speed up the claims process.
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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. 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)

(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.

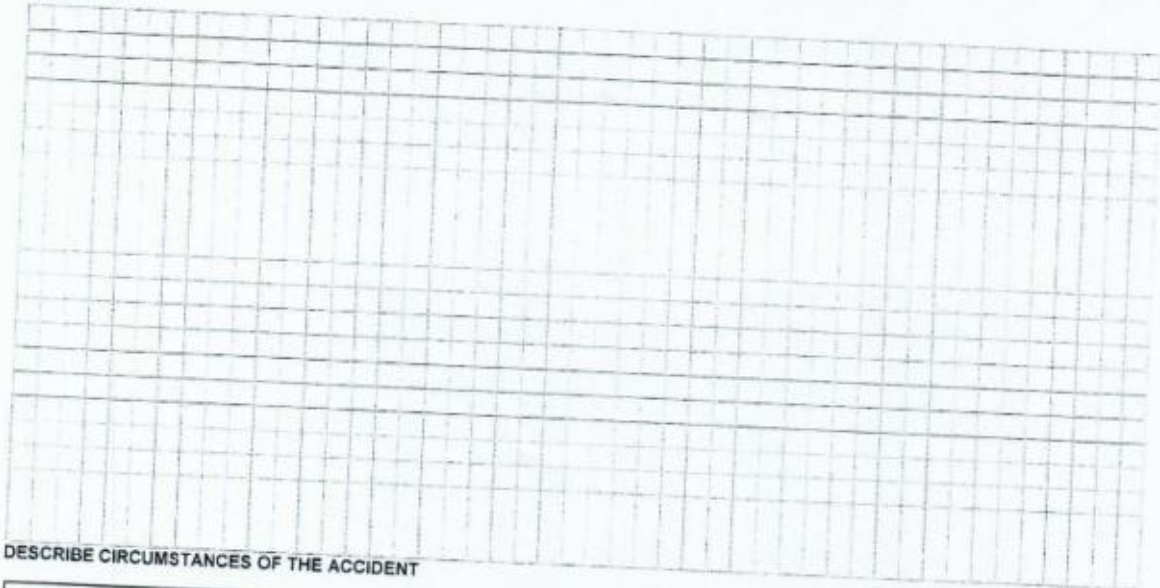
10/10/20

Date &amp; Time

Reporting Centre Personnel's  
Name:

Vincent St Paul  
Wardrobe & Carriage Industries Inc  
Body Care & Repair Center  
Box 71 A401 HP 8132-0062 Fax 602-1272  
Email: vincent@bodycare.org

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Refer Police Report*

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 *24/02/2010*  
*10.10am*

Driver's Signature

(If driver is not the policyholder)  
Date & Time

Reporting Centre Personnel's  
Name:

**Vincent Seah**  
Cycle & Carriage Industries Pte Ltd  
Body Care & Repair Center  
UDD 8771 4401 H/P: 8332 0062 Fax: 6872 1272  
Email: vincent.seah@cyclecarriage.com.sg





**SINGAPORE  
POLICE FORCE**



E/20200222/7025

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**POLICE REPORT (NP299)**

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No:1800-3910000

Report No. E/20200222/7025

Date/Time Report Made 22/02/2020 17:44		Vide Report No.		Station Diary No.	
Name Of Informant SHEARER MICHAEL HOWARD		Address APT BLK 37 ORANGE GROVE ROAD #04-12 ORANGE GROVE RESIDENCES SINGAPORE 258361			
ID Type / ID No. FIN NO / F1197701N		Contact No. Home/Office:                      Mobile: 98627780			
Nationality NEW ZEALANDER		Email Address shearerfran@gmail.com			
Occupation Other professionals nec		Sex Male	Age 64	Date of Birth 07/09/1955	Race Caucasian
Institution/School Name		Language English			
Date/Time Of Incident 21/02/2020 18:30 - 21/02/2020 18:35		Location Of Incident Car park at Dempsey road			
<b>Brief details.</b>					

At approximately 6:30 pm i was reversing at the car park i Dempsey village and made contact with a Malaysian registered vehicle driving along the car park way. Im not sure how fast it was driving, a vehicle in front of me started reversing then moved forward quickly, which made me stop and reverse a little. I used my break when I heard my reverse alarm sound.

There was no damage sustained to my vehicle , the other vehicle had some damage to their front bumper.

We exchanged phone umbers , took photos of damage. The Malaysian vehicle had one passenger and I

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/02/2020 17:44
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Sketch Plan



SINGAPORE  
POLICE FORCE



E/20200222/7025

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200222/7025

had one passenger.  
Their vehicle number JRA 195

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/02/2020 17:44
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Sketch Plan



# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : SHEARER MICHAEL HOWARD  
Period of Insurance : 13 Jan 2020 To 12 Jan 2021  
Engine No. : 26492080014350  
Chassis No. : WDD2130802A717800

Vehicle No. : SMR5281Z  
Policy No. : 1900263626  
Endorsement No. :  
Issued Date : 20 Jan 2020

### ABOUT THE COVER

Make/Model : MERCEDES Benz E200 Sedan Avantgarde  
Engine Capacity/Tonnage : 1,991.00 CC  
Driver Restriction : NA  
Person or Classes of Persons Entitled to Drive\* :  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2020  
Insuring with COE/PARF : 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 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1967 (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

Windscreens : \$100

Named Driver and Excess (where applicable)

SHEARER MICHAEL HOWARD - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Cycle & Carriage Eunos Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 400550 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.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: 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, 1967 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612240

CYCLE & CARRIAGE - NL

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.

88CA98

Accident Sketch Plan



**BUKIT BATOK DRIVING CENTRE LTD**

815 Bukit Batok West Avenue 5, Singapore 650085  
Tel: 6890 6000/6890 6001/6890 6002  
Fax: 6890 6003/6890 6004  
Website: www.bbdclg.com  
Co. Reg No.: 198801155B

**BBDC COURSE ENROLMENT FORM**

**PERSONAL DETAILS**

Course Applied: 3T - Class 3 Theory Lessons only *Conversion*

NRIC/FIN No.: G3078916Q

Date of Birth: 17/07/1970

Full Name: SHEARER FRANCESCA

Address: 37 ORANGE GROVE ROAD  
#04-12 258361

Nationality: Foreigner

Contact No.: HP:85865892 H: O:

Race: Others

Email Address: SHEARERFRAN@GMAIL.COM

Language Preferred: English

**DRIVING LICENCE STATUS DECLARATION**

1. Has your driving licence been suspended/disqualified/revoked previously by Traffic Police?  
If yes, from (DD/MM/YY) to (DD/MM/YY)

Yes ☐ No ☒

**PERSONAL DATA PROTECTION STATEMENT**

The privacy of your personal data is important to us and we are committed to accord the information the due level of care as presented in this Statement and consistent with the Personal Data Protection Act 2012.

**1. Purpose of Collection**

Your personal data will be collected upon pre-enrolment and upon using our online system and website. We use your personal data for:

- (a) planning and scheduling
- (b) administering your account, booking and payment
- (c) identity check and responding to any inquiries
- (d) communicating on service follow up and feedback investigation
- (e) sending account renewal & lessons reminders, where applicable
- (f) purchasing insurance and facilitating insurance claims
- (g) facilitating training and testing
- (h) vehicle damages, settlement and repair
- (i) coaching employees for service improvement
- (j) investigation and staff training via in-car camera footage
- (k) entry to driving circuit for training and test

If you give your consent under the "Marketing & Promotion Option", we shall also collect and use your personal data to contact you on our marketing or promotional materials relating to our products and services via telephone calls, text messages, mails as ticked accordingly.

**2. Disclosure of Personal Data**

We may disclose your personal particulars to the police, the Land Transport Authority, government authorities and relevant parties, in compliance with statutory regulations, establishing legal claims, and to the insurance company or its agent issuing insurance coverage and in facilitating various type of insurance claims, and to the banks or its agent relating to payment services, external vehicle workshop, IT vendors and other vendors engaged by us for the purpose of enhancing our services.

6. CLEND ISSUED EXPIRES

CONDITIONS  
Correcting lenses must be used  
at all times while driving

9. C/E

FOR C&C USE ONLY



AG545678901

1. Family Name
2. Other names
3. Date of birth
- 4a. Issue date
- 4b. Expiry date
- 4c. Donor indicator
- 5a. Driver licence No.
- 5b. Card version No.
6. Address
7. Classes/Endorsements:  
1 = Motorcar  
light motor vehicle  
6 = Motorcycle
8. Graduated classes,  
endorsements
9. Class/Endorsements  
for conditions

Date: Day-Mo.-Yr.



NEW ZEALAND DRIVER LICENCE

1. SHEARER
2. MICHAEL  
HOWARD



FOR C&C USE ONLY



3. 07-09-1955
- 4a. 15-10-1971 4b. 04-01-2021 4c. DONOR
- 5a. AG644562 5b. 632

*[Signature]*

6.

7. 1, 6

Accident Photo





Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

