

## 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	13/03/2020 11:18
Date Of Accident	12/03/2020 07:40
Exact Location Of Accident	ALONG DEPOT ROAD (THE INTERLACE CONDO)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN136M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HAN XIAO
NRIC No	S7573826I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96186508
Alternative Phone No	Office-96186508

### 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	2100364939-06
Cover Note Number	

### Driver

Name of Driver	HAN XIAO
NRIC No	S7573826I
Date Of Birth	29/01/1975
Occupation	INDOOR
Date Of Driving Pass	13/08/2002
Driving Experience	17 YEARS AND 6 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96186508
Fax Number	
Contact Number	OFFICE-96186508
EMail Address	NOEMAIL
Address	218 DEPOT ROAD #04-73
Postcode	109703
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)	2
Passenger 1	Name: : UNKNOWN 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 WAS DRIVING MY CAR OUT FROM MY CONDO AT DEPOT ROAD (THE INTERLACE CONDO). ASI WAS THE EXIT, CAR B (GV6622S) IN FRONT OF ME TRIED TO MOVE SLIGHTLY TOWARD THE LEFT AND I FOLLOWED SUIT TO MOVE SLIGHTLY TOWARD THE LEFT. AS I MOVED FORWARD, I HAD ACCIDENTALLY COLLIDED ONTO CAR B RIGHT REAR 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	GV6622S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE

Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

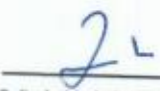
### SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

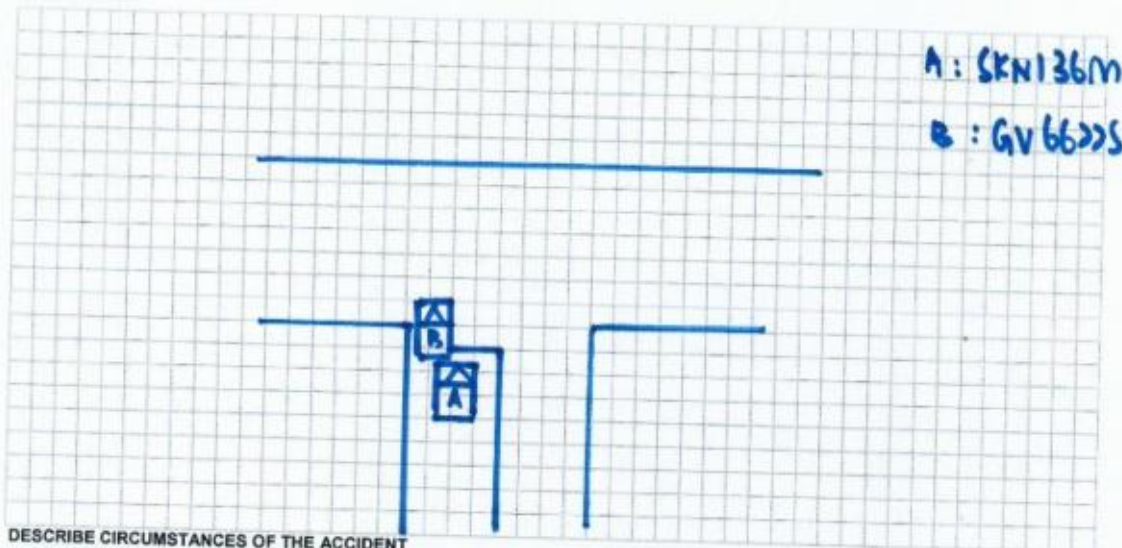
  - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 13/03/2020 1007

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

**Kerlyn Ong Kai Li**  
DID : 6771 4420 HP : 9186 5113  
Email : [kerlyn.ong@cyclecarriage.com.sg](mailto:kerlyn.ong@cyclecarriage.com.sg)  
~~Cycle & Carriage Insurance Brokers Ltd~~  
Customer Service Centre - Pandan Loop  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING MY CAR (SKN136M) OUT FROM MY CONDO AT DEPOT ROAD (THE INTERLACE CONDO). AS I WAS THE EXIT, VEHICLE B (GV6622S) IN FRONT OF ME TRIED TO MOVE SLIGHTLY TOWARD THE LEFT AND I FOLLOWED SUIT TO MOVE SLIGHTLY TOWARD THE LEFT.

AS I MOVED FORWARD, I HAD ACCIDENTALLY COLLIDED ONTO VEHICLE B (GV6622S) RIGHT 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 13/03/2020 1007

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

**Kerlyn Ong Kai Li**  
DID: 6771 4320 HP: 9186 5113  
Reporting Centre Personnel's Name  
Email: kerlyn.ong@cyclearr.com.sg  
Cycle & Carriage Industries Pte Ltd  
Customer Service Centre - Pandan Loop





# CERTIFICATE OF INSURANCE

## AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Han Xiao  
Period of Insurance : 18 Feb 2020 To 17 Feb 2021  
Engine No. : 27492030107522  
Chassis No. : WDD2120342A891740

Vehicle No. : SKN136M  
Policy No. : 2100364939-06  
Endorsement No. :  
Issued Date : 03 Feb 2020

### ABOUT THE COVER

Make/Model : MERCEDES BENZ E200 2.0 CGI SEDAN  
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 : 2014  
Insuring with COE/PAF : 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.

\* 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 - \$0 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Han Xiao

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)  
Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).  
For 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: MERCEDES BENZ FINANCE CO 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).

0692348000

HAN XIAO

371 ALEXANDRA ROAD #02-19 AIA ALEXANDRA  
SINGAPORE 159963 SP-HANXIAO

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SOP/JVZ

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**



Licence Number: **S75738261**  
Name: **HAN XIAO**

Birth Date: **29 Jan 1975**  
Issue Date: **07 Jun 2003**

 000552476D

**FOR C&C USE ONLY**

**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

13 Aug 2002

**FOR C&C USE ONLY**

NP 428A



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo

