SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

Gender

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	17/03/2020 11:04
Date Of Accident	14/03/2020 10:00
Exact Location Of Accident	586 THOMSON GROVE CARPARK
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGV223A
Insured/Policyholder	
Name Of Registered Owner	TAN SOON HAR
NRIC No	S1300956B
Email Address	TANCOLIN223@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98570080
Alternative Phone No	OTHERS-98570080
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200 SEDAN AVANTGARGE
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	1700052765-02
Cover Note Number	
Driver	
Name of Driver	TAN SOON HAR
NRIC No	S1300956B
Date Of Birth	03/03/1958
Occupation	INDOOR
Date Of Driving Pass	04/07/1978
B	ALVEADO AND CAROLITIO

41 YEARS AND 8 MONTHS

TANCOLIN223@GMAIL.COM

(LOCAL) +65-98570080

OTHERS-98570080

MALE

BLK 586 YIO CHU KANG ROAD Address

#05-04

Postcode 787071

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 0

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name KEBUN BARU NEIGHBOURHOOD POLICE POST

ROAD: BLK 111 ANG MO KIO AVENUE 4, POSTCODE: 560111, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4589999 - FAX NO: 64574454

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT: T/20200316/2062.

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 SHC533T

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name MS FIRST CAPITAL INSURANCE LTD

Page 2 of 17

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

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: 17 Man 23

11-04am

Driver's Signature

(If driver is not the policyholden)

Date & Time:

11204 au

Reporting Centre Polydowe's Chooure

Name:

NRIC/FIN No.:

SKETCH PLAN
1 8 lock 586
(Thomson frove)
Driveway
\$ 2.7 A manufacture of the control o
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT _ Hit & Run Accident
On 13 Mar 20 at about 8pm, I parted my vehicle SGV 223A
at the road surface carpark of SON Yio Chu Kang Road
(Thomas grove) Everything was in order.
On 14 Mar 20, I discovered that there were damages on the
right front bumper of my vehicle.
Il refer to attached police report.
TQ.

DECLARATION

 $\ensuremath{\mathsf{I/We}}$ declare the foregoing particulars are true in every respect.

Policyholder's Signature

Driver's Signature (If driver is Inot the policyholder) Date & Time:

Reporting Cpare Reporting Signature

Name: NRIC/FIN No.:

GTARMC SketchPranForm_V3

Police Report Pg. 1





.

Report No. T/20200316/2062

Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE

560111

Tel No: 1800-4589999

REPORT OF A TRAFFIC ACCIDENT

Date/Time 16/03/2020		ade:	Vide Report No.:		Station Diary No.: 21			
Informant	's Particul	ars						
Name of Ir	nformant:		Address:	Address:				
TAN SOO	N HAR		APT BLK 586 YIO CHU KANG ROAD #05-04 SINGAPORE 787071					
ID Type / I	D No.:		Contact No.:					
NRIC NO	S1300956	3B	Home/Office: Mobile: 98570080					
Nationality SINGAPO		N	Email:					
Sex:	Age:	Date of Birth:	Type of Informant:					
Male	62	03/03/1958	Driver	•				
Race:			Language:	Institution	/ School Name:			
Chinese	62		English					
Occupation	n:		Driving Licence Information:	19				
Retiree			Class: 3	Date of Ex	pirv:			

General Informat	ion of the Accident			
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/03/2020 10:00	Type of Location:
Location: Along Road 1 YIO CHU KANG	ROAD GROVE CARPARK			
Weather:	SROVE CARPARK	Road Surface:	F	Road Speed Limit:
Clear		Dry		
Traffic Flow:		Traffic Control:	. 7	raffic Volume:
Type of Collision: Moving Vehicle A	gainst - Parked Vehic	cle .	a	Anyone conveyed by ambulance:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGV223A	Car	MERCEDES BENZ	E200 AVG (R18 LED)	Blue		0

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SGV223A	AIG ASIA PACIFIC INSURANCE PTE.	1700052765-02	04/10/2019	03/10/2020			

Police Report Pg. 2





Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111 2 of 3 Report No. T/20200316/2062

Tel No: 1800-4589999

CONTINUATION OF REPORT

Details of Perso	n Involved	唐 蒸烧水.				
Any Pedestrian II	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Peo	destriar	Cross	sing: NA
Driver	对在特别的 1000000000000000000000000000000000000		10.00000000000000000000000000000000000			
Name	TAN SOON HAR	,		ID No	•	S1300956B
Related Vehicle	SGV223A (Car)			Conta	ct No.	98570080
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disci	narge	NIL	
No. of Days granted Medical Leave NIL			Degree of		NIL	

Brief Details.

On 13/3/2020 at about 8pm, I parked my vehicle SGV223A at the road surface carpark of 586 Thomson Grove. Everything was in order. On 14/3/2020 at about 1030am, I discovered that there were damages on the right front bumper of the vehicle. My car has an in-car camera but since the engine was switched off, it is not in operation.

I am lodging this report for Traffic Police's assistance.

Police Report Pg. 3





3 of 3

Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111

Report No. T/20200316/2062

Tel No: 1800-4589999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Reco	ording The Report: \	Signature Of Informant:
Sr Staff Sgt MUHAMMAD	YUNOS BIN ABDULT	A second
Signature Of Interpreter:		Date/Time:
Not applicable	-	16/03/2020 14:05
Officer In Charge Of Cas	<u>e:</u>	Classification Of Case:
TP / HRT /		\ SN 085
SI KALESWARI PALANI	A Section V	
Contact No.: 65476902	Signaline	
Authentication Stamp	Jan-Allerand.	and seem and the harmonic and the professional tent at
NP168	Singapore Police Fo)ree

CERTIFICATE OF INSURANCE Pg. 1



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder

: TAN SOON HAR

Vehicle No.

: SGV223A

Period of Insurance

: 04 Oct 2019 To 03 Oct 2020

Policy No.

: 1700052765-02

Engine No.

: 27492031005947

Endorsement No. **Issued Date**

: 29 Aug 2019

Chassis No.

: WDD2130422A248805

ABOUT THE COVER

: MERCEDES Benz E200 Sedan Avantgarde

Engine Capacity/Tonnage: 1,991.00 CC

Sum Insured : Market Value

First Year of Registration : 2017

Driver Restriction

Off Peak Car: No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

Make/Model

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

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.

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

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

TAN SOON HAR - \$800 (Own Damage)

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 408650 62061818 2.Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128378 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.com.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

CYCLE & CARRIAGE - ACHANG 239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

Identification Card Pg. 1

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1300956B





TAN SOON HAR

.

CHINESE
Date of birth
03-03-1958
Country/Place of birth
SINGAPORE

S1300956B

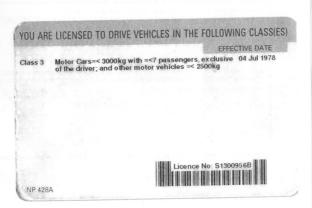
Date of issue
02-08-2019

Address

APT BLK 586 YIO CHU KANG ROAD
8105-04
81NGAPORE 787071

Driving License Pg. 1







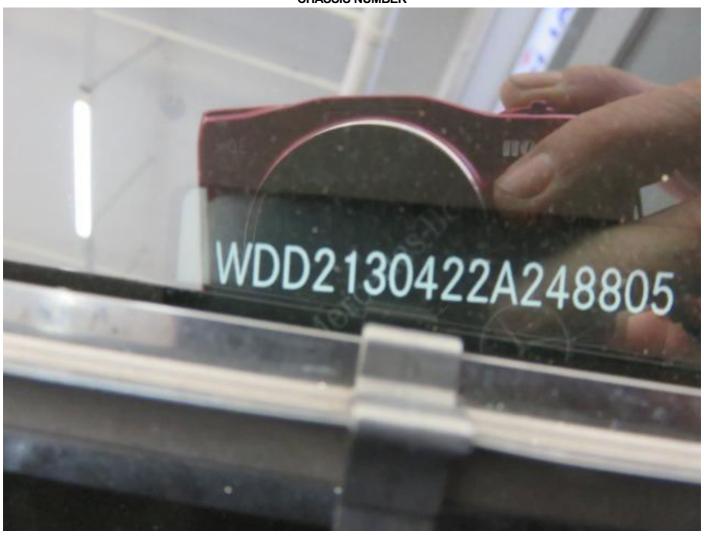




Accident Photo



CHASSIS NUMBER



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION 6 6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

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

	ADDENDUM						
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:						
	Original Report No	: MLHM20033445	Vehicle Registration No: SGV223A				
	Name(as shownin NRIC)	: Tan Soon Har	NRIC/FIN/Passport No:_	S1300956B			
	(*Vehicle Driver/Ve						
	Address	Blk 586 Yio Chu Kang Road	#05-04	Singapore(787071)			
	Contact (Tel)	·	_Mobile No. : 98570080				
	Email Address	tancolin223@gmail.com					
	Date of Accident	: 14/03/2020	Time of Accident: 10:0	0 Hours			
	Place of Accident	: 586 Thomson Grove carpa	ırk				
	Insurance Company	AIG ASIA PACIFIC INSUR	ANCE PTE. LTD.				
I have made a report on the above mentioned accident and would like to include additional informa make the following amendments: To amend the third party vehicle number. To amend from "Reporting Only" to claim the third party.							
	Policyholder / Driver		Reporting Centre Perso				
	Date: 18 Mar 20	020	Name: Poh Kwee Choo				

NRIC/FIN No.: Date: 18/3/2020

GIAR WC addendumform_V3