

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	27/05/2020 15:25
Date Of Accident	26/05/2020 17:55
Exact Location Of Accident	SIMEI AVE TWDS TAMPINES AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD362E
Insured/Policyholder	
Name Of Registered Owner	CHUA KAR WEE
NRIC No	SXXXX640B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81612538
Alternative Phone No	OFFICE-81612538

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLA 180
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	1800090499-01
Cover Note Number	

Driver

Name of Driver	CHUA BING QUAN
NRIC No	SXXXX582E
Date Of Birth	24/08/1999
Occupation	INDOOR
Date Of Driving Pass	05/03/2019
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81612538
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	21 TAMPINES ST 34 #05-01
Postcode	529232
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	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: : TAN PEH WOON
	GENDER: : MALE

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 STATEMENT.

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	SHC3710D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHUA BING QUAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMD362E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	TAN PEH WOON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMD362E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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: _____

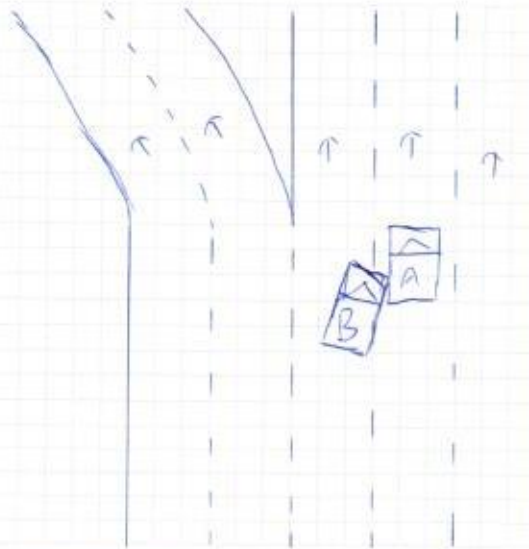
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Simen Avenue
Towards
Tampines Avenue 5

A - SMD 362 E

B - SHC 3710 D



On the stated time & date, I was travelling straight on my vehicle, A, bearing (SMD 362 E). Suddenly, I felt an impact from the rear left. I alighted from my vehicle and realised vehicle B, bearing (SHC 3710 D) had collided on to my vehicle. We then exchanged particulars & proceed with insurance claims.

I/We declare the foregoing particulars are true in every respect.

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



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

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 : MMA 1200 48158 Vehicle Registration No: SMD 362E

Name(as shown in NRIC) : Chua Bing Quan NRIC/FIN/Passport No : SXXXX 582E

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

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : 91612538

Email Address : _____

Date of Accident : 26/5/20 Time of Accident : 17:55

Place of Accident : Simei Ave twds Tampines Ave 5

Insurance Company: AIG

(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:

Amend Date of Accident to 26/5/20 instead

of 26/3/20


Policyholder / Driver's Signature

Date:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: 27/5/20



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder	: CHUA KAR WEE	Vehicle No.	: SMD362E
Period of Insurance	: 31 Jul 2019 To 30 Jul 2020	Policy No.	: 1800090499-01
Engine No.	: 27091031631834	Endorsement No.	: 1
Chassis No.	: WDC1569422J506612	Issued Date	: 30 Jun 2019

ABOUT THE COVER

Make/Model	: MERCEDES-Benz GLA180	Sum Insured	: Market Value	First Year of Registration	: 2018
Engine Capacity/Tonnage	: 1,595 00 CC	Off Peak Car	: No	Insuring with COE/PAF	: Yes
Driver Restriction	: NA				

Person or Classes of Persons Entitled to Drive*

at The Policyholder

As long as the person is driving on the Policyholder's order or with his/her permission.

This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$1,000 as "Young and Inexperienced Driver Excess" ("YIDE") if you are a Young and Inexperienced Driver (as defined in the Road Transport Act, 1987) and have less than 3 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, liability 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 Trials.

Limit of Use 2000cc

* Limitations imposed pursuant to Section 4 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 188), Section 10 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; Den Damage - \$800; Theft - \$0; Fraud Cover - \$0

Section 2

Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

CHUA KAR WEE - \$800 (Den Damage)

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

1 Cycle & Carriage Service Center (For accident reporting only) Add: 191 Ulu Road 3 Singapore 408018

2 Cycle & Carriage Panton Loop Service Center - Body Work & Paint Add: 191 Panton Loop Singapore 670519

For other Approved Reporting Centres/Authorised Repairers, please contact us (24-hour accident emergency hotline at +65 6336 6200). Alternatively, you may refer to AIG website www.aig.com.sg or AIG 30 Mobile App. Simply search and download "AIG 30" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

We hereby certify that this 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. 188), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).

0504912/05

CYCLE & CARRIAGE - JOENG

239 ALEXANDRA ROAD

SINGAPORE 119933

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

Approved by AIG 30 Mobile App (Download AIG 30 from iTunes or Google Play)

AIG Asia Pacific Insurance Pte. Ltd.

ACCIDENT STATEMENT

ACCIDENT DATE: 26 / 03 / 2020 (DD/MM/YYYY), TIME: 17 : 55 (HH:MM)

LOCATION: Sing Avenue Towards Tampines Avenue 5

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMD 362 E
 b) INSURANCE COMPANY: AlG
 c) POLICY NUMBER: 1800090499-01
 d) POLICY TYPE: (~~COMPREHENSIVE~~ / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mercedes Benz GLA 180
 f) TYPE: (SALOON / COUPE / ~~MPV~~ / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (~~PRIVATE~~ / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD ~~PARTY~~ CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Chun kar Wee (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7200640 B CONTACT: _____
 c) ADDRESS: 21 Tampines Street 34 #05-01, Singapore 529232

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chua Bing Quan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9926582 E CONTACT: 8161 2538
 c) ADDRESS: 21 Tampines Street 34 #05-01, Singapore 529232

*d) DATE OF BIRTH: 24 / 08 / 1999 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 1

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Father / Son

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC 3710 D MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
(2)

TAN PEH WOON

* No of passenger
 (including driver)
(3)

* No of passenger
 (including driver)
()

email =

fax =