

## 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	19/06/2020 18:36
Date Of Accident	19/06/2020 10:50
Exact Location Of Accident	CTE EXIT TO BALESTIER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ4654E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEO CHU MENG
Passport No/FIN	SXXXX306D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96455432
Alternative Phone No	OFFICE-96455432

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A200
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	1900024426-01
Cover Note Number	

### Driver

Name of Driver	JOLYNN YEO KIAN LING
NRIC No	S8318808A
Date Of Birth	21/06/1983
Occupation	INDOOR
Date Of Driving Pass	25/05/2007
Driving Experience	13 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97284008
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 407 HOUGANG AVENUE 10
Postcode	530407
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 - 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?	
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 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	SHD3334B
Vehicle Make/Model/Colour	HYUNDAI BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ABDUL RAHIM BIN ABDUL RAHMAN
NRIC/Passport Number	SXXXX599G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### 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.

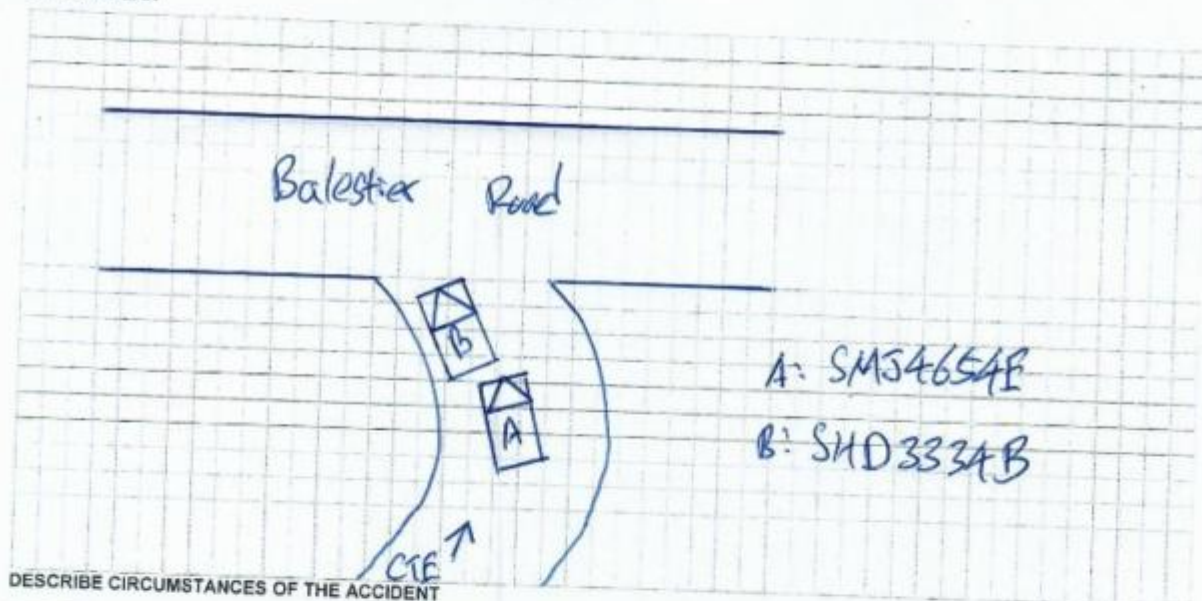
\_\_\_\_\_  
Policyholder's Signature  
Date & Time

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

**Go Chee Han**  
DID : 6771 4336 HP : 9181 7717  
Email : cheehan.go@cyclecarriage.com.sg  
Cycle & Carriage Industries Pte Ltd  
Customer Service Centre - Pandan Loop

\_\_\_\_\_  
Reporting Centre Personnel's  
Name:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Both cars wanted to turn in Balestier Road, all cars was cleared at Balestier Road, I move forward and accidentally knocked to the taxi. The taxi was stopped and does not want to move forward when the Road is cleared.

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)

**Go Chee Han**  
DID : 6771 4336 HP : 9181 7717  
Email : cheehan.go@cyclecarriage.com.sg  
Cycle & Carriage Industries Pte Ltd  
Customer Service Centre - Pandan Loop

\_\_\_\_\_  
Policyholder's Signature  
Date & Time

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

\_\_\_\_\_  
Reporting Centre Personnel's  
Name:





# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : YEO CHU MENG  
Period of Insurance : 06 Mar 2020 To 05 Mar 2021  
Engine No. : 26291480031195  
Chassis No. : WDD1770872J039545

Vehicle No. : SMJ4654E  
Policy No. : 1900024426-01  
Endorsement No. :  
Issued Date : 28 Feb 2020

### ABOUT THE COVER

Make/Model : MERCEDES Benz A200 Progressive  
Engine Capacity/Tonnage : 1,332.00 CC  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2019  
Insuring with COE/PAFF : Yes

Person or Classes of Persons Entitled to Drive\* :

(i) The Policyholder

(ii) Any other person who is driving on the Policyholder's order or with his/her permission.

(iii) The Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.

Policyholder to pay an additional sum of \$1,000 as "Young and Inexperienced Driver Excess" ("YIDE") if You are or Your Authorized 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\* :

Policy is for social, domestic and pleasure purposes and for the Policyholder's business.

Policy does not cover use for hire or reward, driving school, 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.

Class of Use 2000cc

Exclusions mentioned in Schedule II 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 2016, are not to be included under these headings.

### EXCESS

Section 1

Own Damage - \$1800 Theft - \$0 Flood Cover - \$1800

Section 2

Third Party Damage - \$0

Excess : \$100

Named Driver and Excess (where applicable)

YEO CHU MENG - \$1800 (Own Damage), \$1000 (Flood Cover)

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

SG & Carriage Euro Service Center (for accident reporting only) Add: 330 Ubi Road 3 Singapore 408030 62061818

SG & Carriage Pandan Loop Service Center - Body Care & Repair Add: 186 Pandan Loop Singapore 120378 62051416

Other Approved Reporting Centres/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

SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Vehicle Purchase Company/Employer's Loan: MayBank

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 2016 and Motor Vehicles (Third-Party Risks) Rules, 1993 (Malaysia).

12289

SG & CARRIAGE - NL

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Driving License

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



Licence Number: **S8318808A**  
Name: **JOLYNN YEO KIAN LING**  
(JOLYNN YANG JIANLING)

Birth Date: **21 Jun 1983**  
Issue Date: **25 May 2007**

001502700K

*FOR C&C USE ONLY*

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg

PASS DATE

25 May 2007

*FOR C&C USE ONLY*

NP 428A



Licence No: S8318808A

Accident Photo



Accident Photo





**Accident Photo**



**Accident Photo**



Accident Photo





**Accident Photo**





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Addendum Sheet



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

### ADDENDUM

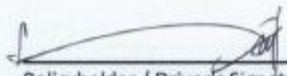
**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

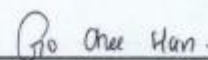
Original Report No : MC 420052775 Vehicle Registration No: SMJ 4654E  
Name(as shown in NRIC) : Yeo Chee Meng NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 19/6/20 Time of Accident : 10:50  
Place of Accident : CTE exit to Balestier Road  
Insurance Company: Alh

**(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:

- Insurance company should be Alh instead of AXA  
\_\_\_\_\_  
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\_\_\_\_\_

  
\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: