

## 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	29/06/2020 14:21
Date Of Accident	27/06/2020 15:20
Exact Location Of Accident	XILIN AVE / UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP1315Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM KIM YOKE
NRIC No	S1334592I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83221418
Alternative Phone No	Office-83221418

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200
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	1900156882
Cover Note Number	

### Driver

Name of Driver	TAY KIM HUAY
NRIC No	S1327212C
Date Of Birth	27/03/1958
Occupation	INDOOR
Date Of Driving Pass	19/02/1979
Driving Experience	41 YEARS AND 4 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-91731829
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 230 SIMEI ST 4 #11-184
Postcode	520230
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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)	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	GBF9492Z
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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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

**Yik Chan Hoe**  
Cycle & Carriage Industries Pte Ltd  
Body Care & Repair Center  
DID: 6771 4353 HP: 9186 5109 Fax: 6872 1272  
Email: [chanhoe.yik@cyclecarriage.com.sg](mailto:chanhoe.yik@cyclecarriage.com.sg)

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

TAI KIM HUAY

S1327212C

27/6/2020 4.15pm

### Accident Description:

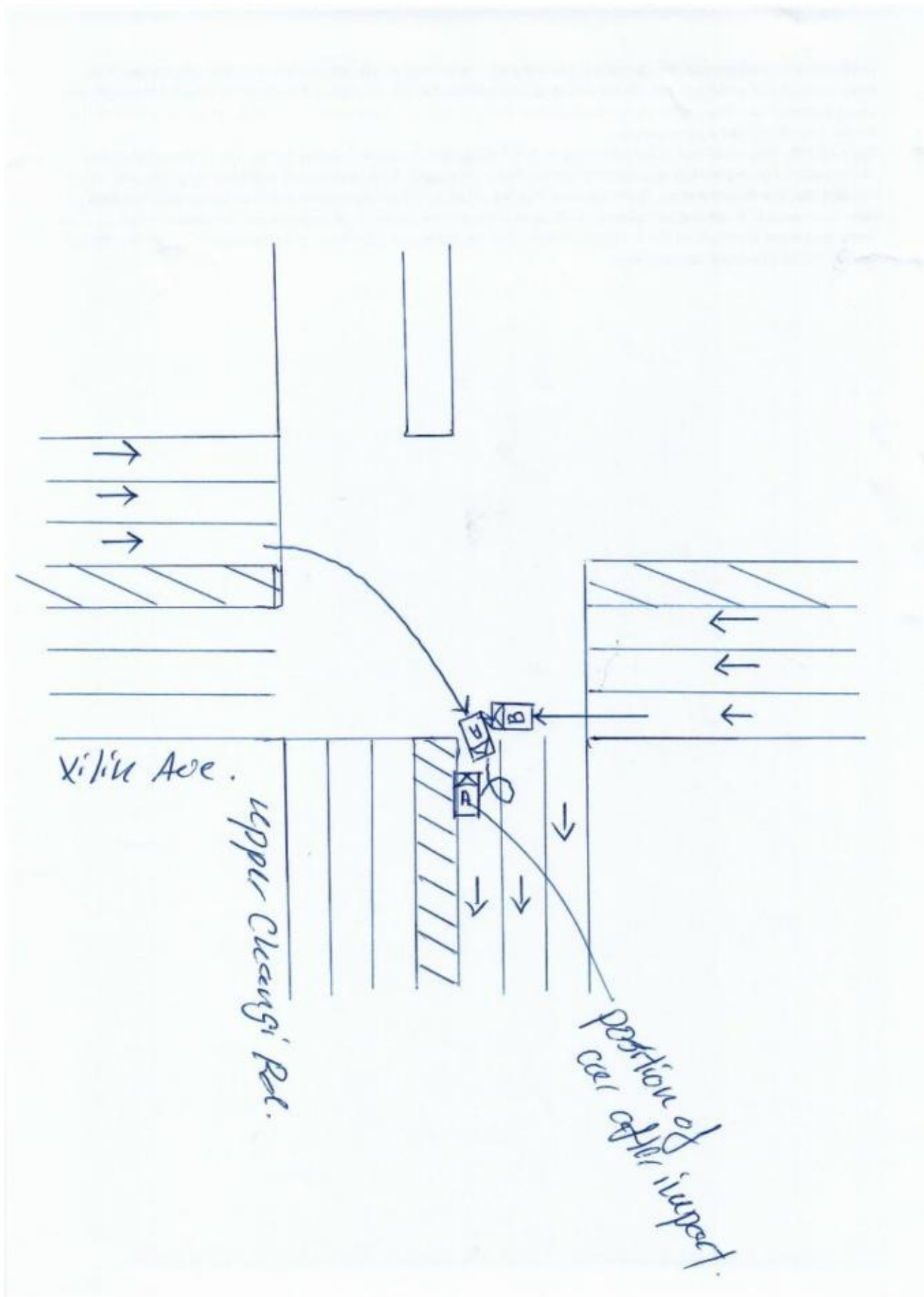
I was driving along Xilin Ave, toward Simei Ave, while I am "turning" to Upper Changi Rd East (toward TPE Rd), ~~while~~ the traffic light turning red for ~~straight~~ <sup>when</sup> I am turning right vehicle going straight, but I am turning right (the traffic arrow show ~~amber~~ when I was turning).

That's all.

~~car A~~ SMPB151

(Signature)  
27/6/20.





Accident Sketch Plan

# Accident Sketch Plan



## COVER NOTE

### MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder : LIM KIM YOKE  
 Period of Insurance : 12:02 Sep 2019 to 01 Sep 2020  
 Engine No. : 26491530037514  
 Chassis No. : WDD2050772R445364



Vehicle No. :  
 Cover Note No. : 1900156682  
 Endorsement No. :  
 Issued Date : 02 Sep 2019



#### ABOUT THE COVER

Make/Model : MERCEDES BENZ C200 Exclusive  
 Engine Capacity/Tonnage : 1,497.00 CC  
 Driver Restriction : NA  
 Person or Classes of Persons Entitled to Drive\* :  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2019  
 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 \$3,500 as "Young and/or Inexperienced Driver Excess" ("YIDER") if You are at Your Authorised Driver (named or unnamed) is under the age of 22 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 2000hr

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 130) and Section 25 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

#### EXCESS

Section 1

Fire - \$0 Own Damage - \$500 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

LIM KIM YOKE - \$500 (Own Damage)

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

1. Cycle & Carriage Repair Service Centre (For accident reporting only) Add: 333 Ubi Road 2 Singapore 406000 62061818

2. Cycle & Carriage Pandan Loop Service Centre - Body Care & Repair Add: 166 Pandan Loop Singapore 126378 62001616

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6206 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://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

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately. We hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 130), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1994 (Malaysia). For Corporate Policies, this Cover Note is valid for 90 days from the commencement date of the period of insurance.

0504612216

CYCLE & CARRIAGE - DENISE

230 ALEXANDRA ROAD

SINGAPORE 159920

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE  
 Singapore

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S13345921



LIM KIM YOKE  
林金玉  
Chinese  
Date of Birth: 18-11-1958  
Sex: F  
Country of Birth: SINGAPORE

TRAFFIC INVESTIGATION BRANCH  
TRAFFIC POLICE  
10 UBI AVENUE 3  
SINGAPORE 480068  
Fax: 65474749

CASE CARD  
REPORT NO.: G/0020 CE27/01430  
Traffic Accident along: Xilin Ave X 400 Chungi Rd 0208  
involving vehicles: SMP 1315Y & G-BZ 940128  
on: 27/06/20 at about 3.19 am/pm.

With reference to the above, you are advised to lodge an accident report online via the SPF Electronic Police Centre website (<http://www.police.gov.sg/epc>) within 24 hours.

FOR C&C USE ONLY

  
S13345921



APT BLK 230 SIMEI STREET 4 #11-184  
SINGAPORE 520230  
NRIC NO: S13345921 Date: 22-12-2002 No: 4381028

FOR C&C USE ONLY

You are required to be present at Traffic Police on \_\_\_\_\_ at about \_\_\_\_\_ am/pm to see the Investigation Officer to assist in the investigation to the traffic accident.

2. Please bring along your:-  
a) Identity card/Passport/Work Permit  
b) Driving License/Validated License  
c) Vehicle Insurance/Mailed Certificate  
d) Any other relevant documents/Witnesses (if any)

3. If you are unable to keep to the appointment, kindly contact the Investigation Officer.  
Name: ZINA  
Contact: 6347 6170



Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S132721**

Name: **TAY KIM HUAY**

Birth Date: **27 Mar 1958**

Issue Date: **21 Jan 2003**

FOR C&C USE ONLY

100102217K

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S13345921**

Name: **LIM KIM YOK**

Birth Date: **18 Nov 1958**

Issue Date: **19 Jun 2003**

FOR C&C USE ONLY

100381192D

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

Class 2 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 10 Feb 1999

1P 475A

41731829



License No: S1007212C

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

Class 2 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 29 Aug 1998

1P 475A



License No: S13345921

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



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