### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 1. Please report <u>correctly</u> 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 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.
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ACCIDENT STATEMENT  Date Of Report 27/07/2020 10:45  Date Of Accident 26/07/2020 09:30  Exact Location Of Accident MARINA GARDEN DR & CENTRAL BLVD JUNCTION	
Date Of Accident 26/07/2020 09:30	
Exact Location Of Accident MARINA GARDEN DR & CENTRAL BLVD JUNCTION	
Country/State of Loss SINGAPORE	
DETAILS OF OWN VEHICLE	
Vehicle Registration Number SKK1472B	
Insured/Policyholder	
Name Of Registered Owner ALDRIC TAN JEE WEI	
NRIC No \$7042520C	
Email Address NOEMAIL	
Mobile Phone No (LOCAL) +65-97975158	
Alternative Phone No Office-97975158	
Vehicle Particulars	
Manufacturer MERCEDES-BENZ	
Model C180	
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?	
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 1700047595-02	
Cover Note Number	
Driver	
Name of Driver ALDRIC TAN JEE WEI	
NRIC No \$7042520C	
Date Of Birth 27/11/1970	

**INDOOR** 

10/08/1991

28 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97975158

Fax Number

Contact Number OFFICE-97975158

EMail Address NOEMAIL

Address 353 PASIR PANJANG RD #03-02

Postcode 118695 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 SIDE SWIPE
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

NO

3

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 Name: : UNKNOWN

Gender: : Female

Passenger 2 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 WENT STRAIGHT ON A RIGHT TURN LANE AND CAR B (GBH7952R) KNOCKED INTO THE LEFT SIDE OF MY CAR WHILE TURNING RIGHT.

### 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

GBH7952R

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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- 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.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
  - 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 datection, 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.

Vik Chan Hoe

Cycle & Carriage Industries Pte Ltd

Body Care & Repair Center

DID: 6771 4353 HP: 9186 5109 Fox: 6872 1272

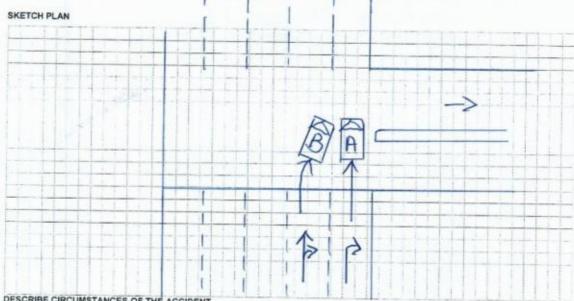
Emailt chanhos.yik@cyclecarriage.com.ag

Policyholder's Signature

Date & Time

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

Name



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I went straight on a right turn lone and car & knocked into the left side of my car while turning right.

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)

Cycle & Carriage Industries Pie Ltd Body Care & Repair Center DID: 6771 4353 HP: 9186 5109 Fax: 6872 1272 Yik Chan Hoe Email: chanhoe.yik@cyclecattiage.com.sg

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 : ALDRIC TAN JEE WEI
Period of Insurance : 11 Sep 2019 To 10 Sep 2020
Engine No. : 27491031082967
Chassis No. : WDD2053402F580628 : WDD2053402F580628

Engine No. Chassis No.

Vehicle No. Policy No.

: SKK14728 : 1700047595-02

Endorsement No. Issued Date

: 27 Aug 2019

#### ABOUT THE COVER

: MERCEDES Benz C180 Coupe

Engine Capacity/Tonnage : 1,595.00 CC

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2017 Insuring with COE/PARF : Yes

Driver Restriction : NA Person or Classes of Persons Entitled to Drive\*:

a: The Policyholder
b: Any other persons who is chaing on the Policyholder's order or with his/her personson.
This Policy will indepently the Policyholder or any authorised driver only if he/she meets the specified ups condition.

You have to pay an applicant ours of \$3,000 as "Young and/or inexperienced Diver Excess" ("YER") if You are or Your Authorised Diver (named or unvarient) is under the age of 23 endor has less than 2 years driving assessments.

Age Condition

: All Age Condition

Limitation as to use\* :

Line any for social, durnestic and pleasure purposes and for the Policyholder's business.

This Policy dates not cover use for his or reward, driving bullon, driving less, racing, pace-making, relacility trial or speed-testing, the carriage of gallbusiness or use for any purpose in connection with Motor Trade.

Loss of Use 2000cc

\* Limitators rendered inoperative by Section 8 of the Mose Vehicles (Third-Party Richs and Companisation) Act (Cap. 169), Section 95 of the Riced Tomoport Act. 1967 (Moleyne) (Annualment) Act 2016, are not to be included under these headings.

#### EXCESS

Section 1 Fire - 50 Own Damage - \$1000 Their - \$0 Flood Cover - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

ALDRIC TAN JEE WEI - \$1000 (Own Damage)

# APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIR

1. Cycle & Cerrage Euros Service Center (For accident reporting only). Add. 330 Uts Road 3 Singapore 406600 62061616. 2 Cycle & Cerrage Pender-Loop Service Center - Body Cent & Repair Add. 166 Pender Loop Singapore 126374 63061616.

For other Approved Reporting Centreal/AG Authorised Reporters, pieces contact our 34-hour ass or AIG 5G Mobile Ago, Sengly search and download "AIG 5G" from (Tunes of Geogle Piley

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Deimler Financial Services Africa & Asia Pacific Ltd

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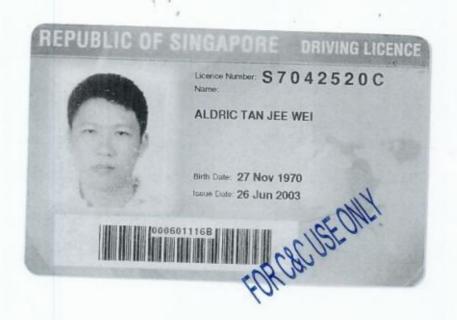
CYCLE & CARRIAGE - ACHANG

239 ALEXANDRA ROAD

DRIGAPORE 159030

Underwritten by AIG Asia Pacific Insurance Pts. Ltd.

AIG Asia Pacific Insurance Ptv. Ltd.



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

PASS DATE

Class 3

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

10 Aug 1991

FOR CALISTONY

LICENCE NO. 57042

NP 428A































