





## 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	07/10/2020 12:24
Date Of Accident	06/10/2020 12:30
Exact Location Of Accident	CLEMENTI AVENUE 3 BESIDE CLEMENTI CASCODIA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ5883G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIEW YEW MENG, MARTIN (LIU YAOMING, MARTIN)
NRIC No	SXXXX736F
Email Address	MARTIN.LIEW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92996405
Alternative Phone No	OTHERS-92996405

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250
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	REPORTING ONLY
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	1800051164-02
Cover Note Number	

### Driver

Name of Driver	LIEW YEW MENG, MARTIN (LIU YAOMING, MARTIN)
NRIC No	SXXXX736F
Date Of Birth	27/10/1980
Occupation	INDOOR
Date Of Driving Pass	10/09/2011
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92996405
Fax Number	
Contact Number	OTHERS-92996405
Email Address	MARTIN.LIEW@GMAIL.COM

Address	23 WEST COAST CRESCENT #07-10
Postcode	128046
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	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?	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

PLEASE REFER TO SKETCH PLAN

#### 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	GZ9774X
Vehicle Make/Model/Colour	TOYOTA HIACE
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)	



## SKETCH PLAN

### IMPORTANT NOTICE

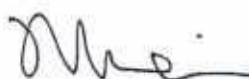
1. Please report correctly the details of the accident to speed up the claims process.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting 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:



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



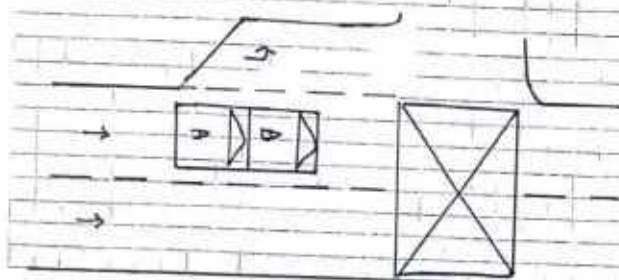
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

Clementi Avenue 3 Beside Clementi Cascadia

Vehicle A: SL29883G

Vehicle B: G12 9774X





## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A (SL29883G) was travelling straight along the stated location on Lane 2. As vehicle: in front of me came to a stop while waiting for the red light, I followed suit. Second later, my vehicle slowly moved forward and slightly tap to vehicle B (G12 9774X) causing a very minor collision.

## DECLARATION

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

  
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.:



Date of Accident:

6/10/2020 Accident Time: 1230pm (24-HR-FORMAT)

Accident Place:

Clementi Avenue 3 Beside Clementi Cascadia

Vehicle Reg. No (Car plate No.):

SLZ 5883G Vehicle Make/Model: Mercedes-Benz E250

Insurance Company:

AIG Policy No. 1800051164-02

Name of Registered Owner:

Company/Individual Liew Yew Meng, Martin

ID of Registered Owner:

Co Reg No: - Owner's NRIC No: S8032736F

Co Contact No: - Owner's Contact No: 92996405

DRIVER'S Name:

Liew Yew Meng, MARTIN DRIVER'S NRIC No: S8032736F

DRIVER'S Date of Birth:

27-10-1980 DRIVER'S License Pass Date: 10 Sep 2011

Relationship bet. Driver & Driver:

Spouse / Parents / Child / Sibling / Employer (Others) Owner

DRIVER'S Address:

23 West Coast Crescent #07-10 Singapore 12046

DRIVER'S Contact No / Alt No:

1) 92996405 2)

DRIVER'S Occupation:

INDOOR / OUTDOOR (eg. working inside or outside of an org)

Email Address:

Martin.liew@gmail.com

Weather & Road Surface:

CLEAR & DRY / RAINING & WET AFTER RAIN & WET

Reporting Type:

Reporting Only / Claim Other Party / Claim Own Insurance

Number of Passengers (including Driver): 01

Passenger Name: Gender: M/F

Was the accident reported to the police? YES / NO

Passenger Name: Gender: M/F

Was there any video captured by car camera? YES / NO

Any Injuries: YES / NO Injured Name:

Injured Name:

Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose

#### Other Party Driver's Particulars (if any)

Vehicle Reg No: GZ 9774X

Vehicle Reg No: \_\_\_\_\_

Vehicle Make/Model: Toyota Hiace

Vehicle Make/Model: \_\_\_\_\_

Name DRIVER: \_\_\_\_\_

Name DRIVER: \_\_\_\_\_

ID No DRIVER: \_\_\_\_\_

ID No DRIVER: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_

#### Other Party Driver's Particulars (if any)

Vehicle Reg No: \_\_\_\_\_

Vehicle Reg No: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Name DRIVER: \_\_\_\_\_

Name DRIVER: \_\_\_\_\_

ID No DRIVER: \_\_\_\_\_

ID No DRIVER: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_

DRIVER'S Contact & add: \_\_\_\_\_



# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : LIEW YEW MENG, MARTIN (LIU YAOMING, MARTIN)  
Period of Insurance : 10 May 2020 To 09 May 2021  
Engine No. : 27492031431315  
Chassis No. : WDD2130452A429578  
Vehicle No. : SLZ5883G  
Policy No. : 1800051164-02  
Endorsement No. :  
Issued Date : 02 Apr 2020

### ABOUT THE COVER

Make/Model : MERCEDES Benz E250 Sedan Avantgarde  
Engine Capacity/Tonnage : 1,991.00 CC  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2018  
Insuring with COE/PAFF : Yes

#### Person or Classes of Persons Entitled to Drive\* :

- 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 "Inexperienced Driver Excess" ("IDIE") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 35 years old and above

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.

### EXCESS

#### Section 1

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

#### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

LIEW YEW MENG, MARTIN (LIU YAOMING, MARTIN) - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Cycle & Carriage Eunice Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408550 62061618  
2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 165 Pandan Loop Singapore 128378 62061618

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.sg](http://www.aig.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

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, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1958 (Malaysia).

0004612263

CYCLE & CARRIAGE - ANGIEN

239 ALEXANDRA ROAD

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.