

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	15/10/2020 15:55
Date Of Accident	15/10/2020 10:30
Exact Location Of Accident	PIE FILTER TO TOA PAYOH / KIM KEAT LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCL39R
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Insured/Policyholder

Name Of Registered Owner	ANG JOO HOE
NRIC No	S0207771Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97580950
Alternative Phone No	Others-97580950

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200 SEDAN EDITION E (R18 LED)
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	2100439216-04
Cover Note Number	24/11/2019 TO 23/11/2020

Driver

Name of Driver	ANG JOO HOE
NRIC No	S0207771Z
Date Of Birth	04/07/1951
Occupation	INDOOR
Date Of Driving Pass	31/12/1973
Driving Experience	46 YEARS AND 9 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97580950
Fax Number	
Contact Number	OTHERS-97580950
EMail Address	NOEMAIL
Address	35 HOUGANG AVENUE 7 #04-01 (S) 538802
Postcode	
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 - 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?	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 with attach.

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	SHC5225A
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)

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.

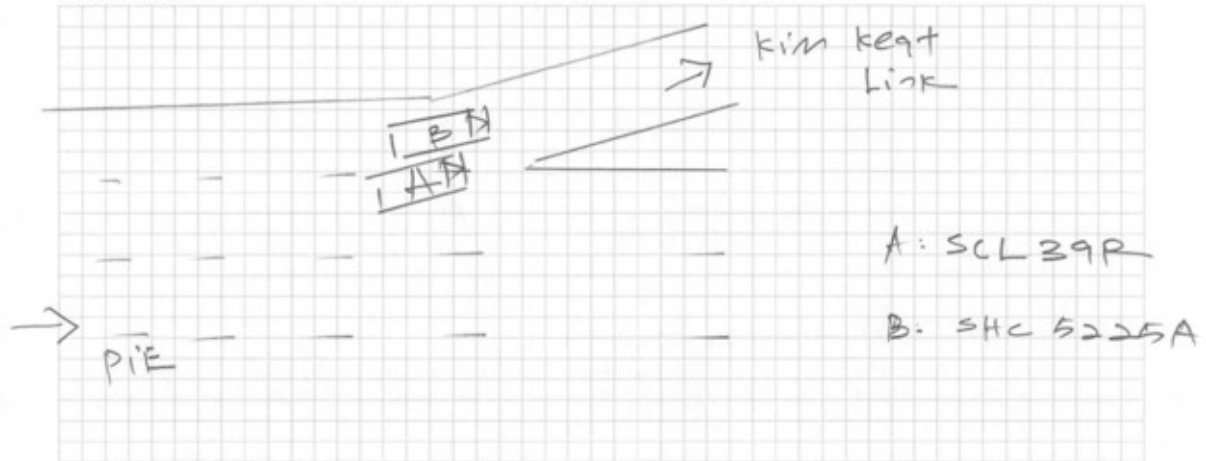
Policyholder's Signature 
Date & Time: 15/10/2020 3.30pm

Driver's Signature 
(If driver is not the policyholder)
Date & Time: 15/10/2020 3.30pm

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my car SCL39R along pie, when nearby the slip road to Kim Keat Link, I decided to filter left with traffic clear suddenly taxi SHC 5225A came very fast from my left and rected both vehicle accident.

DECLARATION

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

Policyholder's Signature
Date & Time: 15/10/2020 3.30pm

Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/10/2020 3.30pm

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



AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Ang Ho He
VEHICLE NUMBER : SL 39P
DATE/TIME OF ACCIDENT : 15/10/2000 @ 1030h
PLACE OF ACCIDENT : Pie filler to tea payoh 1
THIRD PARTY VEHICLE (IF ANY) : SLK 5225A Rim bent trunk

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

from office to st ang no bib

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

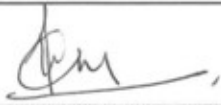
NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

change / cross lane

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO



Name:

I Affirmed The Above Information Is Given To My Best Knowledge.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S0207771Z**

Name: **ANG JOO HOE**

Birth Date: **04 Jul 1951**

Issue Date: **05 Jan 2009**

001693670C

FOR KFS
ACCIDENT CLAIM
USE ONLY

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S0207771Z**

Name: **ANG JOO HOE**

洪 潤 潮

Race: **CHINESE**

Date of birth: **04-07-1951**

Sex: **M**

Country of birth: **SINGAPORE**

4341827

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

	PASS DATE
Class 2B Motorcycles <= 200 cc	02 Sep 1976
Class 2A Motorcycles between 201 cc and 400 cc	02 Sep 1976
Class 1 Motorcycles > 400 cc	02 Sep 1976
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	31 Dec 1973

NP 428A

Licence No. **S0207771Z**

4341827

NRIC No. **S0207771Z**

Date of issue: **05-01-2009**

Address: **35 HOUGANG AVENUE 7
#04-01
SINGAPORE 538802**

certificate of insurance

POLICY SCHEDULE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Policy No. : 2100439216-04
Period of Insurance : 24 Nov 2019 to 23 Nov 2020

Issued Date : 14 Oct 2019

ABOUT THE POLICYHOLDER

Name of Policyholder : Ang Joo Hoe
Address : 35 Hougang Avenue 7
#04-01
SINGAPORE 538802
Occupation/Nature of Business : Manager/Director/Management

ABOUT THE VEHICLE

Registration No. : SCL39R Engine Capacity/Tonnage : 1,991.00 CC
Chassis No. : WDD2120342B209610 Engine No. : 27492030421178
Seating Capacity : 5 First Year of Registration : 2015 Body Type : Sedan
Make/Model : MERCEDES Benz E200 2.0 Sedan Edition E
Hire Purchase Company/Employer's Loan : Daimler Financial Services Africa & Asia Pacific Ltd

ABOUT THE COVER

Sum Insured : Market Value Off Peak Car : No
Driver Restriction : NA 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 "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised 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 :

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.

Other Key Policy Benefits :

Act of God, Loyalty Home Cover, Fixture and Accessories (Cosmetic)- \$5000, Loan Protection, PA Insured- \$100000, Key Replacement Cover- \$2000, Personal Effects- \$1000, Dealer + AIG Authorised Workshops, Glass Roof/ Moon Roof/ Sun Roof/ Panoramic Glass Roof, NCD Protector, PA to Authorised Driver / Unnamed Passengers- \$10000, Loss of Use 2000cc, In-Car Camera Excess Waiver, Solar Film- \$1150, Strike, Riots and Civil Commotions

EXCESS

Section 1
Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver
Ang Joo Hoe - \$800 (Own Damage), \$800 (Flood Cover)

PREMIUM

Premium	: \$	1,653.36
GST (7%)	: \$	115.74
Total	: \$	1,769.10

Your Premium includes the following discount(s):

Safe Driver Discount - 5.00%, Loyalty Discount - 5.00%, No Claim Discount - 50%

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

