

## 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	21/10/2020 16:50
Date Of Accident	21/10/2020 14:55
Exact Location Of Accident	139 SERANGOON AVE 3 CONDO DRIVEWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV9032R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KHOO LOI PUANG
Passport No/FIN	SXXXX875G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96235655
Alternative Phone No	Office-96235655

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180
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	1800004718
Cover Note Number	

### Driver

Name of Driver	KHOO YONG GUAN
NRIC No	S9410521H
Date Of Birth	25/03/1994
Occupation	INDOOR
Date Of Driving Pass	12/01/2017
Driving Experience	3 YEARS AND 9 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96235655
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 635 HOUGANG AVE 8 #11-75
Postcode	530635
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	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
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

I WAS DRIVING ALONG THE DRIVEWAY WHEN CAR B (GBD8166H) SWERVED OUT FROM THE SERVICE POUCH WITH NO SIGNALS AND KNOCKED INTO THE LEFT REAR SIDE OF MY CAR.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REFER CSE YIK
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD8166H
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.

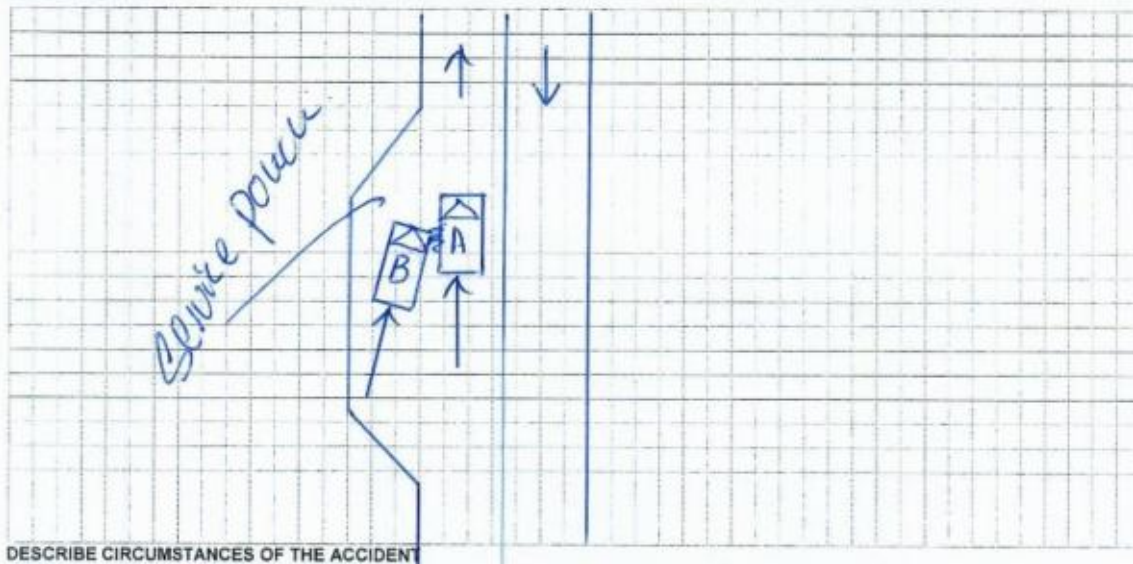
Policyholder's Signature  
Date & Time

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

Reporting Centre Personnel's  
Name:

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

# SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the driveway when Car B (lorry) swerved out from the Service porch with no signals and knocked into the left rear side of my car.

## 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)

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

Reporting Centre Personnel's  
Name:



# Accident Sketch Plan

<b>AIG</b>		<b>CERTIFICATE OF INSURANCE</b>	
<b>MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE</b>			
<b>Name of Policyholder</b>	: KHOO LOI PUANG	<b>Vehicle No.</b>	: SLV9032R
<b>Period of Insurance</b>	: 22 Jan 2020 To 21 Jan 2021	<b>Policy No.</b>	: 1800004718-02
<b>Engine No.</b>	: 27091031529890	<b>Endorsement No.</b>	:
<b>Chassis No.</b>	: WDD1173422N816729	<b>Issued Date</b>	: 13 Jan 2020
<b>ABOUT THE COVER</b>			
<b>Make/Model</b>	: MERCEDES Benz CLA180 Coupe	<b>Sum Insured</b>	: Market Value
<b>Engine Capacity/Tonnage</b>	: 1,585.00 CC	<b>Off Peak Car</b>	: No
<b>Driver Restriction</b>	: NA	<b>First Year of Registration</b>	: 2018
<b>Person or Classes of Persons Entitled to Drive*</b>	Insuring with COE/PAFF : 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 Authorized driver only if he/she meets the specified age condition. * You have to pay an additional sum of \$1,000 as "Young and/or Inexperienced Driver Excess" ("YIED") 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.		
<b>Age Condition</b>	: All Age Condition		
<b>Limitation as to use*</b>	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, zero-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.		
<b>Loss of Use 2005cc</b>	* Limitations rendered inoperative by Section 6 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.		
<b>EXCESS</b>			
<b>Section 1</b>	Fire - \$0 (Own Damage) - \$800 Theft - \$0 Flood Cover - \$500		
<b>Section 2</b>	Property Damage - \$0		
<b>Windscreen</b>	: \$100		
<b>Named Driver and Excess (where applicable)</b>			
KHOO LOI PUANG - \$800 (Own Damage), \$500 (Flood Cover)			
<b>APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)</b>			
1. Cycle & Carriage Bunsen Service Center (For accident reporting only): Add: 330 Ubi Road 2 Singapore 406039 42001818 2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair: Add: 169 Pandan Loop Singapore 120379 42001818 For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6300. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.			
<b>IMPORTANT NOTES</b>			
Hire Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asia Pacific Ltd (We hereby verify 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, 1999 (Malaysia).)			
6504512251 CYCLE & CARRIAGE - TB 239 ALEXANDRA ROAD SINGAPORE 159930 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.		<b>AIG Asia Pacific Insurance Pte. Ltd.</b> This computer generated document does not require a signature.	

Driving License

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

Portrait of a man

License Number: **S9410521H**  
NP28A

**KHOO YONG GUAN**

Birth Date: **25 Mar 1994**  
Issue Date: **12 Jan 2017**

002647188C

*FOR C&C USE ONLY*

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

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq 2500\text{kg}$	12 Jan 2017

*FOR C&C USE ONLY*

NP 428A



Accident Photo





**Accident Photo**



Accident Photo



Accident Photo



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