





## 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	29/10/2020 16:21
Date Of Accident	29/10/2020 08:20
Exact Location Of Accident	PIE TOWARDS TUAS (BEFORE JALAN BAHAR)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML6725K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WU CHIN HO
NRIC No	SXXXX453D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98562151
Alternative Phone No	OTHERS-98562151

#### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180 COUPE
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	THIRD PARTY
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	1900099466-01
Cover Note Number	

#### Driver

Name of Driver	WU CHIN HO
NRIC No	SXXXX453D
Date Of Birth	25/01/1955
Occupation	INDOOR
Date Of Driving Pass	08/12/1997
Driving Experience	22 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98562151
Fax Number	
Contact Number	OTHERS-98562151

Address	BLK 762 BEDOK RESERVOIR VIEW #10-307
Postcode	470762
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
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	FX3060J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

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)

#### DETAILS OF INJURED PERSON 1

Name

WU CHIN HO

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SML6725K

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode




## SKETCH PLAN

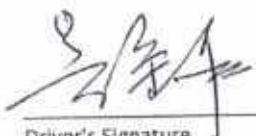
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

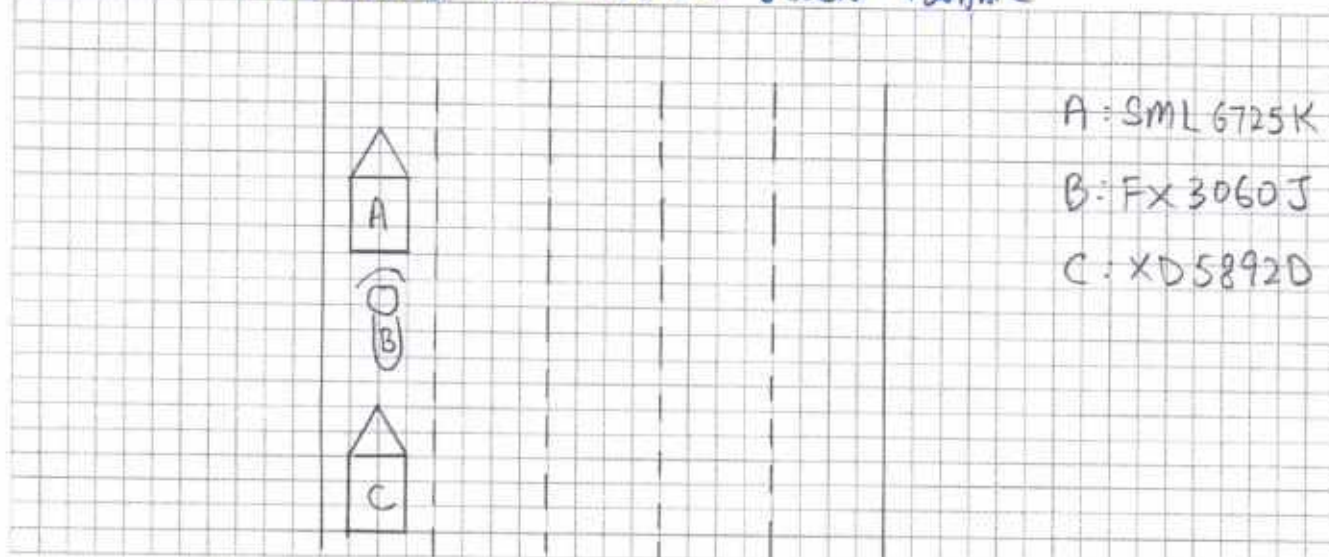
  
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

PIE towards Tuas before Jalan Bahar



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards Tuas before Jalan Bahar.

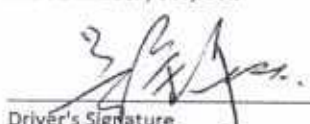
I was driving on the left most lane of 5 lanes. My vehicle was stationary due to traffic jam. Out of a sudden, I felt an impact from my rear. I alighted and realised vehicle B had collided onto my vehicle and I was involved in a chain collision of total 3 vehicles.

## 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.:



# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 29 <sup>th</sup> October 2020		TIME: 08:20	(hh:mm) 24 hrs Format
LOCATION PIE towards tuas before Jalan Bahar			
VEHICLE NUMBER 8ML 6725K			
INSURED NAME WU CHIN HO			
NRIC / FIN 82675453D		CONTACT: 98562151	
MAKE MERCEDES BENZ		MODEL CLA 180 COUPE URBAN (R18-LED)	
Are you claiming under your own insurance policy for repair to your vehicle?			
( ) Yes, If No, Pls Select : ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting Only			
INSURANCE COMPANY AIL			
TYPE OF POLICY ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT			
POLICY NUMBER : 1900099466-01			
NAME DRIVER :		( <input checked="" type="checkbox"/> ) SAME AS INSURED	
NRIC / FIN 82675453D		CONTACT:	
DATE OF BIRTH: 25/01/1955		08/12/1997	
DRIVING PASS DATE :			
OCCUPATION : ( <input checked="" type="checkbox"/> ) INDOOR ( ) OUTDOOR			
GENDER : ( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE			
EMAIL ADDRESS: 08/12/1997		( ) NO EMAIL	
ADDRESS OF DRIVER 4762 Bedok Reservoir View #10-307 S(470762)			
Number Of Passenger Include Driver: 1 DRIVER ONLY			
Was driver an employee of the Insured's Company? ( ) YES ( ) NO			
If No, Relationship Of The Driver With The Insured			
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others			
Does The Driver Own Any Other Vehicle? : ( ) YES ( <input checked="" type="checkbox"/> ) NO			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:			
Insurance Company Of Driver's Own Vehicle			
Weather Conditions: ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Drizzling ( ) Others			
Road Surface : ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others			
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO			
Was Anybody Injured In The Accident? ( <input checked="" type="checkbox"/> ) YES ( ) NO			
If YES, Injured details : DRIVER			
Convey By Ambulance: ( ) YES ( <input checked="" type="checkbox"/> ) NO			
Was There Any Video Capture By Car Camera? ( ) YES ( ) NO			
Was There Accident Reported To The Police? ( ) YES ( <input checked="" type="checkbox"/> ) NO If Yes Attach Police Report			
Police Report Number (if any)			
Details Of 3rd Party	Name / NRIC	No. of Paxs (incl' driver)	Contact
Veh B	FX 3060 J	( ) / Not Sure ( )	
Veh C	XD 5892 D	( ) / Not Sure ( )	
Veh D		( ) / Not Sure ( )	
Veh E		( ) / Not Sure ( )	
Veh F		( ) / Not Sure ( )	
Veh G		( ) / Not Sure ( )	



Name of Policyholder : WU CHIN HO  
Period of Insurance : 30 May 2020 To 29 May 2021  
Engine No. : 27091031842524  
Chassis No. : WDD1173422N762634

Vehicle No. : SML6725K  
Policy No. : 1900099466-01  
Endorsement No. :  
Issued Date : 22 Apr 2020

Make/Model : MERCEDES Benz GLA180 Coupe

Engine Capacity/Tonnage : 1,595.00 CC

Driver Restriction : NA

Sum Insured : Market Value

First Year of Registration : 2019

Person or Classes of Persons Entitled to Drive\*

Off Peak Car	No
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Insuring with COE/PARF	Yes
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#### a) The Policyholder

5) Any other person who is driving on the Policyholder's order or with his/her permission.  
This Policy will extend to the following:

Our Policy will intensify the volatility of any sustained dollar only if it also meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDR") if you are or Your Authorized 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. 102), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

## 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)

WU CHIN HO - \$800 (Dam Damage), \$800 (Flood Cover)

1 Cycle & Carriage Eunice Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408550 62061818  
2 Cycle & Carriage Pandan Lemp Service Center - Body Cam & Repair Add: 188 Pandan Lemp Singapore 120378 62061818

For other Approved Reporting Centres/AIO Authorised Repairs, please contact our 24-hour accident emergency hotline at +65 6336 6200. Alternatively, you may refer to AIO website [www.aio.sg](http://www.aio.sg) or AIO SG Mobile App. Simply search and download "AIO SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

WE hereby certify that the price to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 169), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2015 and Motor Vehicle (Third Party Risks) Rules, 1950 (Malaysia).

0504612252

CYCLE & CARRIAGE - TOMMY

236 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

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