

## 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	26/11/2020 14:01
Date Of Accident	05/11/2020 11:20
Exact Location Of Accident	CHOO KIM HOUSE BASEMENT CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL6794J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW DONG JAW
NRIC No	S1529672J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98471357
Alternative Phone No	OFFICE-98471357

### 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? 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	2100359171
Cover Note Number	

### Driver

Name of Driver	LOW DONG JAW
NRIC No	S1529672J
Date Of Birth	07/12/1962
Occupation	INDOOR
Date Of Driving Pass	15/01/1982
Driving Experience	38 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98471357
Fax Number	
Contact Number	OFFICE-98471357
Email Address	NOEMAIL

Address	BLK 171B EDGEDALE PLAINS #14-46
Postcode	822171
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

I WAS REVERSING BUT GRAZED INTO CAR B (SLV7000X) WHICH WAS PARKED IN A LOT. CAR B WAS PROTRUDING OUT FROM THE LOT AND THE DRIVEWAY WAS NARROW.

#### 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	SLV7000X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

#### 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. 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

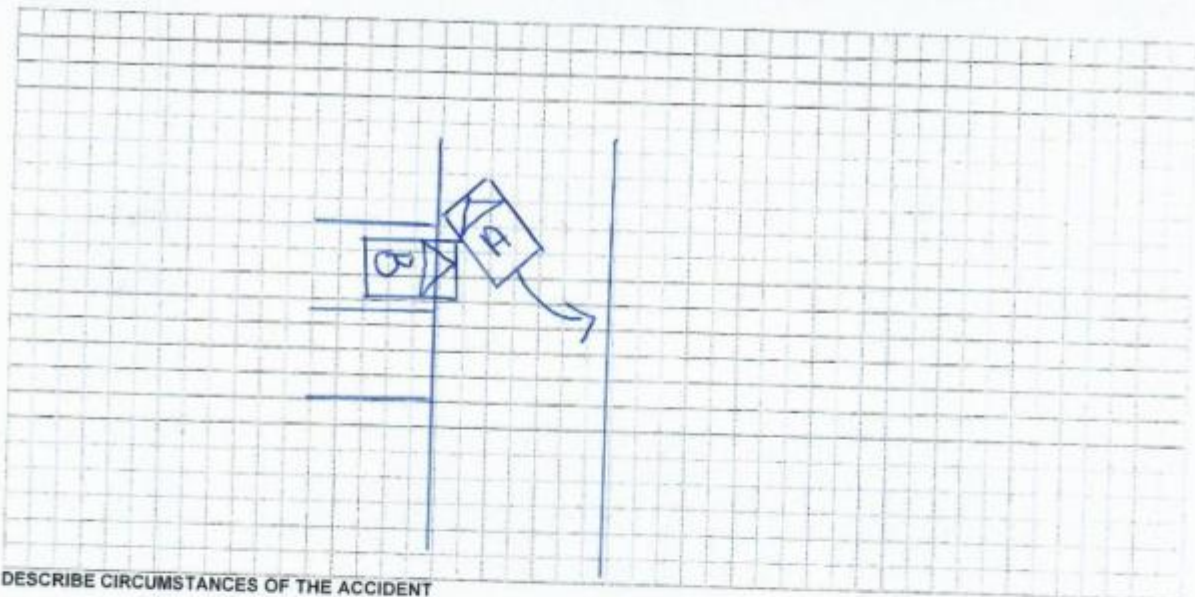
Driver's Signature  
(If driver is not the policyholder)  
Date & Time

**Yik Chan Hoe**

Cycle & Carriage Industries Pte Ltd  
Body Care & Repair Center  
DID: 6771 4353 HP: 9186 5109 Fax: 6872 1272  
Email: chanhoe.yik@cyclicarriage.com.sg

Reporting Centre Personnel's  
Name:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reversing but grazed into Car B  
which was parked in a lot.  
Car B was protruding out from  
the lot and the driveway was  
narrow.

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](mailto:chanhoe.yik@cyclecarriage.com.sg)

Reporting Centre Personnel's  
Name:





# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Low Dong Jaw  
Period of Insurance : 13 Dec 2020 To 12 Dec 2021  
Engine No. : 27491030120215  
Chassis No. : WDD2040312A919254

Vehicle No. : SKL6794J  
Policy No. : 2100359171-07  
Endorsement No. :  
Issued Date : 25 Nov 2020

### ABOUT THE COVER

Make/Model : MERCEDES BENZ C180 CGI BE 1.6 (STYLE)  
Engine Capacity/Tonnage : 1,595.00 CC  
Driver Restriction : NA  
Person or Classes of Persons Entitled to Drive\* :  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2013  
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 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" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

Mileage Condition : Unlimited Mileage

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 - \$0 Theft - \$0 Flood Cover - \$0

Section 2  
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Low Dong Jaw

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

1. Cycle & Carriage Euro Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818  
2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128378 62061818

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: Daimler Financial Services Africa & Asia Pacific 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, 1989 (Malaysia).

0500660301

CYCLE & CARRIAGE - ALC

239 ALEXANDRA ROAD

SINGAPORE 159930 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

8SPGCC

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S 1529672 J**  
Name: **LOW DONG JAW**

Birth Date: 07 Dec 1962  
Issue Date: 16 Dec 2002

000003070J

FOR C&C USE ONLY

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	15 Jan 1982

NP 428A

Licence No: S1529672J

FOR C&C USE ONLY

Accident Photo





**Accident Photo**





Accident Photo



Accident Photo



**Accident Photo**



Accident Photo





Accident Photo

