

## 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             | 13/11/2020 17:17       |
| Date Of Accident           | 13/11/2020 08:05       |
| Exact Location Of Accident | UPPER CHANGI ROAD EAST |
| Country/State of Loss      | SINGAPORE              |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLG3377P             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | YONG SAY MUI         |
| NRIC No                     | S0327894H            |
| Email Address               | YONG@HANFONG.COM     |
| Mobile Phone No             | (LOCAL) +65-97371697 |
| Alternative Phone No        | Others-97371697      |

### Vehicle Particulars

|  |               |
|--|---------------|
| Manufacturer   | MERCEDES-BENZ |
| Model  | E200          |
| 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             | 2100483786-04                        |
| Cover Note Number         |                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | YONG SAY MUI          |
| NRIC No              | S0327894H             |
| Date Of Birth        | 09/04/1942            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 10/02/1961            |
| Driving Experience   | 59 YEARS AND 9 MONTHS |

|   |                      |
|---|----------------------|
| Gender  | FEMALE               |
| Mobile Number                                       | (LOCAL) +65-97371697 |
| Fax Number  |                      |
| Contact Number                                      | OTHERS-97371697      |
| EMail Address                                       | YONG@HANFONG.COM     |
| Address   | 66 JALAN PERGAM      |
| Postcode  | 488342               |
| 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?  | 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

REFER TO SKETCH PLAN.

#### Attachment(s)

|   |                             |
|---|-----------------------------|
| Are accident photos available for attachment? | YES                         |
| Was there any video captured by Car Camera?   | YES                         |
| Remarks/ Reasons:                             | VIDEO WITH WORKSHOP - ELITE |
| Was there any audio recorded?                 | NO                          |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                    |
|-----------------------------|--------------------|
| Vehicle Registration Number | YP8278H            |
| Vehicle Make/Model/Colour   |                    |
| Details Of Properties       |                    |
| Vehicle Category            | COMMERCIAL VEHICLE |
| Name of Driver              |                    |
| NRIC/Passport Number        | S2641849F          |

Contact Number 98742304  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Sketch Plan

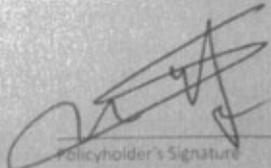
### SKETCH PLAN

#### 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 purposes(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

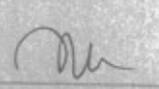
Date & Time:

13 NOV 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

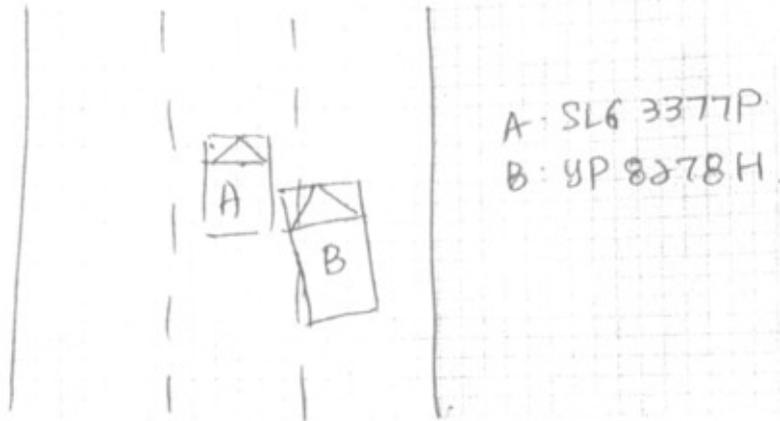
  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

Jenny Lim

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along Upper Changi Road East towards Spore Expo. I was in the middle lane when suddenly I heard a loud bang & my car jerked from side to side. The lorry on my right dragged my car for a short distance before I came to a ~~stop~~ stop in the middle of the road. I sounded my horn at the lorry & he slowly moved his vehicle to the side of the road after a bus-stop. I followed behind & stopped before the bus-stop. When the lorry driver came out of his vehicle, he immediately apologised for not seeing me & asked me to claim on his insurance. He then proceeded to pass me his NRIC for accident claim purposes.

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

13 NOV 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

Jenny Lim

NRIC/FIN No.:



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

|                             |                              |                        |                 |
|-----------------------------|------------------------------|------------------------|-----------------|
| <b>Name of Policyholder</b> | : Yong Say Mui               | <b>Vehicle No.</b>     | : SLG3377P      |
| <b>Period of Insurance</b>  | : 29 Sep 2020 To 28 Sep 2021 | <b>Policy No.</b>      | : 2100483786-04 |
| <b>Engine No.</b>           | : 27492030724381             | <b>Endorsement No.</b> | :               |
| <b>Chassis No.</b>          | : WDD2130422A046412          | <b>Issued Date</b>     | : 04 Sep 2020   |

### ABOUT THE COVER

|                                |                                       |                     |                |                                   |        |
|--------------------------------|---------------------------------------|---------------------|----------------|-----------------------------------|--------|
| <b>Make/Model</b>              | : MERCEDES Benz E200 Sedan Avantgarde | <b>Sum Insured</b>  | : Market Value | <b>First Year of Registration</b> | : 2016 |
| <b>Engine Capacity/Tonnage</b> | : 1,991.00 CC                         | <b>Off Peak Car</b> | : No           | <b>Insuring with COE/PARF</b>     | : Yes  |
| <b>Driver Restriction</b>      | : NA                                  |                     |                |                                   |        |

#### 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.

|                      |                     |                          |                     |
|----------------------|---------------------|--------------------------|---------------------|
| <b>Age Condition</b> | : All Age Condition | <b>Mileage Condition</b> | : 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 1500cc - 1600cc Optional

\* 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 - \$1000 Theft - \$0 Flood Cover - \$1000

**Section 2**  
Property Damage - \$0

**Windscreen** : \$100

#### Named Driver and Excess (where applicable)

Yong Say Mui - \$1000 (Own Damage), \$1000 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)  
Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.  
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, 1959 (Malaysia).

0504625000  
SYMPLE & ASSOCIATES PTE LTD  
BLK 1003 BUKIT MERAH CENTRAL #05-02A  
SINGAPORE 159836

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

This computer generated document does not require a signature.

Symple & Associates Pte Ltd

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



### Odometer Reading



Chassis Number



Mercedes-Benz

992 TYP: 212 MY2017  
PZ: X  
1,0%  
Made in Germany

7846387 A 007 817 10 20

DAIMLER AG  
WDD2130422A046412

|    |      |    |
|----|------|----|
| 1- | 2245 | kg |
| 1- | 1050 | kg |
| 2- | 1225 | kg |

Application Done:  
Next Application 1

Kanno