

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 Submission 07/12/2020 17:58 (SGT)
Date of Accident 04/12/2020 13:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG SEMBAWANG ROAD TOWARD YISHUN AVE 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR6140C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner DENG NENGQU
NRIC No S7874793E
Email Address NENGQU@YAHOO.COM
Mobile Phone No (Phone) +65-97809842
Alternative Phone No +65-97809842

VEHICLE PARTICULARS

Manufacturer Mercedes
Model A180
Variant -
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? Yes
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1700040654-03
Cover Note Number -

DRIVER

Name of Driver PENG QIZHEN
NRIC No S7879167E
Date Of Birth 03/11/1978
Occupation Indoor

Date Of Driving Pass	18/03/2009
Driving experience	11 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97809842
Alt. Phone Number	-
Email Address	NENGQU@YAHOO.COM
Address	13 LEEDON HEIGHTS #34-46
Address complement	-
Postcode	266224
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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	SHB5976X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-89231377
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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- 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.
- 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.
- 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 insurers (collectively the "Insurers") 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/small 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;
(ii) for complying with requirements under any regulations, laws or court orders.
DID : 6771 4420 RP : 9186 5113
Email : kerlyn.ong@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop

Policyholder's Signature
Date & Time

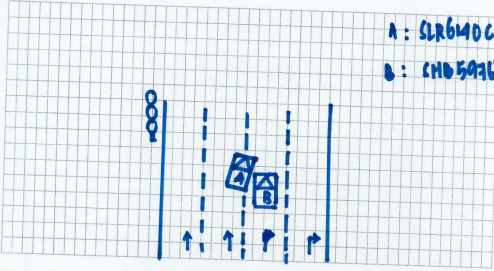
Driver's Signature
(If driver is not the policyholder)
Date & Time 05/12/2020 1105

Reporting Centre Personnel's
Name: KERLYN

Cycle & Carriage Industries Pte Ltd

Version 1.3 | Updated 02 DEC 2020

SKETCH PLAN



A: SLR6140C
B: SHB5976X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING MY CAR (SLR6140C) ALONG SEMBAWANG ROAD TOWARD YISHUN AVE 1. I STOPPED MY CAR (SLR6140C) AT THE RED LIGHT TRAFFIC.

AS IT TURNED GREEN LIGHT, I INTEND TO FILTER TOWARD THE RIGHT SO I SLOWLY MOVED TOWARD THE RIGHT SLIGHTLY.

AS I MOVED TOWARD THE RIGHT, VEHICLE B (SHB5976X) CAME FROM THE REAR DID NOT SLOW DOWN AND COLLIDED ONTO MY RIGHT FRONT PORTION.

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.)

Kerlyn Ong Kai Li
 DID: 6771 4420 HP: 9186 5113
 Email: kerlyn.ong@cyclecarriage.com.sg
 Cycle & Carriage Industries Pte Ltd
 Customer Service Centre - Pandan Loop

Policyholder's Signature
 Date & Time

Driver's Signature
 (If driver is not the policyholder)
 Date & Time 05/12/2020 1105

Reporting Centre Personnel's
 Name: KERLYN

Cycle & Carriage Industries Pte Ltd

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AIG		CERTIFICATE OF INSURANCE	
MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE			
Name of Policyholder	: DENG NENGQU	Vehicle No.	: SLR6140C
Period of Insurance	: 22 Aug 2020 To 21 Aug 2021	Policy No.	: 1700040654-03
Engine No.	: 2709103131701	Endorsement No.	:
Chassis No.	: VDD1760422J616733	Issued Date	: 20 Jul 2020
ABOUT THE COVER			
Make/Model	: MERCEDES BENZ A180 BE STYLE		
Engine Capacity/Tonnage	: 1,585.00 CC		
Driver Restriction	: NA	Sum Insured	: Market Value
Person or Classes of Persons Entitled to Drive*	: Off Peak Car	First Year of Registration	: 2017
a) The Policyholder		Insuring with COE/PAF*	: Yes
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		
Limitation as to use*	: Mileage Condition : Unlimited Mileage		
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 Trials.			
Loss of Use 2000cc			
* Limitations recoverable irrespective by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Section 96 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 - \$800 Theft - \$0 Flood Cover - \$800		
Section 2	Property Damage - \$0		
Windscreen	: \$150		
Named Driver and Excess (where applicable)			
DENG NENGQU - \$800 (Own Damage), \$800 (Flood Cover)			
APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)			
1. Cycle & Carriage 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: 158 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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.			
IMPORTANT NOTES			
Hire Purchase Company/Employer's Loan: DBS BANK 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).)			
0504382060 CYCLE & CARRIAGE - MEI 239 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.	
78 Shelton Way #05-16 AIG Building 5078120 T: +65 6419 3000 www.aig.sg			













GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 – 17:00
 UEN: S66000006 / GST Reg. No.: N400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SC1S20C7000J Vehicle Registration No: SLK6140C
 Name (as shown in NRIC) : Deng Nenggu NRIC/FIN/Passport No : _____
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : _____
 Email Address : _____
 Date of Accident : 4/12/2020 Time of Accident : 13:45
 Place of Accident : Along Sembawang Rd. twd Yishun Ave 1
 Insurance Company : AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Owner name should be Deng Nenggu

 Policyholder / Driver's Signature
 Date: _____

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

GIARMC addendum form v3