

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 08/02/2021 15:56 (SGT)
Date of Accident 22/01/2021 11:15 (SGT)
Exact Location of Accident 22 Havelock Rd, Singapore 160022
Additional Location Information 22 HAVELOCK ROAD OPENSOURCE CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFA6838J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner EE GEK ENG JUDY
NRIC No S1094964E
Email Address jefflim38@gmail.com
Mobile Phone No (Phone) +65-98208208
Alternative Phone No +65-98208208

VEHICLE PARTICULARS

Manufacturer Mercedes
Model C180
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? No - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100350624
Cover Note Number -

DRIVER

Name of Driver LIM LAM GEOK
NRIC No S1094964E
Date Of Birth 22/03/1938
Occupation Indoor

Date Of Driving Pass	02/11/1967
Driving experience	53 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92979695
Alt. Phone Number	-
Email Address	jefflim38@gmail.com
Address	11A BERRIMA ROAD
Address complement	-
Postcode	299887
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	Collided into Parked Vehicle
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?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA8289X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

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

I understand, acknowledge, agree and consent that:

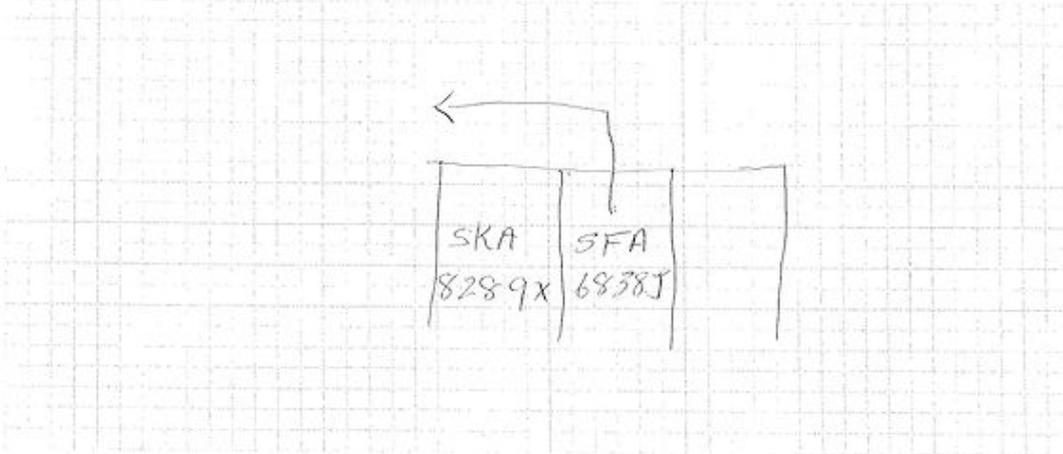
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 08/02/21


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am the driver of motor vehicle SFA 6838J. I had just finished my chemotherapy at NATIONAL CANCER CENTRE SINGAPORE. I DECIDED TO GO TO HAVELOCK HAWKER CENTRE TO BUY SOME TAKEAWAY FOOD FOR MY WIFE. WHEN I ENTERED THE CAR PARK I NOTICED A VACANT LOT AVAILABLE BUT THE SPACE WAS QUITE SMALL AS THE 2 MOTOR VEHICLES NEXT TO IT PARKED QUITE CLOSE TO THE MARKINGS. I PARKED SFA 6838J IN THE VACANT LOT BUT FOUND THAT I WAS TOO CLOSE TO THE VEHICLE ON MY LEFT WHICH MEANT THE OWNER OF THE MOTOR VEHICLE WOULD NOT BE ABLE TO GET IN TO HIS CAR. I THEN DECIDED NOT TO BUY THE TAKEAWAY FOOD AND EXITED THE LOT AND DROVE HOME. I WAS NOT AWARE THAT I HAD SCRATCHED THE MOTOR VEHICLE PARKED ON MY LEFT. WHEN I GOT HOME AND GOT OUT OF SFA 6838J, I NOTICED SOME SCRATCHES ON THE LEFT SIDE OF THE CAR. I ASKED MY MAID TO POLISH THE AREA OF THE SCRATCHES, AND AFTER SHE DID IT, THE SUPERFICIAL SCRATCHES WERE GONE.

I AM SORRY THAT I HAD UNINTENTIONALLY SCRATCHED THE MOTOR VEHICLE NEXT TO ME AND AM PREPARED TO PAY FOR THE REPAIRS. PLEASE NOTE THAT I HAVE A CLEAN RECORD FOR THE MANY YEARS OF MY DRIVING.

DECLARATION

I/We declare the foregoing particulars are true in every respect.


 Policyholder Signature
 Date & Time:


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 08/02/21
 12 pm.


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



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder	: Ee Gek Eng Judy	Vehicle No.	: SFA6838J
Period of Insurance	: 10 Sep 2020 To 09 Sep 2021	Policy No.	: 2100350624-07
Engine No.	: 27491030079642	Endorsement No.	:
Chassis No.	: WDD2040312A887732	Issued Date	: 14 Aug 2020

ABOUT THE COVER

Make/Model	: MERCEDES BENZ C180 CGI BE 1.6 (STYLE)	Sum Insured	: Market Value	First Year of Registration	: 2013
Engine Capacity/Tonnage	: 1,595.00 CC	Off Peak Car	: No	Insuring with COE/PARF	: Yes
Driver Restriction	: 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.

Age Condition	: All Age Condition	Mileage Condition	: Unlimited Mileage
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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 imperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 169), Section 95 of the Road Transport Act, 1997 (Malaysia) and Road Transport (Amendment) Act 2018, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$1300 Theft - \$0 Flood Cover - \$1300

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Ee Gek Eng Judy - \$1300 (Own Damage), \$1300 (Flood Cover)

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

1. Cycle & Carriage Eunbs Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408659 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 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. 169), Part IV of the Road Transport Act, 1997 (Malaysia), Road Transport (Amendment) Act 2018 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500660332

CYCLE & CARRIAGE - ATAY

239 ALEXANDRA ROAD

SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIGSGMOBILEAPP

















SINGAPORE
POLICE FORCE



E/20210203/7015

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20210203/7015

parked quite close to the line markings. I parked SFA 6838J in the vacant lot but found that I was too close to the motor vehicle on my left which meant that the owner of the vehicle would not be able to get into the car. I then decided not to buy the food, exited the lot and drove home.

I was not aware that I had scratched the motor vehicle parked on my left.

When I got home and got out of the car, I noticed some minor scratches on the left side of the car.

I am sorry that I had unintentionally scratched the motor vehicle next to me and am prepared to pay the cost or their repairs. I would be grateful if you could let me have the contact number of the owner.

Please note that I have a clean record for the many years of my driving.

This is the end of my statement.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/02/2021 12:58
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	