





## 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 willful 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	08/03/2021 15:04 (SGT)
Date of Accident	06/03/2021 19:16 (SGT)
Exact Location of Accident	River Valley Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ3315S
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE BEE BEE VICKIE
NRIC No	SXXXX409C
Email Address	VICKIE@CIY.SG
Mobile Phone No	(Phone) +65-94553312
Alternative Phone No	+65-94553312

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
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 - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900109636
Cover Note Number	-

#### DRIVER

Name of Driver	KWA SHEN LIN PAMELA
NRIC No	SXXXX987E
Date Of Birth	31/12/1993
Occupation	Indoor

Date Of Driving Pass	17/07/2012
Driving experience	8 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94553312
Alt. Phone Number	-
Email Address	VICKIE@CIY.SG
Address	BLK 609 CLEMENTI WEST ST 1 #12-98
Address complement	-
Postcode	120609
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	LEE BEE BEE VICKIE
Gender	Female

#### PASSENGER 2

Name	DANIEL KWA SHEN JUN
Gender	Male

#### PASSENGER 3

Name	YEO SIEW HUA
Gender	Female

#### 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 STATEMENT.

#### 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	SBS8184B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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)	-



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## ACCIDENT REPORTING

Accident Date: (6 / 03 / 2021) (DD/MM/YYYY)

Time: (19 : 16) (HH:MM)

Location: RIVER VALLEY ROAD TOWARD DELTA ROAD

## 1. Accident Details

- a) Type Of Accident: Side SWEEP
- b) Weather Condition: (Clear / Raining / Others: )
- c) Road Surface: (Dry / Wet / Others: )
- d) Are You Claiming Under Your Own Insurance? (Yes / No)  
If No, Please State: (Third Party Claim / Reporting Only)
- e) Was Any Foreign Vehicle Involved In An Accident? (Yes / No)  
If Yes, Please State Vehicle No:
- f) Were You Been Approached By Unknown Person(s) Soliciting/Offering Accident Claims Assistance? (Yes / No)
- g) Was The Accident Reported To The Police? (Yes / No)  
If Yes, Police Station Name:
- h) Was Notice Of Prosecution Given?  
If Yes, Against Whom?:

## 2. Details Of Own Vehicle

- a) Vehicle Registration No: SJZ 3315S
- b) Vehicle Category: Private
- c) Vehicle Manufacturer: MITSUBISHI Vehicle Model: Outlander 2.0
- d) Transmission: Manual / Auto CC: 1998
- e) No. Of Passengers (Including Driver) 4
- Passenger Name: LEE BEE BEE VICKIE (Female / Male)
- Passenger Name: DANIEL KWA SHEN JUN (Female / Male)
- Passenger Name: YEO SIEN HUA (Female / Male)
- Passenger Name: (Female / Male)

## 3. Own Vehicle Policy

- a) Handling Insurer: AIG
- b) Coverage Type: (ACT / Comprehensive / Third Party / Third Party, Fire & Theft)
- c) Fleet Policy? (Yes / No)
- d) Owner Name: LEE BEE BEE VICKIE (Female / Male)
- e) ID Type: S1788409C (UEN / NRIC / Passport Or Fin / Work Permit)
- f) Email: VICKIE@CIY.SG Mobile: 94553312
- f) Alt No. Type: (Home / Office / Not In List) :

## 4. Driver's Information

- a) Is The Driver The Policyholder? (Yes / No)
- b) Driver Name: KWA SHEN LIN, PAMELA (Female / Male)
- c) ID Type: S9349987E (UEN / NRIC / Passport Or Fin / Work Permit)
- d) Date Of Birth: 31-12-1993
- e) Driving Pass Date: 17-07-2012
- f) Email: VICKIE@CIY.SG Mobile: 94553312
- g) Address: BIK 609 CLEMENTI WEST STREET 1 #12-98
- h) Postal Code: 120609
- i) Occupation: (Indoor / Outdoor)
- j) Driver Owner Relationship: Does Driver Own Other Vehicles: (Yes / No)  
If Yes, Please Provide Vehicle Registration No: Handling Insurer:

## SKETCH PLAN

### IMPORTANT NOTICE

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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.

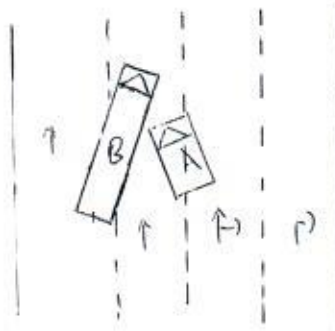
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

RIVER VALLEY ROAD  
TOWARDS DELTA ROAD.



A- 552 33155  
B- 585 81842



**Describe Circumstances of the Accident**

On the stated time and date:

I was travelling on my vehicle A bearing S523315S, I

checked my left side to change lane and my signal was on.

When the left lane was cleared, I changed, when suddenly vehicle B

bearing SBS 8184B changed lane from the most left and collected on to my left  
my vehicle.

Portion of A I wished to state that the bus did not signal at all.

**Declaration**

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



Witnessed by Reporting Centre  
Personnel

# CERTIFICATE OF INSURANCE

## CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : LEE BEE BEE VICKIE  
 Period of Insurance : 19 Jun 2019 To 18 Jun 2021  
 Engine No. : 4J11AH1711  
 Chassis No. : GF7W0600970

Vehicle No. : SJZ3315S  
 Policy No. : 1900109636  
 Endorsement No. :  
 Issued Date : 25 Jun 2019

### ABOUT THE COVER

Make/Model : MITSUBISHI Outlander 2.0 Elegance/Sports  
 Engine Capacity/Tonnage : 1,998 CC  
 Driver Restriction : NA  
 Person or Classes of Persons Entitled to Drive\* :  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2019  
 Insuring with COE/PAFF : Yes

\* Any other person who is driving on the Policyholder's order or with his/her permission.  
 This Policy will indemnify the Policyholder only if the driver meets the specified age condition.

You have to pay an additional sum of \$1,000 as "Young and inexperienced Driver Excess" (YED) if you are of Your Authorised Driver (named at turnment) is under the age of 23 and has less than 2 years' driving experience.

Age Condition : All Age Condition  
 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, game 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 \$50000 + \$100000

\* Limitations required and applicable by the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Section 55 of the Road Transport Act, 1967 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

Section 1  
 Fire - \$0, Own Damage - \$500, Theft - \$0, Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

LEE BEE BEE VICKIE - \$500 (Own Damage)

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

1. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000
  2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Long Kee Rd Singapore 150054 64706688
  3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 400650 67461000
  4. Cycle & Carriage Authorised Service Centre Add: 209 Pardon Gardens Singapore 609339 65684501
- 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.com.sg](http://www.aig.com.sg).  
 (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, 1967 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504620222

C&C/MCP2 - KELVIN  
 239 ALEXANDRA ROAD  
 SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

ADDITIONAL NOTES