



## 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	12/03/2021 17:10 (SGT)
Date of Accident	10/03/2021 22:25 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	BEFORE CTE (SLE) EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB2813Z
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ZHICHENG STUDENT HOSTEL PTE LTD
Company Reg No	2XXXXX659H
Email Address	MISSCHEE18@GMAIL.COM
Mobile Phone No	(Phone) +65-97596585
Alternative Phone No	+65-97596585

#### VEHICLE PARTICULARS

Manufacturer	Citroen
Model	Berlingo
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	Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800066939-02
Cover Note Number	-

#### DRIVER

Name of Driver	CHEE GEOK SWAN
NRIC No	SXXXX463J
Date Of Birth	18/01/1962
Occupation	Indoor

Date Of Driving Pass	04/10/2002
Driving experience	18 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96175072
Alt. Phone Number	-
Email Address	MISSCHEE18@GMAIL.COM
Address	BLK 533 HOUGANG AVE 6 #04-343
Address complement	-
Postcode	530533
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	TAN SIEW YANG
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210311/2004

#### 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	UNKNOWN
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBJ3484R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	CHEE GEOK SWAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBB2813Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	TAN SIEW YANG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	GBB2813Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 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.
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

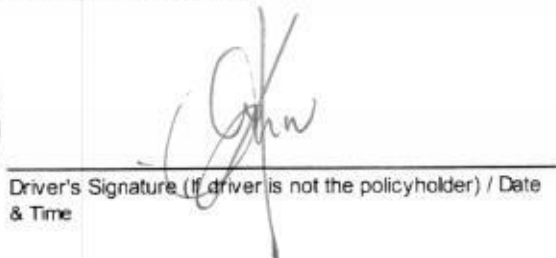
Vehicle A: GBB 2813Z  
Vehicle B: UNKNOWN  
Vehicle C: GBS 3484R





Peter 90 police report

We declare the foregoing particulars are true in every respect.



Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20210311/2004

1 of 4

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

Report No. T/20210311/2004

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/03/2021 00:18	Vide Report No.:	Station Diary No.: 3
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<b>Informant's Particulars</b>			
Name of Informant: CHEE GEOK SWAN		Address: APT BLK 533 HOUGANG AVENUE 6 #04-343 SINGAPORE 530533	
ID Type / ID No.: NRIC NO / S1522463J		Contact No.: Home/Office: Mobile: 96175072	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 59	Date of Birth: 18/01/1962	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: MANAGER		Driving Licence Information: Class: 3 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/03/2021 22:25	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB2813Z	Van				Seriously Damaged	1
GBJ3484R	Van					1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

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Report No. T/20210311/2004

<b>Passenger</b>			
Name	TAN SIEW YANG	ID No.	S1384588C
Related Vehicle	GBB2813Z (Van)	Contact No.	90060487
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	CHEE GEOK SWAN	ID No.	S1522463J
Related Vehicle	GBB2813Z (Van)	Contact No.	96175072
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	DANIAL	ID No.	NIL
Related Vehicle	GBJ3484R (Van)	Contact No.	88173714
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 10/03/2021 at about 2225hrs, I was driving my vehicle (GBB2813Z) along PIE towards Tuas direction heading to Toa Payoh. When I was driving, I felt an impact from my vehicle and it swerved to the left side of the lane and hit another vehicle (GBJ3484R). My passenger saw that it was a black color Mercedes and saw the car plate 8845 driving off further. The vehicle did not stop and continued driving.

I stopped at the side of the road and alighted from the vehicle. I saw that the front right side of my vehicle was dented after the Mercedes had hit my vehicle. The left front side of my vehicle is also dented after hitting the vehicle (GBJ3484R). My left side passenger door is also unable to open from the accident.

Both myself and my passenger felt some pain on our neck area due to the accident and have yet to see a doctor. I wish to state that I do not have any in-car camera installed in my vehicle.





**SINGAPORE  
POLICE FORCE**



T/20210311/2004

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Report No. T/20210311/2004

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

**CONTINUATION OF REPORT**



SINGAPORE  
POLICE FORCE



T/20210311/2004

4 of 4

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20210311/2004

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sgt 3 NEO ZUO QUAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt NEO ZHI YUAN

Contact No.: 65476079

Signature Of Informant:

Date/Time:

11/03/2021 00:18

Classification Of Case:

Authentication Stamp  
NP168

SINGAPORE  
SAFEGUARDING EVERY DAY

SN 168

SIGNATURE



# CERTIFICATE OF INSURANCE

## COMMERCIAL AUTO THIRD PARTY FIRE AND THEFT COMMERCIAL VEHICLE

Name of Policyholder : ZHICHENG STUDENT HOSTEL PTE LTD  
Period of Insurance : 06 Jun 2020 To 05 Jun 2021  
Engine No. : 10JBBA3007811  
Chassis No. : VF7GC9HWC8J039704

Vehicle No. : GBB2813Z  
Policy No. : 1800066939-02  
Endorsement No. :  
Issued Date : 08 May 2020

### ABOUT THE COVER

Make/Model : CITROEN BERLINGO VAN 0.7 ton [Van]  
Engine Capacity/Tonnage : 0.7 Tonnage Sum Insured : Market Value First Year of Registration : 2008  
Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes  
Person or Classes of Persons Entitled to Drive\* :

a) Any person who is driving on the Policyholder's order or with their permission.  
b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

Age Condition : All Age Condition  
Limitation as to use\* :

1) Use in connection with the Policyholder's business.  
2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.  
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle.c) use for any purpose in connection with Motor Trade.

\* 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 Theft - \$0

Section 2  
Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable)

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

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).  
For 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: NA

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).

0502847050

CYCLE & CARRIAGE - CORPORATE

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.

SSC255

Date of Accident

: 10/3/2021 Accident Time: 22:25hrs (24-HR-Format)

Accident Place

: PIE (THAS) Before CTE (SLE) Exit

Vehicle No. (Car Plate No.)

: GBB2813Z Make/Model: Citroen Berlingo

Insurance Company

: AIG Policy No: 1800066939-02

Owner or Company Name / IC No.

: Zhicheng Student Hostel Pte Ltd (201506659H)

Owner or Company Contact No.

: 97596585 Owner's Hp: Company Tel

DRIVER'S Name / IC No.

: Chee Geok Swan (S1522463J)

DRIVER'S Date Of Birth

: 18/1/1962 DRIVER'S License Pass Date 4 Oct 2002

Relationship of Owner & Driver

: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: -

DRIVER'S Address

: Blk 533 Huiyany Ave 6 #04-343 (S) 530533

DRIVER'S Contact No./ Alt No.

: 1) 96175072 2) -

DRIVER'S Occupation

: INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address

: misschee18@gmail.com

Weather & Road Surface

: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type

: Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 02

Was the accident reported to the police? YES \ NO

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): Driver & Passenger

**Other Party Driver's Particular (if any)**

Vehicle No:

: Unknown (B)

Vehicle No:

: GBS 3484R (C)

Vehicle Make/Model:

Vehicle Make/Model:

Name Driver:

Name Driver:

IC No. Driver/Contact:

IC No. Driver/Contact:

\* NEW - Passenger's name & gender:

(1) Tan Siew Yang (F)