# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 26/03/2021 17:15 (SGT) Date of Accident 26/03/2021 10:15 (SGT) Exact Location of Accident 4002 Depot Ln, Singapore 109756 Additional Location Information IND EST Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Mercedes

Vehicle Registration Number SBX8860G

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAI LEE IT NRIC No. SXXXX738J Email Address jasontai.8860@gmail.com Mobile Phone No (Phone) +65-96862036 Alternative Phone No +65-96862036

#### VEHICLE PARTICULARS

Manufacturer

Model **GLB200** Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1300

#### **INSURANCE COMPANY**

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 7210008113 Cover Note Number

#### DRIVER

Name of Driver TAI LEE IT NRIC No SXXXX738J Date Of Birth 02/08/1959 Occupation Outdoor Date Of Driving Pass 21/06/1977 Driving experience 43 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-96862036 Alt. Phone Number +65-96862036 Email Address jasontai.8860@gmail.com Address 381 TANGLIN ROAD #06-02 Address complement Postcode 247965 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT: T/20210326/7018. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident WITH TP WORKSHOP Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **GBC4515R** 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	VEHICLE B
No. Of Passenger (Including Driver)	-

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 2. This form must be completed by the Policyholder and/or the Author/sed Driver
- Information provided must be as truthful and ascurate as possible. Any wilful misrepresentation or withholding of material
  facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 (all insurers) lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - 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.
- (a) the information so collected under (d) above may be shared / disclosed:
  - 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.

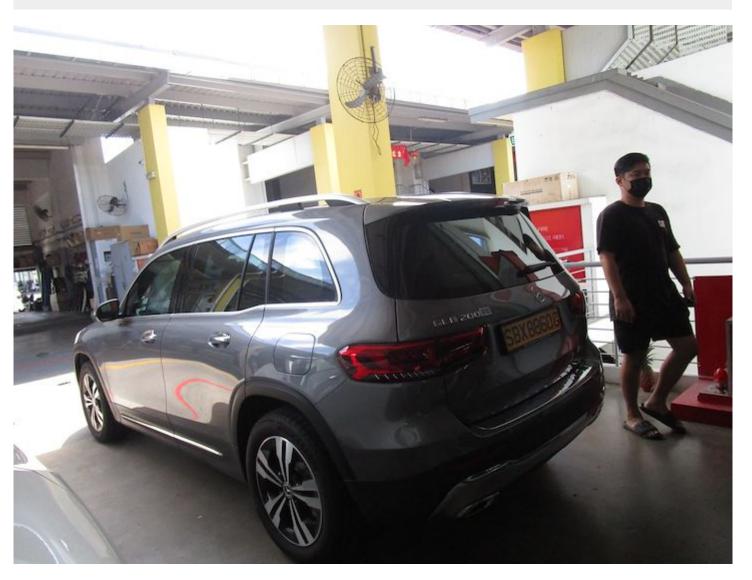
Policyholder's Signature Date & Time:

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

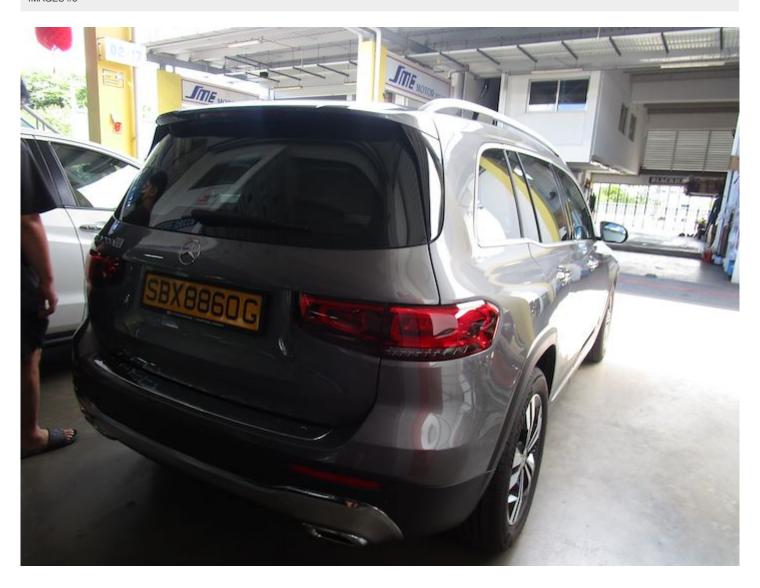
Reporting Centre Personnel's Signature Name:

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KETCH PLAN			
		>	A: SBX83604
			B. ABC4515R
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ECLARATION			
We declare the foregoing	particulars are true in (	every respect.	
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100			
Policyholder's Signature		Driver's Signature	Reporting Centre Personnel's Signatur
Date & Time:		(If driver is not the policyholder)	Name:
		Date & Time:	NRIC/FIN No.:

















Report No. T/20210326/7018

1 of 3

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/03/2021 14:14		Vide Report No.:	Station Diary No.		
Informa	nt's Partic	ulars			
Name of TAI LEE	Informant: IT		Address: 381 TANGLIN ROAD #	06-02 SINGAPORE 247965	
ID Type / ID No.: NRIC NO / S1342738J			Contact No.: Home/Office: Mobile: 96862036		
Nationali SINGAP	ity: ORE CITIZ	'EN	Email: jasontai.8860@gmail.c	om	
Sex: Male	Age: 61	Date of Birth: 02/08/1959	Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name:		
Occupation: CAR ACCESORIES		Driving Licence Informa Class: 3	ation: Date of Expiry:		

General Infor	mation of the Accide	nt		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/03/2021 10:15	Type of Location Straight Road
Location:				
DEPOT LAN	E	Road Surface:		Road Speed Limit:
Clear		Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collis Moving Vehic	sion: cle Against - Parked Vo	ehicle		Anyone conveyed by ambulance:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBC4515R	Van	TOYOTA	HIACE	Silver		0
SBX8860G	Car	MERCEDES BENZ	GLB200 PROGRESS IVE	Grey		0

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20210326/7018

#### CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBX8860G	AIG ASIA PACIFIC INSURANCE PTE.	7210008113	26/01/2021	25/01/2022

Details of Perso	n Involved				
Any Pedestrian I	nvolved: No				
No. of Pedestrian	s Injured: NIL		Use of Pe	destrian Cro	ossing: NA
Driver				LOS OF T	
Name	TAI LEE IT	TAI LEE IT		ID No.	S1342738J
Related Vehicle	SBX8860G (Car)			Contact N	lo. 96862036
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL Date		Date	NI	L
No. of Days gran	ted Medical Leave	NIL	Degree o	f NI	L

#### Brief Details.

My vehicle (SBX8860G) was parked stationary in front of blk 4002 #01-40 of Depot Ln Ind Est and I went for work.

Suddenly, a person came to my office @ #01-41 informed me that he saw the vehicle "b" (GBC4515R) when reversed to exit and accidentally collided into the rear right portion of my vehicle and caused

I came out to check and upon inspection of my vehicle, noticed that the rear right door was dented.

I have a car camera which captures this accident.





T/20210326/701

3 of 3 Report No. T/20210326/7018

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Signature Of Informant: The identity of the person making this report has Not applicable been authenticated by SingPass. No signature is required. Date/Time: Signature Of Interpreter: Not applicable 26/03/2021 14:14 Classification Of Case: Officer In Charge Of Case: TP / TPIB / NOR AFFENDY BIN JAFFAR Contact No.: 65476368 Authentication Stamp

NP168



### **COVER NOTE**

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

The following risk seasified on this Cover Note is hereby HELD COVERED on the terms and co

Name of Policyholder : TAI LEE IT
Period of Insurance 74: 21 Jan 2021 to 20 Jan 2022

: 28291480318153 : W1N2476872W054320 Engine No. Chasis No.



Cover Note No. Endorsement No. Issued Date

: 7210008113

: 21 Jan 2021

SBX 88606

#### ABOUT THE COVER

: MERCEDES Benz GLB200 Make/Model

First Year of Registration : 2021 Sum Insured : Market Value Engine Capacity/Tonnage : 1,332.00 CC Insuring with COE/PARF : Yes Off Peak Car : No NA. Driver Restriction

Person or Classes of Persons Entitled to Drive\*:

a) The Policyholder bi Ary other personwho is driving on the Policyholder's order or with hisher permission. This Policy will indennify the Policyholder or any authorised driver only if hafshe rifeets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or the persenced 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

Limitation as to use\*

Use only for social domestic and preasure purposes and for the Policyholder's business.
This Policy does not cover use for hime or reward, chining tables, driving test, racing, pace making reliability trial or speed-testing, the carriage of goods other than samples in connection with any trials or tuniness or use for any purpose in connection with Motor Friede.

\*Limilations rendered inoperative by Section 8 of the Wotor Vehicles (Third Pady Risks and Compensation) Act (Cap. 186) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these Pradings.

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable) TAILEE IT - \$800 (OwnDamage), \$800 (Flood Cover)

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

Cycle & Carriage Euros Service Center (For accident reporting only). Add: 330 Ubi Road 3 Singapore 408650 62061818

2 Cycle & Carriage Panden Loop Service Center - Body Care & Repeir Add, 168 Pandan Loop Singapore 128378 6206(818

For other: Approved Reporting Connect/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 6338 6200. Alternatively, you may refer to AIG website www.sig sg or AIG SIG Mobile Age. Simily search and download "AIG SIG" from Titunes or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

If you do not receive your Certificate of insurance and policy documents within 30 days from the inception date stated on tils cover note, piease contact AIG immediately, If We increby certify that this Cover Note 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 (Malassiya) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Note is valid for 80 days from the commencement date of the period of insurance.

0504688251

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CYCLE & CARRIAGE - TS

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 Shenian Vvy 409 16 ArG Sulding S079120 | T +65 6419 3000 | www.aig.sg

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