

# 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 ..... 12/04/2021 17:31 (SGT)  
Date of Accident ..... 09/04/2021 21:41 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JCT OF KALLANG RD & CRAWFORD ST  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMK9100Z

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEE MING YAN  
NRIC No ..... S8508532H  
Email Address ..... lmy\_michael@yahoo.com  
Mobile Phone No ..... (Phone) +65-91194752  
Alternative Phone No ..... +65-91194752

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... Glc200  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1991

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1900090667  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEE HONG CHUAN  
NRIC No ..... S1513730D

Date Of Birth .....	30/01/1961
Occupation .....	Indoor
Date Of Driving Pass .....	08/04/1981
Driving experience .....	40 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-81251449
Alt. Phone Number .....	-
Email Address .....	lmy_michael@yahoo.com
Address .....	2 JLN ANGGEREK
Address complement .....	-
Postcode .....	369428
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Parent
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 .....	Side Swipe
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

I WAS TRAVELLING STRAIGHT, VEHICLE B CUT INTO MY LANE AND HIT MY CAR RIGHT REAR PORTION.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	PA6515Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
Name of Driver .....	REN MIN
Passport No/FIN .....	G2464496R
Contact Number .....	(Phone) +65-86939267
Address .....	-

Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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7. 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.
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

12/04/2021  
09:50am

Driver's Signature

(If driver is not the policyholder)

Date & Time

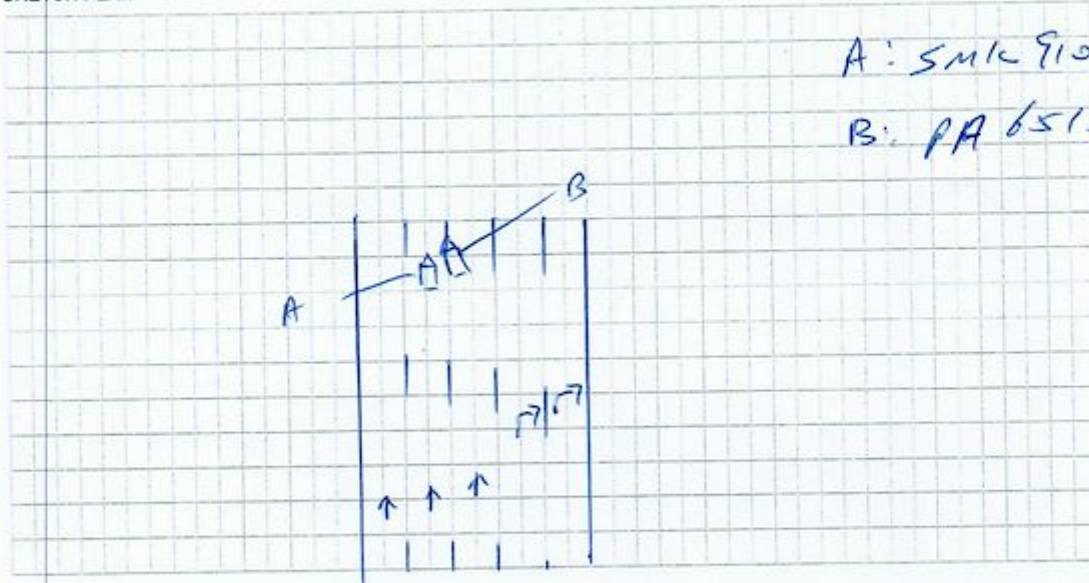
12/04/2021

Reporting Centre Personel's

Name:

DD: 677-1272  
Email: Vincent Seah  
Carriage Industries Pte Ltd  
Care & Repair Centre  
HP: 812 0062 Fax: 812 1272  
vincent.seah@carriageindustries.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight vehicle PA 6515 Y cut into my lane and hit SML 9100 Z right rear 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)

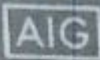
Policyholder's Signature  
Date & Time  
12/04/2021  
09:50am

Driver's Signature  
(If driver is not the policyholder)  
Date & Time  
12/04/2021  
09:50am

Vincent Seah  
Cycle & Carriage Industries Ltd  
Body Care & Repair Center  
Rep: Vincent Seah  
Name: Vincent Seah  
Tel: 6771 4401 HP: 8332 0432 Fax: 6872 1272  
Email: vincentseah@cyclocarriage.com.sg



# CERTIFICATE OF INSURANCE



## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : LEE MING YAN  
 Period of Insurance : 29 Apr 2020 To 28 Apr 2021  
 Engine No. : 27492031757871  
 Chassis No. : WDC2539422F597356

Vehicle No. : SMK9100Z  
 Policy No. : 1900090667-01  
 Endorsement No. :  
 Issued Date : 26 Mar 2020

### ABOUT THE COVER

Make/Model:	MERCEDES Benz GLC200	Sum Insured:	Market Value	First Year of Registration	2019
Engine Capacity/Tonnage	1,991.00 CC	Off Peak Car	No	Insuring with COE/PAF	Yes
Driver Restriction	NA				
Person or Classes of Persons Entitled to Drive*					

as the Policyholder.  
 (i) Any other person who is driving on the Policyholder's order or with his/her permission.  
 This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.  
 \*You have to pay an additional sum of \$3,000 as 'Young and Inexperienced Driver Excess' (YIDEX) if you are a 'Young and Inexperienced Driver' (defined as licensed or unlicensed is under the age of 25 and/or 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, joint-making, liability and/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 200000

\* Limitations imposed 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 2015, are not to be included under these headings.

### EXCESS

Section 1  
 Fire - \$0; Own Damage - \$1200; Theft - \$0; Flood Cover - \$1200

Section 2  
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)  
 LEE MING YAN - \$1200 (Own Damage), \$1200 (Flood Cover)

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

1. Cycle & Carriage Estate Service Center (for accident reporting only): A/C: 130 Lta Road 3 Singapore 408010 42001818  
 2. Cycle & Carriage Pardon Lim Service Center - Body Care & Repair: A/C: 188 Pandan Lim Singapore 120378 62061818  
 For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6290. Alternatively, you may refer to AIG website [www.aig.sg](http://www.aig.sg) or AIG 500 Mobile App. Simply search and download 'AIG 500' 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 is in accordance with the Certificate of Insurance, which is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2015 and Motor Vehicles (Third-Party Risks and Compensation) Act, 1987 (Malaysia).

AIG Asia Pacific Insurance Pte. Ltd.

This document is a contract and should be kept as a record of the policy.









































