

# 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 .....	26/04/2021 11:37 (SGT)
Date of Accident .....	24/04/2021 17:38 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	JALAN JURONG KECHIL ENTRY RAMP
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKA3828Z
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	WONG SOW CHEE
NRIC No .....	S1852519D
Email Address .....	SCWONG38@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-96331878
Alternative Phone No .....	+65-96331878

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	S320
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 .....	2996

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	1800102252-02
Cover Note Number .....	-

### DRIVER

Name of Driver .....	WONG SOW CHEE
NRIC No .....	S1852519D

Date Of Birth .....	28/03/1950
Occupation .....	Indoor
Date Of Driving Pass .....	10/07/1974
Driving experience .....	46 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96331878
Alt. Phone Number .....	+65-96331878
Email Address .....	SCWONG38@HOTMAIL.COM
Address .....	38 ALLAMONDA GROVE
Address complement .....	5 ENG KONG CRES
Postcode .....	269981
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 .....	Collision - Head to Rear
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN
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 SKETCH PLAN

#### 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 .....	XD6306Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Green
Vehicle Category .....	Commercial vehicle

Name of Driver .....	ZHOU SUO
Work Permit No .....	75895372
Contact Number .....	-
Address .....	GOLD PLUS FUELS
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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**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 &amp; Time

26/04/2021  
08:30am

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time

Reporting

Name:

Personnel's

Vincent Seah  
 Car & Carriage Industries Pte Ltd  
 Car Body Care & Repair Centre  
 6872 1272  
 Email: vincent.seah@cycleanh.com.sg  
 DID: 6872 1272





# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

**Name of Policyholder** : WONG SOW CHEE  
**Period of Insurance** : 18 Sep 2020 To 17 Sep 2021  
**Engine No.** : 27682430895410  
**Chassis No.** : WDD2221622A421511

**Vehicle No.** : SKA3928Z  
**Policy No.** : 1800102252-02  
**Endorsement No.** :  
**Issued Date** : 02 Aug 2020

### ABOUT THE COVER

<b>Make/Model</b>	MERCEDES Benz S320L Sedan			<b>First Year of Registration</b>	2018
<b>Engine Capacity/Tonnage</b>	2,996.00 CC	<b>Sum Insured</b>	<b>Market Value</b>	<b>Insuring with COE/PAF</b>	Yes
<b>Driver Restriction</b>	NA	<b>Off Peak Car</b>	No		

#### 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 authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$1,000 as "Young and/or inexperienced Driver Excess" ("FYDR") if You are or Your Authorized Driver (named or unnamed) is under the age of 21 and/or has less than 2 years' driving experience.

**Age Condition** : All Age Condition

**Mileage Condition** : Unlimited Mileage

**Exclusion as to use\***

Use only for local domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving test, racing, pace-making, reliability trial or speed testing, the carriage of goods other than suitcases in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 2000cc:

\* Limitations imposed under/subject to Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 55 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included when 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)

WONG SOW CHEE - \$1300 (Own Damage) - \$1300 (Flood Cover)

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

1 Cycle & Carriage Euro Service Center (For accident reporting only) Add: 330 Ubi Road 2 Singapore 40650-02061818

2 Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128776-02061818

For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6205 8200. 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).

0504612229

CYCLE & CARRIAGE - JACOHO

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































