

## 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 13:26 (SGT)  
Date of Accident ..... 24/04/2021 14:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BARTLEY RD  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLU8178R

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SEOW ANN KEN JASON  
NRIC No ..... S7816423I  
Email Address ..... ZIXEES@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-94560377  
Alternative Phone No ..... +65-94560377

#### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... Cla180  
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 ..... Manual  
CC ..... 1595

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1700073813  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... SEOW ANN KEN JASON  
NRIC No ..... S7816423I

|  |                       |
|--|-----------------------|
| Date Of Birth .....  | 10/06/1978            |
| Occupation .....   | Indoor                |
| Date Of Driving Pass .....   | 13/11/2001            |
| Driving experience .....   | 19 YEARS AND 5 MONTHS |
| Gender .....   | Male                  |
| Mobile Number .....  | (Phone) +65-94560377  |
| Alt. Phone Number .....  | +65-94560377          |
| Email Address .....  | ZIXEES@GMAIL.COM      |
| Address .....  | 10B HOUGANG #07-39    |
| Address complement .....   | -                     |
| Postcode .....   | 534078                |
| 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 .....   | Chain Collision |
| Weather Conditions ..... | Clear           |
| Road Surface .....       | Dry             |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident? .....   | No  |
| Number of vehicles involved in the accident .....   | 4   |
| Was anybody injured in the Accident? .....  | Yes |
| Was any injured conveyed to hospital by ambulance? .....  | Yes |
| Was any other material or property damaged? .....   | Yes |
| Number of Passengers (Including Driver) .....   | 3   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### PASSENGER 1

|              |         |
|--------------|---------|
| Name .....   | UNKNOWN |
| Gender ..... | Female  |

#### PASSENGER 2

|              |         |
|--------------|---------|
| Name .....   | UNKNOWN |
| Gender ..... | Female  |

#### 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? ..... | No                               |
| If yes, against whom? .....                     | -                                |

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210426/2012

#### 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 ..... | REFER TO CSE AQ |
| Was there any audio recorded? .....                     | No              |

## DETAILS OF OTHER VEHICLE PROPERTY 1

|   |             |
|---|-------------|
| Vehicle Registration Number .....             | SMK1117D    |
| 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 .....             | SFQ663B     |
| 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 3

|   |             |
|---|-------------|
| Vehicle Registration Number .....             | SLL535T     |
| 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) .....     | -           |

## INJURED PERSONS DETAILS

### INJURED 1

|                                 |               |
|---------------------------------|---------------|
| Name of injured person .....    | SEOW KAI TONG |
| Address .....                   | -             |
| Address Complement .....        | -             |
| Post Code .....                 | -             |
| Approximate Age Years Old ..... | -             |
| Injuries Sustained .....        | BACK AND NECK |

Injured person in which vehicle? ..... SLU8178R  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... Yes

INJURED 2

Name of injured person ..... JANICE CHIA  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... FACE CUT, BACK PAIN AND LEG PAIN  
Injured person in which vehicle? ..... SLU8178R  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... Yes

INJURED 3

Name of injured person ..... SEOW ANN KEN JASON  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BACK AND NECK PAIN  
Injured person in which vehicle? ..... SLU8178R  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... Yes

**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

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

Reporting Centre Personnel's  
Name:

Alan Gweh



SKETCH PLAN

(A) SL 48178R  
 (B) SMK1117D  
 (C) SFQ 663B  
 (D) SLL535T

Diagram showing vehicle positions: D, C, A, B in a row.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref police report for detail.

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

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

 26/04/21  
 Reporting Centre Personnel's  
 Name: Alan Quirk



# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

|                             |  |                        |                  |
|-----------------------------|--|------------------------|------------------|
| <b>Name of Policyholder</b> | : SEOW AUN KEN, JASON (XIAO ANQING, JASON) | <b>Vehicle No.</b>     | : SLU8178R       |
| <b>Period of Insurance</b>  | : 08 Nov 2020 To 07 Nov 2021               | <b>Policy No.</b>      | : 1700073813-03  |
| <b>Engine No.</b>           | : 27091031236037                           | <b>Endorsement No.</b> | : 00000000364687 |
| <b>Chassis No.</b>          | : WDD1179422N488460                        | <b>Issued Date</b>     | : 31 Oct 2020    |

### ABOUT THE COVER

|  |                                       |                     |                |                                   |        |
|--|---------------------------------------|---------------------|----------------|-----------------------------------|--------|
| <b>Make/Model</b>                                      | : MERCEDES Benz CLA180 Shooting Brake | <b>Sum Insured</b>  | : Market Value | <b>First Year of Registration</b> | : 2017 |
| <b>Engine Capacity/Tonnage</b>                         | : 1,595.00 CC                         | <b>Off Peak Car</b> | : No           | <b>Insuring with COE/PAF</b>      | : Yes  |
| <b>Driver Restriction</b>                              | : NA                                  |                     |                |                                   |        |
| <b>Person or Classes of Persons Entitled to Drive*</b> |                                       |                     |                |                                   |        |

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

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

|                              |                          |                          |                     |
|------------------------------|--------------------------|--------------------------|---------------------|
| <b>Age Condition</b>         | : 30 years old and above | <b>Mileage Condition</b> | : Unlimited Mileage |
| <b>Limitation as to use*</b> |                          |                          |                     |

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, pace-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 2000cc

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169), 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 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

**Section 2**  
Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)

SEOW AUN KEN JASON (XIAO ANQING) - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Cycle & Carriage Eunoo Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 62061818  
2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 168 Pandan Loop Singapore 126378 62061818

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.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: MayBank

I/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. 169), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612233

CYCLE & CARRIAGE - JULI

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

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SSPCUE











































































**SINGAPORE  
POLICE FORCE**



T/20210426/2012

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

1 of 3

Report No. T/20210426/2012

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |   |                    |                            |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made:<br>26/04/2021 10:28 |            | Vide Report No.:             |   | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |   |                    |                            |
| Name of Informant:<br>SEOW AUN KEN, JASON  |            |                              | Address:<br>10B HOUGANG STREET 11 #07-39 THE MINTON<br>SINGAPORE 534078 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S7816423I   |            |                              | Contact No.:<br>Home/Office: Mobile: 94560377                           |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:  |                    |                            |
| Sex:<br>Male                               | Age:<br>42 | Date of Birth:<br>10/06/1978 | Type of Informant:<br>Driver  |                    |                            |
| Race:<br>Chinese                           |            |                              | Language:   |                    | Institution / School Name: |
| Occupation:<br>FINANCE                     |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:                |                    |                            |

**General Information of the Accident**

|                               |                                 |                       |   |   |
|-------------------------------|---------------------------------|-----------------------|---|---|
| Type of Accident:             | Injury<br>Conveyed By Ambulance | Drink<br>Drive:<br>No | Date/Time of<br>Accident:<br>24/04/2021 19:00 | Type of Location:                       |
| Location:<br><br>BARTLEY ROAD |                                 |                       |   |   |
| Weather:<br>Clear             |                                 | Road Surface:<br>Dry  | Road Speed Limit:                             |   |
| Traffic Flow:                 |                                 | Traffic Control:      | Traffic Volume:                               |   |
| Type of Collision:            |                                 |                       |   | Anyone conveyed by<br>ambulance:<br>Yes |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make             | Model                           | Color | Condition | No of Passenger |
|-------------|------|------------------|---------------------------------|-------|-----------|-----------------|
| SFQ663B     | Car  |                  |                                 |       |           | 3               |
| SLL535T     | Car  |                  |                                 |       |           | 0               |
| SLU8178R    | Car  | MERCEDES<br>BENZ | CLA180 SB<br>URBAN<br>(R18 LED) | Grey  |           | 2               |



**SINGAPORE  
POLICE FORCE**



T/20210426/2012

2 of 3

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

Report No. T/20210426/2012

**CONTINUATION OF REPORT**

| Details of Vehicle Insurance |                                      |               |            |             |
|------------------------------|--------------------------------------|---------------|------------|-------------|
| Vehicle No.                  | Insurance Company                    | Insurance No  | Effective  | Expiry Date |
| SLU8178R                     | AIG ASIA PACIFIC INSURANCE PTE. LTD. | 1700073813-03 | 08/11/2020 | 07/11/2021  |

| Details of Person Involved        |                     |                                |   |
|-----------------------------------|---------------------|--------------------------------|---|
| Any Pedestrian Involved: No       |                     |                                |   |
| No. of Pedestrians Injured: NIL   |                     | Use of Pedestrian Crossing: NA |   |
| Driver                            |                     |                                |   |
| Name                              | SEOW AUN KEN, JASON |                                | ID No. S7816423I  |
| Related Vehicle                   | SLU8178R (Car)      |                                | Contact No. 94560377  |
| Hospital/Clinic                   | NIL                 |                                | Class of Driving Licence & Expiry Date<br>Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                 |                                | Date Discharge NIL  |
| No. of Days granted Medical Leave | NIL                 |                                | Degree of Injury NIL  |

**Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION

I WAS INVOLVED IN A 4-CAR CHAIN COLLISION ACCIDENT. I WAS TRAVELLING ON THE MOST LEFT LANE OUT OF 3 LANES. AS I WAS TRAVELLING, THE FIRST CAR (SLL535T) FROM THE FRONT SUDDENLY MADE AN E-BRAKE. THE 2ND CAR (SFQ663B) AND THE 3RD CAR WHICH IS MY CAR MANAGED TO BRAKE ON TIME. BUT UNFORTUNATELY, THE 4TH CAR (SMK1117D) DID NOT MANAGE TO BRAKE ON TIME AND COLLIDED TO THE CAR THAT WAS INFRONT OF IT AND CAUSE IT AS A CHAIN COLLISION ACCIDENT AMONG THE 4 CARS. THERE WAS A DENT FOUND ON THE REAR RIGHT PORTION OF MY CAR AND ALSO DAMAGES ON THE PLATE NUMBER AND CAR LOGO LOCATED ON THE FRONT OF THE CAR. THE DRIVER OF THE FIRST CAR STATED THAT THERE WAS SOMETHING ON HIS WINDSCREEN THAT CAUSE HIM TO JAM BRAKE HIS VEHICLE. BOTH AMBULANCE AND POLICE WERE AT SCENE. MYSELF, MY WIFE AND MY DAUGHTER WERE HAVING MINOR INJURIES BUT ONLY MY DAUGHTER WERE CONVALED TO THE KK CHILDREN HOSPITAL. AFTER SEEING MY DAUGHTER IN THE HOSPITAL. MYSELF AND MY WIFE WENT TO TAN TOCK SENG HOSPITAL ON OURSELVES. THAT IS ALL.





SINGAPORE  
POLICE FORCE



T/20210426/2012

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Traffic Police  
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3 of 3

Report No. T/20210426/2012

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:

TP /

SC SAIFUL ILHAM BIN ZAHARI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/04/2021 10:28

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MUHAMMAD NOOR BIN ABDUL  
RAHMAN

Contact No.: 65476201

Classification Of Case:



SINGAPORE  
POLICE FORCE