

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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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

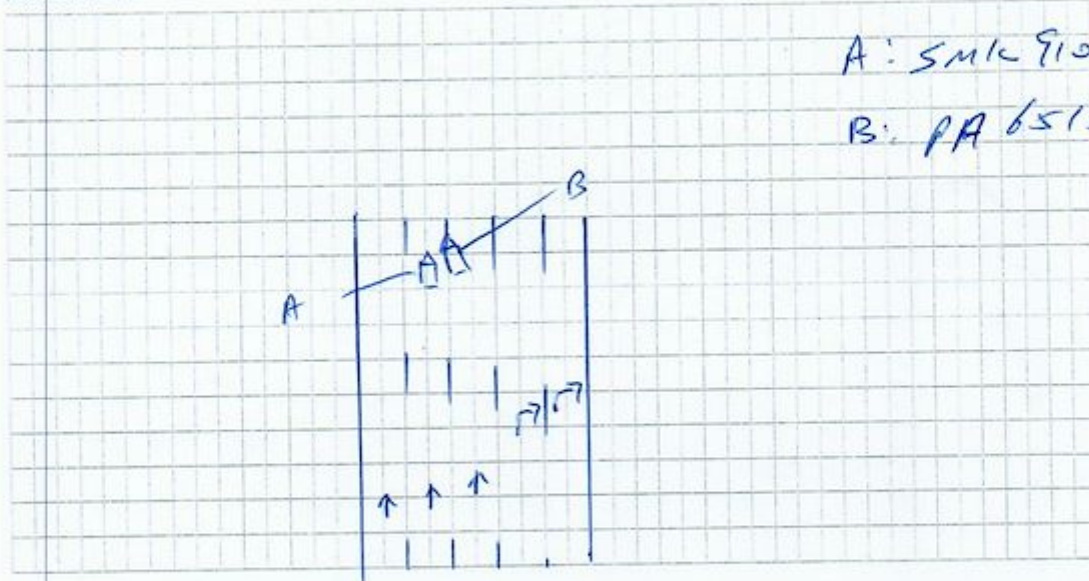
12/04/2021

Reporting Centre Personnel's

Name:

DD: 6772 1272
Email: Vincent Seah
Carriage Industries Pte Ltd
Care & Repair Centre
HP: 8312 0062 Fax: 8312 1272
vincent.seah@carriage.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.

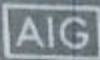
(Please contact your insurance company for any further details)

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 or Your Authorized Driver (named or unnamed) 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): Add: 130 Lta Road 3 Singapore 408010 42001818
 2. Cycle & Carriage Pardon Lim Service Center - Body Care & Repair Add: 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 or AIG 3D Mobile App. Simply search and download 'AIG 3D' 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 (Singapore).

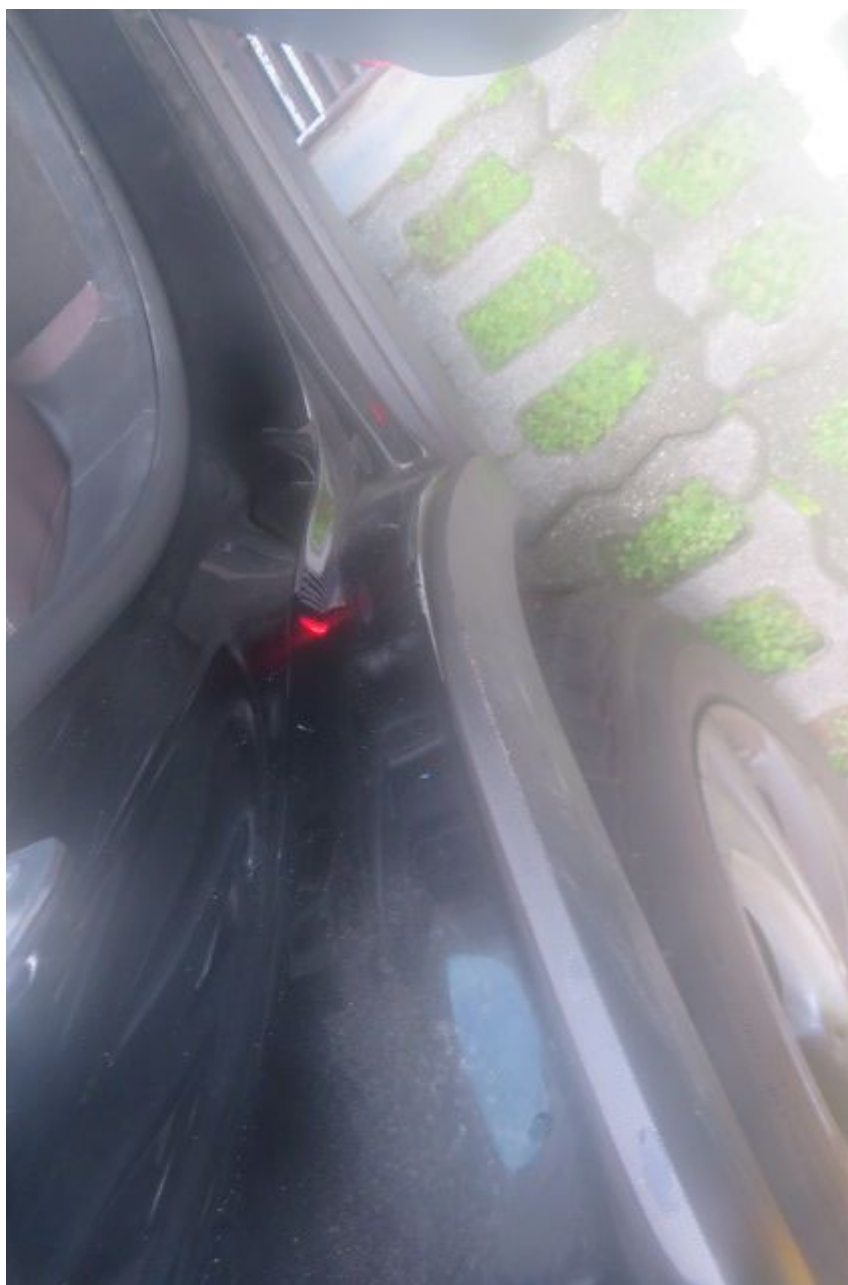
AIG Asia Pacific Insurance Pte. Ltd.

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

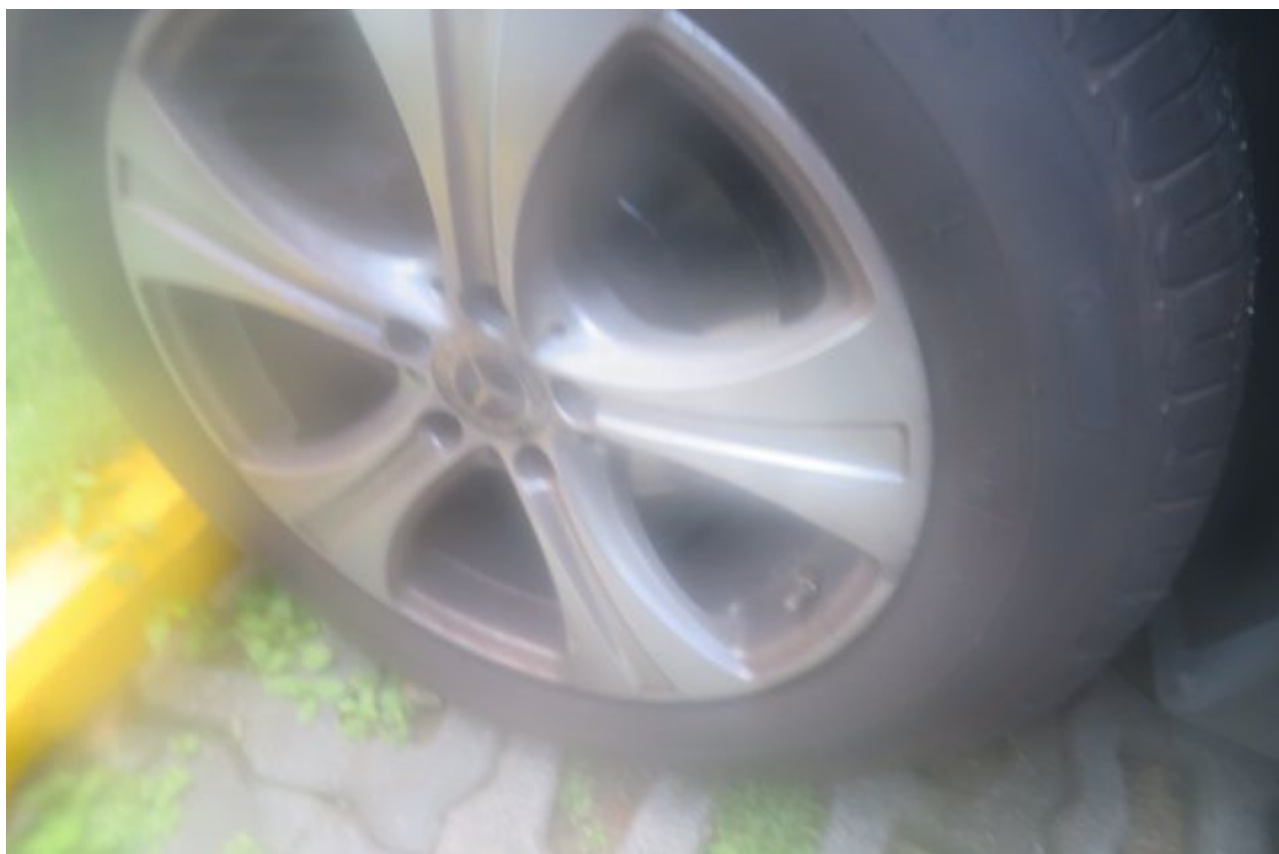






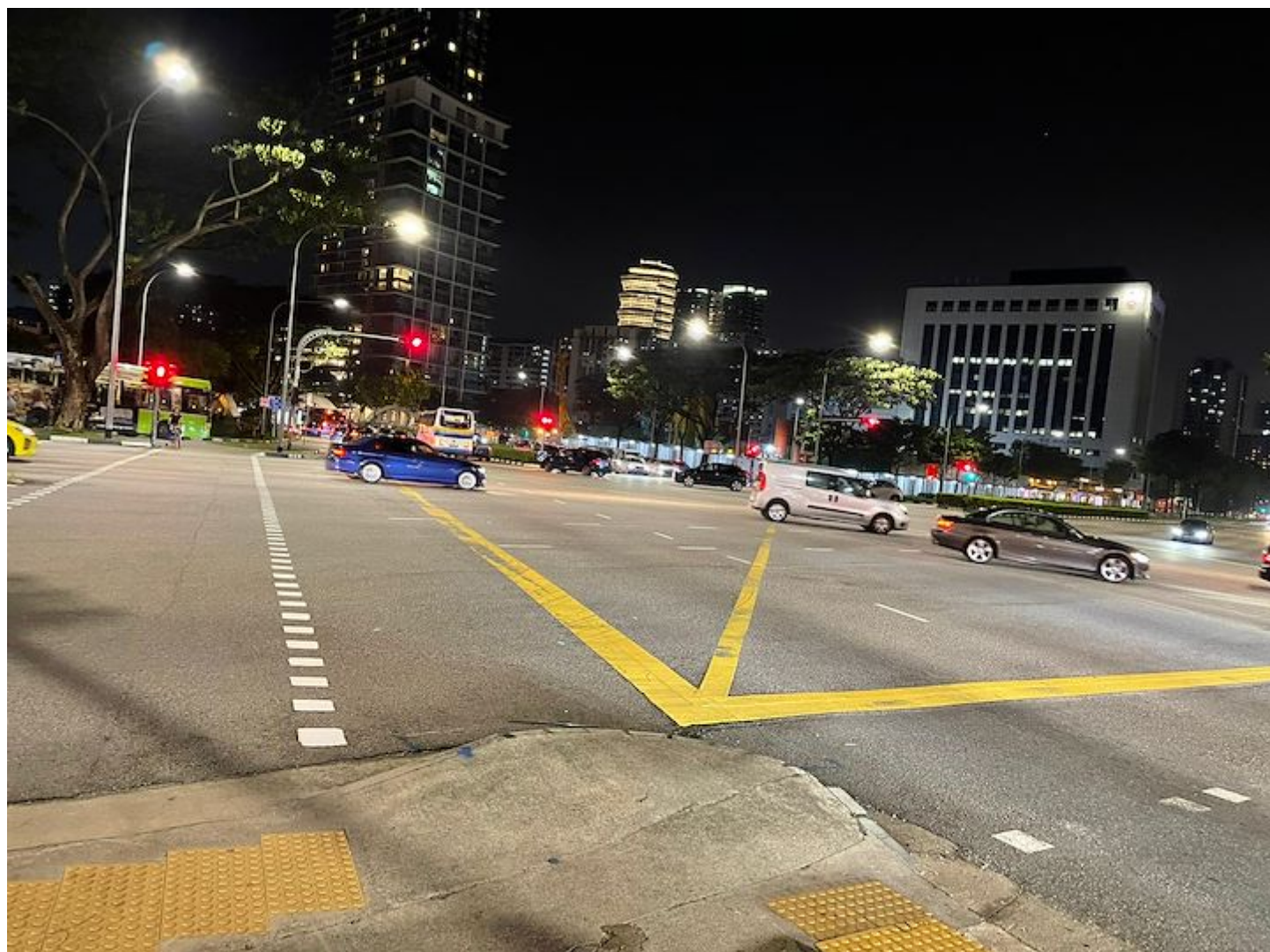
























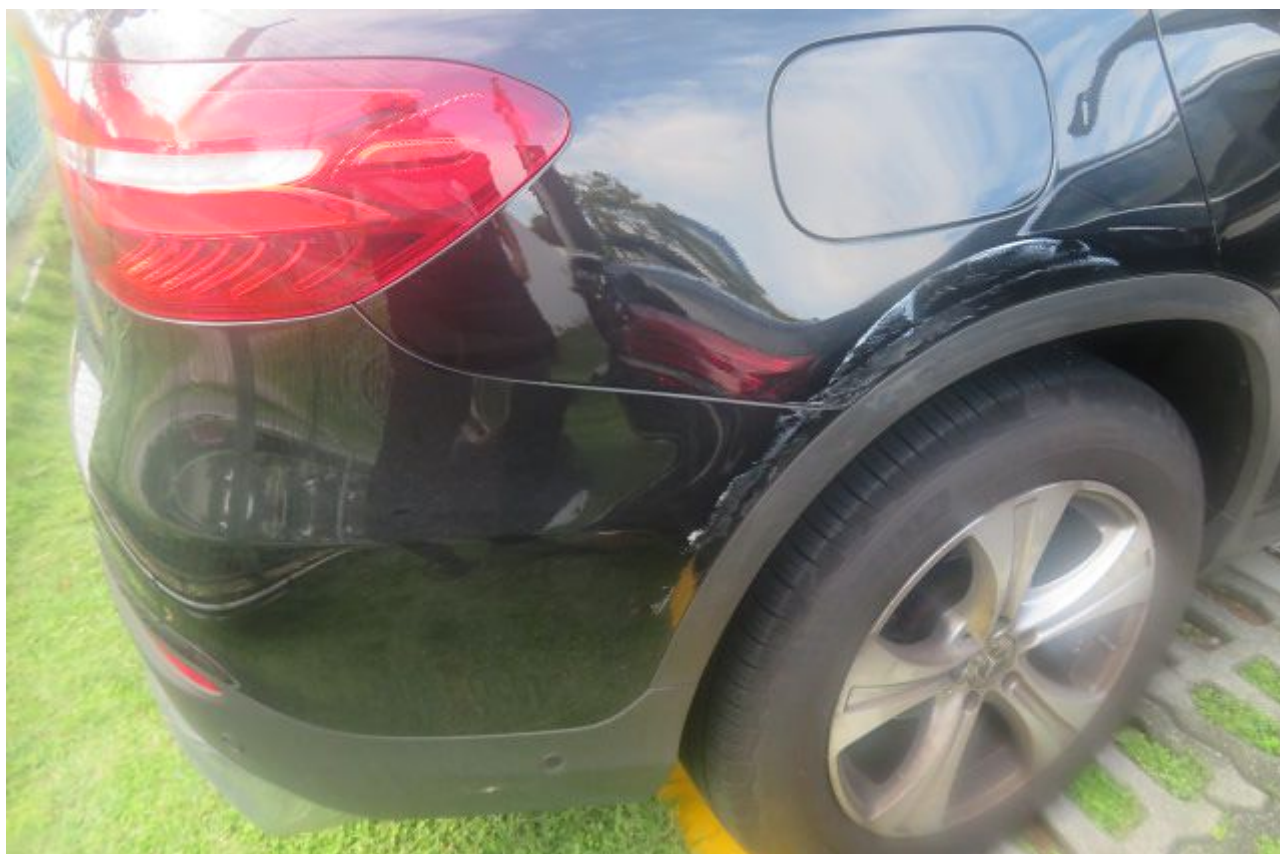
















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SC1S214C000A Vehicle Registration No: SMK 9100Z
Name (as shown in NRIC) : Lee Hong Chuan NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 9/14/21 Time of Accident : 21:41
Place of Accident : JCT of Kallang Rd & Crawford St
Insurance Company: AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Replace accident photos

[Signature]
Policyholder / Driver's Signature
Date: _____

Vincent Seah
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____