

# 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 .....	08/07/2021 16:15 (SGT)
Date of Accident .....	07/07/2021 19:20 (SGT)
Exact Location of Accident .....	180 Kitchener Rd, Singapore 208539
Additional Location Information .....	CITY SQUARE MALL CAR PARK LOT 188
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SME514D
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SEAH POH LEE
NRIC No .....	S1825775J
Email Address .....	pohlee_seah@yahoo.com.sg
Mobile Phone No .....	(Phone) +65-97102921
Alternative Phone No .....	+65-0

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Eclipse cross
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Reporting only
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1499

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	1800111230-01
Cover Note Number .....	-

### DRIVER

Name of Driver .....	SEAH POH LEE
NRIC No .....	S1825775J

Date Of Birth .....	17/10/1967
Occupation .....	Indoor
Date Of Driving Pass .....	26/06/2003
Driving experience .....	18 YEARS AND 1 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-97102921
Alt. Phone Number .....	+65-0
Email Address .....	pohlee_seah@yahoo.com.sg
Address .....	BLK 852 HOUGANG CENTRAL #06-11
Address complement .....	-
Postcode .....	530852
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 vehicle 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 .....	DAWN CHIA SIAM MUI
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

CAR WAS FOLLOWING BEHIND ME WHICH I WAS NOT AWARE . I STOPPED FOR ABOUT 30SECS AND PUT ON REVERSE GEAR TO PARK IN LOT 188 . THE LIGHTING WAS DARK AND HIS CAR COLOR IS ALWASO DARK SO I COULD NOT SEE WHEN I REVERSE . THE OTHER DRIVER DID NOT HORN AT ME AT ALL ALSO , HE ASKED FOR 1K FOR PRIVATE SETTLEMENT WHICH I REFUSE AND HE WANT TO CLAIM AGAINST MY INSURANCE .

#### ATTACHMENT(S)

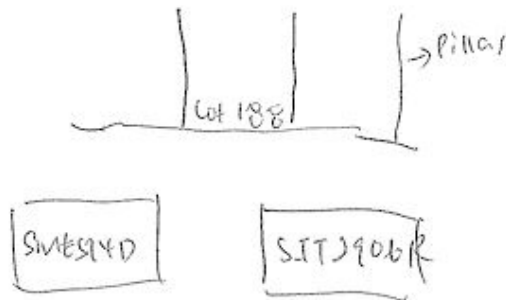
Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	OWNER DID NOT PROVIDE / RETRIEVE
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJT2906R
Vehicle Manufacturer .....	Toyota

Vehicle Model .....	Wish
Vehicle Variant .....	-
Vehicle Colour .....	Black
Vehicle Category .....	Private car
Name of Driver .....	BRYAN HO
Contact Number .....	(Phone) +65-91274876
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	FRONT BONNET LIGHTLY SCRATCHED
No. Of Passenger (Including Driver) .....	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car was following behind me which I was not aware.  
I stopped for about 30secs and put on reverse gear  
to park in Lot 188.

The lighting was ~~dark~~ dark and his car color is  
also dark so I could not see when I reverse.

The other driver did not warn at me at all  
also.

He asked for \$1k for private settlement which I  
refuse and he want to claim against my  
insurance.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time: 8/7/2021 1pm

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 8/7/2021 1pm

Reporting Centre Personnel's Signature  
Name: Chloe Ann  
NRIC/FIN No.:

















Exceptional Journeys

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED  
COMPANY NO. 197701469GCYCLE & CARRIAGE KIA PTE LTD  
COMPANY NO. 199405410KCYCLE & CARRIAGE FRANCE PTE. LIMITED  
COMPANY NO. 200609327MDIPLOMAT PARTS PTE LIMITED  
COMPANY NO. 196400304H**Accident Statement**
☒ Mitsubishi    ☐ Kia    ☐ Citroen    ☐ Others (Please tick accordingly)
**Motor Accident Repair Basic Information**

Date of Accident: 07/07/2021  
 Time of Accident (24hr format): 8.30PM  
 Exact Location of Accident: City Square Mall Carpark lot 1B8

**Own Vehicle Details**

Vehicle Registration Number: SME514D  
 INSURED/ POLICY HOLDER (OWN VEHICLE)  
 Name of Registered Owner: ☒ Individual ☐ Company SEAH POH LEE  
 ID of Registered Owner: ☐ Co. Reg. No. ☒ NRIC No. S1825775J ☐ Passport No. / FIN

**Vehicle Particulars (Own Vehicle)**

Model: ECLIPSE CROSS  
 Exact purpose for which vehicle was being used at the time of accident:  
 Are you claiming under your own Ins. Policy: ☐ Yes ☐ 3rd Party ☒ Reporting Only  
 Vehicle Category: ☒ Private Car ☐ Comm Veh / ☐ Goods Veh / ☐ Motor Trade / ☐ Government

**Insurance Company (Own Vehicle)**

Insurance Company: AIG  
 Type of Coverage: Comprehensive / Third Party / Third Party Fire and / or Theft  
 Fleet Policy: ☒ Yes ☐ No  
 Policy Number / Cover Note Number: 1800111230-01


**Driver**

Name of Driver: SEAH POH LEE  
 ID of Driver: ☐ Co. Reg. No. ☒ NRIC No. S1825775J ☐ Passport No. / FIN  
 Date of Birth: 12/10/1967  
 Occupation: Indoor / Outdoor  
 Driving Pass Date: / / 1993  
 Gender: ☐ Male ☒ Female ☐ Not Specified  
 Mobile Phone No.: 97102921  
 Office / Home / Other Numbers:  
 Home Address: BLK B52 HUBBANK CENTRAL H06-11  
 Email Address: pohlee\_seah@yahoo.com.sg  
 Was Driver an employee of the Insured's Company: ☐ Yes ☒ No ☐ Reason:  
 Does the driver own any other vehicle? ☒ No ☐ Yes  
 If YES, please indicate driver's own car vehicle number and insurance:  
 Vehicle No: Insurance:

OWNER/ DRIVER'S SIGNATURE:

Ver: Jun 2018/BGP



General Information Of The Accident			
Type Of Accident			
Weather Condition	<input type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input checked="" type="checkbox"/> Other
If Others, please state the condition:			
Road Surface	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input type="checkbox"/> Other
If Others, please state the condition:			
Other Information			
Was anybody injured in the accident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Was any foreign vehicle involved in the accident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Foreign Vehicle Registration Number			
Foreign Vehicle Category			
Number of vehicles involved in the accident	1		
Was there any witness? (Name, Phone, Email)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Was there any other vehicle or property damaged?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
Was there any video captured by Car Camera?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
Was the accident reported to the police?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Click here if not in the above list
Was notice of intended Prosecution given?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
If Yes, against whom?			
I have been approached by unknown person(s) soliciting/offering accident claims assistance	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Number of Passengers (Including Driver)	2		
Passenger (Name and Gender)	DAWN CHIA LIAM MUI FEMALE		
Circumstances of Accident			
Refer attachment			
Third Party Vehicle Detail			
Details of Other Vehicle / Property			
Vehicle Registration No.	SJT2906R		
Vehicle Make/ Model/ Colour	TOYOTA WISH		
Details of Property Damaged in Accident	FRONT BONNET		
Vehicle Category			
Name Of Driver	BRYAN HO		
Driver's NRIC	<input type="checkbox"/> Co. Reg. No.	<input type="checkbox"/> NRIC No.	<input type="checkbox"/> Passport No. / FIN
Contact Number	91274876		
Name of Insurance Company			
Nature of Damage	Front Bonnet lightly scratched		
Damages to Other Vehicles & Property (Other than Vehicles A & B)	Vehicle Regn No. or Details of Property	Name of the Driver	Contact Number
Details of Injured Person			
Name	N/A		
Injury Sustained			
Injured person is on which vehicle?			
Were seat belts worn?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
OWNER/ DRIVER'S SIGNATURE: 			

1) Number of Passengers in Vehicle A (including driver)?

Passenger 1

Name

DAWN CHIA SIAM MUI

Gender

M (F)

Passenger 2

Name

Gender : M / F

Passenger 3

Name

Gender : M / F

Passenger 4

Name

Gender : M / F

Passenger 5

Name

Gender : M / F

Passenger 6

Name

Gender : M / F

Passenger 7

Name

Gender : M / F



# SKETCH PLAN

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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: 8/7/2021

1pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 8/7/2021

1pm

Reporting Centre Personnel's Signature

Name: Chloé Choo

NRIC/FIN No.:



# CERTIFICATE OF INSURANCE

## CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

<b>Name of Policyholder</b>	: SEAH POH LEE	<b>Vehicle No.</b>	: SME514D
<b>Period of Insurance</b>	: 17 Sep 2020 To 16 Sep 2021	<b>Policy No.</b>	: 1800111230-01
<b>Engine No.</b>	: 4B40DP1495	<b>Endorsement No.</b>	:
<b>Chassis No.</b>	: JMAXTGK1WJZ002685	<b>Issued Date</b>	: 05 Aug 2020

### ABOUT THE COVER

<b>Make/Model</b>	: MITSUBISHI Eclipse Cross 1.5	<b>Sum Insured</b>	: Market Value	<b>First Year of Registration</b>	: 2018
<b>Engine Capacity/Tonnage</b>	: 1,499.00 CC	<b>Off Peak Car</b>	: No	<b>Insuring with COE/PARF</b>	: Yes
<b>Driver Restriction</b>	: NA				

**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 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

**Age Condition** : 40 years old and above

**Mileage Condition** : Unlimited Mileage

**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, 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 1500cc - 1600cc

\* Limitations rendered 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 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)

SEAH POH LEE - \$800 (Own Damage), \$800 (Flood Cover)

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

1 Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

2 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 406550 67461000

3 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 150094 64706889

4 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69326000

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: United Overseas Bank Limited

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. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1950 (Malaysia)

0504620211

C&CMCP2 - SHERNI

239 ALEXANDRA ROAD

SINGAPORE 159030

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

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AIGSGMOBILEAPP