

## 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 ..... 06/09/2021 14:00 (SGT)  
Date of Accident ..... 04/09/2021 13:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SIMEI ST 4  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SDT1718D

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... HO JIT HIM  
NRIC No ..... S1380294G  
Email Address ..... HJITHIM@SINGNET.COM.SG  
Mobile Phone No ..... (Phone) +65-96360541  
Alternative Phone No ..... +65-96360541

#### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... C180  
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 ..... 1600

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1700040872-04  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... HO JIT HIM  
NRIC No ..... S1380294G

Date Of Birth .....	30/07/1959
Occupation .....	Indoor
Date Of Driving Pass .....	03/05/1982
Driving experience .....	39 YEARS AND 4 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96360541
Alt. Phone Number .....	+65-96360541
Email Address .....	HJITHIM@SINGNET.COM.SG
Address .....	7 SIMEI ST 4 #08-04
Address complement .....	-
Postcode .....	529864
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 .....	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 vehicle 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 TURNING OUT FROM MY CONDO, DID NOT NOTICE CAR B ON THE OPPOSITE ROAD AND HIT THE SIDE OF CAR B.

#### 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 YK
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLR3674Z
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) .....	-

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

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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

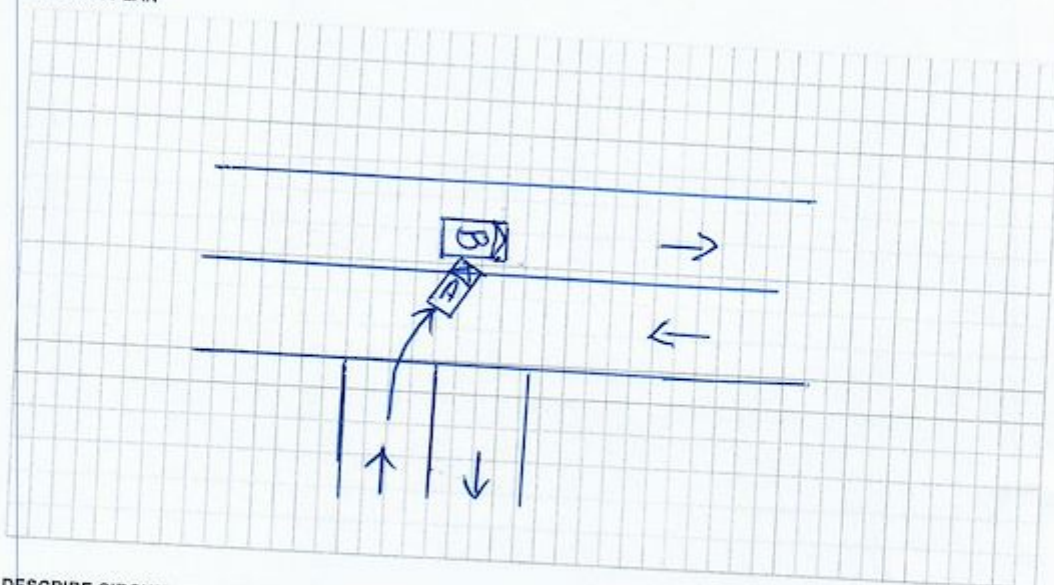
Driver's Signature  
(If driver is not the policyholder)  
Date & Time

Cycle & Carriage Industries Pte Ltd

**Yik Chan Hoe**  
Cycle & Carriage Industries Pte Ltd  
Body Care & Repair Center  
DID: 6872 1272 Tel: 6786 5100 Fax: 6872 1272  
Email: chanhoe.yik@cyclecarriage.com.sg  
Name:

Version 1.3 | Updated 02 DEC 2020

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

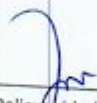
I was turning out from my condo, did not notice Car B on the opposite road and hit the side of Car B.

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)

 6/9/2021  
Policyholder's Signature  
Date & Time

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

**Yik Chan Hoi**  
Cycle & Carriage Industries Pte Ltd  
Body Care & Repair Center  
Address: 455 Ang Mo Kio Street 41, #01-01/02 Singapore 687455  
DID: 6771 4555 FAX: 6872 1272  
Email: yikchan@ccic.com.sg  
Name of Personnel's

Cycle & Carriage Industries Pte Ltd

Version 1.3 | Updated 02 DEC 2020



**AIG****CERTIFICATE OF INSURANCE****MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE**

**Name of Policyholder** : HO JIT HIM  
**Period of Insurance** : 17 Aug 2021 To 16 Aug 2022  
**Engine No.** : 27491030977186  
**Chassis No.** : WDD2050402R286146

**Vehicle No.** : SDT1718D  
**Policy No.** : 1700040872-04  
**Endorsement No.** :  
**Issued Date** : 23 Jul 2021

**ABOUT THE COVER**

**Make/Model** : MERCEDES BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE  
**Engine Capacity/Tonnage** : 1,595.00 CC  
**Driver Restriction** : 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.

**Sum Insured** : Market Value  
**Off Peak Car** : No

**First Year of Registration** : 2017  
**Insuring with COE/PAF** : No

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

**Age Condition** : All Age Condition

**Limitation as to use\*** :

**Mileage Condition** : Unlimited Mileage

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. 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)

HO JIT HIM - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Cycle & Carriage Eunus 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: 188 Pandan Loop Singapore 128378 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:** DBS BANK LTD

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).

0504380243

CYCLE & CARRIAGE - SSHEN

239 ALEXANDRA ROAD  
 SINGAPORE 159930

Handwritten: 1004680756/AC4

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

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