





# 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	18/11/2021 14:37 (SGT)
Date of Accident	17/11/2021 11:50 (SGT)
Exact Location of Accident	Toa Payoh Central, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD2090B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WONG KUM MENG
NRIC No	SXXXX139B
Email Address	desmondkee13@gmail.com
Mobile Phone No	(Phone) +65-91777628
Alternative Phone No	+65-96209201

## VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1193

## INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800095064-02
Cover Note Number	-

## DRIVER

Name of Driver	QUAH AI HOON
NRIC No	SXXXX382D

Date Of Birth	17/03/1954
Occupation	Indoor
Date Of Driving Pass	24/01/1989
Driving experience	32 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96209201
Alt. Phone Number	-
Email Address	desmondkee13@gmail.com
Address	39 WOODGROVE WALK
Address complement	-
Postcode	738182
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Major/Minor Rd
Weather Conditions	AFTER RAIN
Road Surface	Wet

#### 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

#### PLEASE REFER TO SKETCH PLAN

#### 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	WITH OWNER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMS6739J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JENNIFER YU
Contact Number	(Phone) +65-96534113
Address	-

Address complement -  
\* Postcode -  
Insurance Company Name -  
- Nature Of Damage -  
Details of property damaged in accident -  
No. Of Passenger (Including Driver) -



## 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;

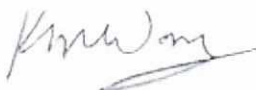
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;


(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.

  
Policyholder's Signature / Date &  
Time

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

  
Witnessed by Reporting Centre  
Personnel

Sketch Plan

Toa Payoh Central



Vel A : SMD 2090 B

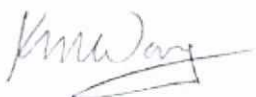
Vel B : SMS 6739J

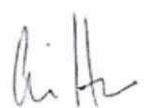
**Describe Circumstances of the Accident**

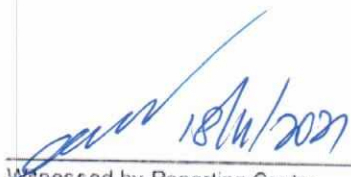
On 17 Nov 2021 at around 11.50 am I was driving  
Veh A (SMD2090B) along the payoh Central. When I was going  
straight Suddenly Veh B (SMS6739J) turn into my lane and  
hit on to my left of my vehicle.

**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time

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

  
Witnessed by Reporting Centre  
Personnel

Date of Accident : 17/11/2021 Accident Time: 1150 am (24-HR-Format)  
Accident Place : Ton Payoh Central  
Vehicle No. (Car Plate No.) : SMD 2096B Make/Model: MITSUBISHI AITRAGE 1.2  
Insurance Company : AIG Policy No: 1800095064-02  
Owner or Company Name /IC No. : WONG KUN MENG (S02391393)  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 91777628 Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : QUAH AI HOON (S02063820)  
DRIVER'S Date Of Birth : 17/03/1954 DRIVER'S License Pass Date 24/01/1989  
Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others: 01  
DRIVER'S Address : 39 WOOD GROVE WALK S (738182)  
DRIVER'S Contact No./ Alt No. : (1) 96209201 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : DERMONDKE13@gmail.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 01  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose  
Any Injury (If YES, Pls state): NO

**Other Party Driver's Particular (if any)**

Vehicle. No: SMS 6739J  
Vehicle Make \Model: \_\_\_\_\_  
Name Driver: Jennifer Yu  
IC No. Driver/Contact: 965341 13

Vehicle. No: \_\_\_\_\_  
Vehicle Make \Model: \_\_\_\_\_  
Name Driver: \_\_\_\_\_  
IC No. Driver/Contact: \_\_\_\_\_

• NEW – Passenger's name & gender:



COPY

Name of Policyholder : WONG KUM MENG  
 Period of Insurance : 08 Aug 2021 To 07 Aug 2022  
 Engine No. : 3A92UHA8607  
 Chassis No. : MMBSTA13AJH002410

Vehicle No. : SMD2090B  
 Policy No. : 1800095064-02  
 Endorsement No. :  
 Issued Date : 26 Jul 2021

#### ABOUT THE COVER

Make/Model : MITSUBISHI ATTRAGE 1.2 CVT  
 Engine Capacity/Tonnage : 1,193.00 CC Sum Insured : Market Value First Year of Registration : 2016  
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PAFF : Yes  
 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 : 35 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 5 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 - \$600 Theft - \$0 Flood Cover - \$600

##### Section 2

Property Damage - \$0

Windscreen : \$100

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

WONG KUM MENG - \$600 (Own Damage), \$600 (Flood Cover)

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

1 Cycle & Carriage Body & Panel 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 406650 67461000

3 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64706683

4 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 68328000

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6335 5200. 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

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).

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C&CMICP2 - ANNUAL

239 ALEXANDRA ROAD  
 SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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