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 witholding 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.

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 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 10/01/2022 14:59 (SGT) Date of Accident 09/01/2022 14:53 (SGT) Exact Location of Accident Singapore Additional Location Information ANG MO KIO AVE 3 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ1299H

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner **CHEE JAU CHNAN** NRIC No. S6806960B

Email Address IVANCHEE.KF@GMAIL.COM Mobile Phone No

(Phone) +65-90083966

Alternative Phone No +65-90083966

VEHICLE PARTICULARS

Manufacturer Mercedes Model A180

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? Yes Vehicle Category Private car

Transmission Auto CC 1400

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive

Fleet Policy Nο

Policy Number 7210035459

Cover Note Number

DRIVER

Name of Driver **CHEE JAU CHNAN** NRIC No. S6806960B

Date Of Birth	15/02/1968
Occupation	Indoor
Date Of Driving Pass	23/11/1989
Driving experience	32 YEARS AND 2 MONTHS
Gender	
Mobile Number	Male (Plane) v.CF 000000CC
	(Phone) +65-90083966
Alt. Phone Number	+65-90083966
Email Address	IVANCHEE.KF@GMAIL.COM
Address	BLK 23 ANG MO KIO AVE 9
Address complement	#04-07
Postcode	569787
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	
Was anybody injured in the Accident?	2
	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
soliciting/oriening 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	
CHICOMOTITIOEO OF MODIDERT	
REFER TO ATTACHED	
HEI ER TO AT MOHED	
ATTACHMENT(S)	
, <u></u>	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	
Was there any audio recorded?	No No
TVGS allere arry addito recorded:	INU
— DETAIL C OF OTHER	VEHICLE DRODERTY 1
DETAILS OF OTHER	VEHICLE PROPERTY 1
Valida Daristustian Number	0051000
Vehicle Registration Number	GBE4209P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	

Commercial vehicle

^	duress complement		
	Accident report	SC1S221A0006	

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver
Contact Number
Address

Postcode	_
nsurance Company Name	_
lature Of Damage	_
Details of property damaged in accident	_
lo. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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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.
- 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")
- all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to (b) collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- 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. (c)
- (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.
- 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 Vik Chan Hoe

 Cycle & Carriage Industries Pie Ltd

 Cycle & Carriage Reposit Center

(ii) for complying with requirements under any regulations, laws or court orders. Cycle & Carriage Industries Pie Liu

Cycle & Carriage Repair Center

Body Care & Repair OF Fax: 6872 1272

DID: 677 heppming Centre Personnel's

Email Name:

Policyholder's Signature Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time

Cycle & Carriage Industries Pte Ltd

Version 1.3 | Updated 02 DEC 2020

SKETCH PLAN stationa DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to attached. 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. Chain Hospitals industries pre April 1272

(Please contact your insurance company for any further details. Chain Hospitals Policy Canes (872 1272)

Cycle & Carriage Industries (872 1272)

Cycle & Carriage Ind Policyholder's Signature Driver's Signature Reporting Centre Personnel's Date & Time (If driver is not the policyholder) Name: Date & Time Cycle & Carriage Industries Pte Ltd Version 1.3 | Updated 02 DEC 2020 Name of Statement Maker: Chee Jau Chnan (90083966)

Vehicle Number: SMZ1299H

Date of accident: 9th of January 2022

Time of accident: 2.53pm

Venue of accident: Ang Mo Kio Ave 3 (In front of Ang Mo Kio Hub drop-off/pickup point)

Statement:

I exited the AMK hub drop-off/pickup point and was turning left into AMK Avenue 3. At this point in time, all vehicles were not moving because of the traffic light. I moved into the yellow box which was in the left most lane. As I intended to turn right thereafter, I had to change to the middle lane. Upon seeing a space in the middle lane, I signalled right and moved my car slightly into the empty space. All vehicles, including my car and the Van, were stationary and my car was partially in the middle lane. I was unable to move forward further because of a lack of space in front. Nonetheless, part of my car was already in the middle lane. The other party (the Van) was in the middle lane behind my car. The Van was approximately half a car length away from my car. The traffic light turned green and before I even moved, I gestured at the driver to get his attention. However, the driver did not even notice me or my vehicle and simply drove forward, crashing into the side of my car. I believe that the Van had failed to notice my car before moving. This could be due to the fact that the driver seat of the Van was high, and hence, the driver did not spot that my car was partially in the middle lane already. From the pictures taken, it is clear that the front of the Van had knocked into the side of my car and not the other way round. The pictures show that the front portion of the Van was damaged while my car was damaged more to the right side of the car.



CERTIFICATE OF INSURANCE

ERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

me of Policyholder riod of Insurance

: CHEE JAU CHNAN

gine No. assis No. : 12 Apr 2021 To 11 Apr 2022

: 28291480486807 : W1K1771842J273008 Vehicle No.

: SMZ1299H

Policy No.

: 7210035459

Endorsement No.

Issued Date

: 22 Apr 2021

BOUT THE COVER

4ake/Model

: MERCEDES Benz A180 Progressive

ingine Capacity/Tonnage : 1,332.00 CC

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2021 Insuring with COE/PARF : Yes

river Restriction

: NA 'erson or Classes of Persons Entitled to Drive*:

The Policyholder
Any other person who is driving on the Policyholder's order or with his/her permission.

Its Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

xu 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

ge Condition

All Age Condition

Mileage Condition

: Unlimited Mileage

mitation as to use*

se only for social, domestic and pleasure purposes and for the Policyholder's business.

is Policy does not cover use for hire or reward, driving tulion, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or siness or use for any purpose in connection with Motor Trade.

iss of Use 2000cc

imitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cep. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport mendment) Act 2019, are not to be included under these headings.

XCESS

ction 1 e - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

operty Damage - \$0

ndscreen: \$100

amed Driver and Excess (where applicable)

IEE JAU CHNAN - \$800 (Owe Damage), \$800 (Flood Cover)

PPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

ycle & Carriage Eunos Service Center (For accident reporting only). Add: 330 Ubi Road 3 Singapore 408650 62061818 ycle & Carriage Pandan Loop Service Center - Body Care & Repair. Add: 188 Pandan Loop Singapore 128378 62061818

other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hottine at +65 8338 6200. Alternatively, you may refer to AIG website www.aig.sg or I SG Mobile App. Simply search and download "AIG SG" from (Tunes or Google Play.

PORTANT NOTES

e Purchase Company/Employer's Loan: MayBank

ereby 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 Seat Transport Act, 1997 (Malaysia), Road Transport (Amendment) Act 2018 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

E & CARRIAGE - EVELYN

LEXANDRA ROAD

APORE 159930

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.



































