

## 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 ..... 07/02/2022 13:06 (SGT)  
Date of Accident ..... 05/02/2022 19:10 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SIXTH AVE  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJM801T

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... QUEK JIN OON  
NRIC No ..... S0158119H  
Email Address ..... QUEKAND@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-82883231  
Alternative Phone No ..... +65-82883231

#### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... S450  
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 ..... 3000

#### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 7210056445  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... QUEK JIN OON  
NRIC No ..... S0158119H

Date Of Birth .....	15/10/1952
Occupation .....	Indoor
Date Of Driving Pass .....	20/12/1969
Driving experience .....	52 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82883231
Alt. Phone Number .....	+65-82883231
Email Address .....	QUEKAND@GMAIL.COM
Address .....	39 MOUNT SINAI RISE #15-01
Address complement .....	-
Postcode .....	276957
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) .....	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? .....	Yes
Police Station Name .....	Bukit Timah Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004689999
Alt. Police Station Phone No .....	(Fax) +65-64623782
Police Station Address .....	Blk 1 Toh Yi Drive #01-139 Singapore 591501
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20220205/2070

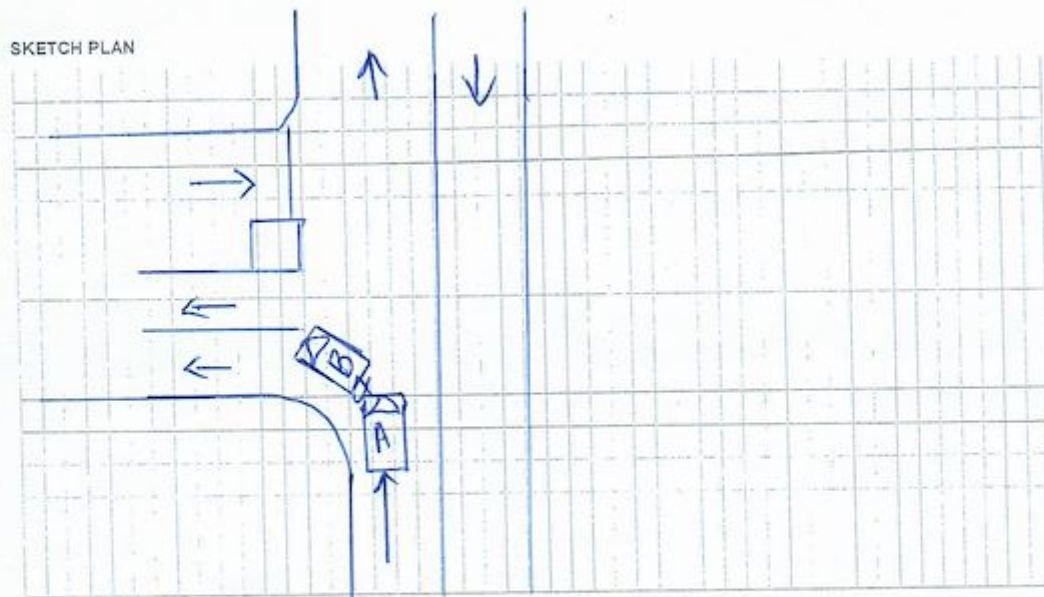
#### ATTACHMENT(S)

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 .....	SND1222H
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) .....	-



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report  
T/20220205/2070

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

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

\_\_\_\_\_  
Reporting Centre Personnel's  
Name:

**Yik Chan Hoi**  
Cycle & Carriage Industries Pte Ltd  
Body Care & Repair Center  
DID: 6771 4353 HP: 9186 5109 Fax: 6872 1272  
Email: chanhoeyik@cyclecarriage.com.sg

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

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**B. 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: 6771 9363 HP: 9186 5109 Fax: 6872 1272  
Email: [ycik@cyclecarriage.com.sg](mailto:ycik@cyclecarriage.com.sg)  
GIA Records Management Centre Personnel's

Version 1.3 | Updated 02 DEC 2020





# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : QUEK JIN OON  
 Period of Insurance : 30 Jun 2021 To 29 Jun 2022  
 Engine No. : 25693030324898  
 Chassis No. : W1K2231612A048239

Vehicle No. : SJM801T  
 Policy No. : 7210056445  
 Endorsement No. :  
 Issued Date : 08 Jul 2021

### ABOUT THE COVER

Make/Model : MERCEDES Benz S450L

Engine Capacity/Tonnage : 2,999.00 CC

Driver Restriction : NA

Sum Insured : Market Value  
 Off Peak Car : No

First Year of Registration : 2021  
 Insuring with COE/PAF : 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 "Young and/or Inexperienced Driver Excess" ("YIDER") 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

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 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 - \$2200 Theft - \$0 Flood Cover - \$2200

#### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

QUEK JIN OON - \$2200 (Own Damage), \$2200 (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 406550 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: Daimler Financial Services Africa & Asia Pacific 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).

0504688233

CYCLE & CARRIAGE - JULI

239 ALEXANDRA ROAD

SINGAPORE 159930

AIG Asia Pacific Insurance Pte. Ltd.

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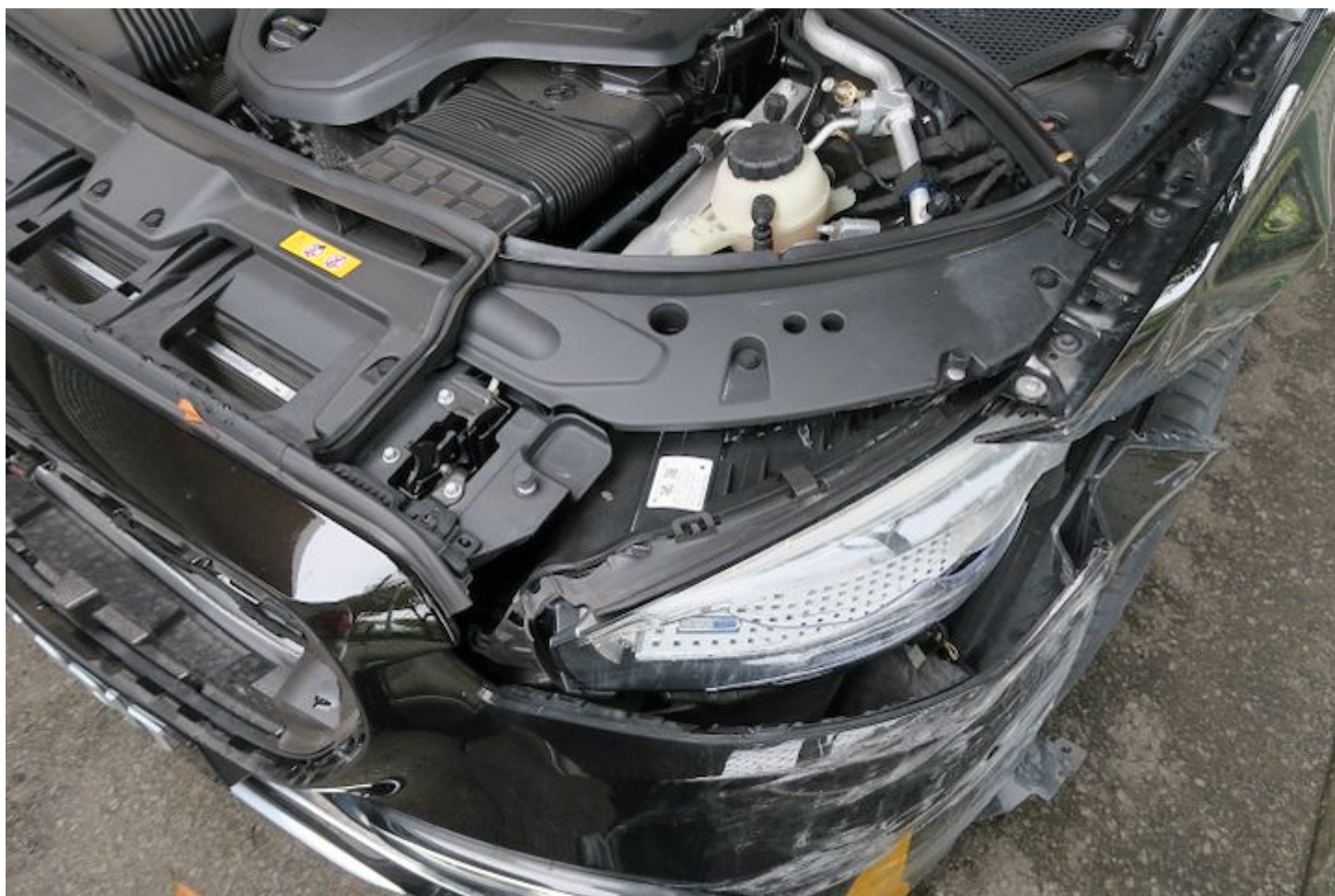






















# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999



T/20220205/2070

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Report No. T/20220205/2070

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2022 21:24	Vide Report No.: D/20220205/0108	Station Diary No.: 53
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### Informant's Particulars

Name of Informant: QUEK JIN OON	Address: APT BLK 39 MOUNT SINAI RISE #15-01 SINGAPORE 276957		
ID Type / ID No.: NRIC NO / S0158119H	Contact No.: Home/Office: Mobile: 82883231		
Nationality: SINGAPORE CITIZEN	Email: quekand@gmail.com		
Sex: Male	Age: 69	Date of Birth: 15/10/1952	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: RETIRED	Driving Licence Information: Class: 3		Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/02/2022 19:10	Type of Location: Straight Road
Location:  SIXTH AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM801T	Car	MERCEDES BENZ	S450L 4M SEDAN	Black	Seriously Damaged	0
SND1222H	Car	TESLA	MODEL 3 PERFORMA NCE	Black	Seriously Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM801T	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210056445	30/06/2021	29/06/2022




**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999



T/20220205/2070

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Report No. T/20220205/2070

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	QUEK JIN OON	ID No.	S0158119H
Related Vehicle	SJM801T (Car)	Contact No.	82883231
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 05/02/2022 at 1911hrs, I was driving my vehicle (SJM801T) along Sixth Ave towards Bukit Timah Rd. At that time, another vehicle (SND1222H) was driving ahead of me.

I observed that the vehicle had signaled left and was intending to make a left turn into Sixth Ave Residences. The vehicle then turned left. However, when the vehicle was halfway in the left turn, it came to an abrupt stop.

At that time, I had already slowed my vehicle down as I had observed that the vehicle was turning left. However, as the vehicle abruptly came to a stop, I was unable to stop my vehicle in time and the front left side of my vehicle collided into the rear right side of the other vehicle.

I then alighted my vehicle and observed that the front left portion of my vehicle had suffered severe dents and scratches. The front left tyre was punctured as well. I later discovered that my vehicle can no longer operate and needed to be towed.

As a result of the collision, I observed that the other vehicle's rear right portion of the vehicle had suffered scratches too. However, the other vehicle had moved forward due to the collision and had collided to the security guard post of Sixth Ave Residences. I observed that the front portion of the other vehicle was badly damaged.

Later, the Traffic Police and the ambulance arrived at the accident site. The Traffic Police carried out their investigations and took custody of my vehicle's SIM card. I observed that the ambulance had conveyed the driver of the other vehicle to the hospital. I was instructed by the Traffic Police to make a traffic accident report and I proceeded to Bukit Timah NPC to do so.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999



T/20220205/2070

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Report No. T/20220205/2070

**CONTINUATION OF REPORT****Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report  
E /  
Other LAU KOK TING

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
05/02/2022 21:24

Officer In Charge Of Case:  
TP / GIT /  
STAFF SGT MOHAMED SUFIAN BIN  
MOHAMED JUNID  
Contact No.: 65476247

Classification Of Case: