

# 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 ..... 22/03/2022 15:35 (SGT)  
Date of Accident ..... 21/03/2022 17:10 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SAINT PATRICKS ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SME304T

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... WONG MING GHEE  
Passport No/FIN ..... SXXXX775A  
Email Address ..... B.WONG0707@YAHOO.COM  
Mobile Phone No ..... (Phone) +65-92337600  
Alternative Phone No ..... +65-92337600

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... Cla180  
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 ..... 1800103707  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEE BENG HEOK  
NRIC No ..... S1413365H

Date Of Birth .....	05/04/1960
Occupation .....	Indoor
Date Of Driving Pass .....	27/06/1981
Driving experience .....	40 YEARS AND 9 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-92337600
Alt. Phone Number .....	-
Email Address .....	B.WONG0707@YAHOO.COM
Address .....	3 CHAPEL ROAD
Address complement .....	-
Postcode .....	429502
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 .....	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

#### 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 .....	REFER TO CSE YK
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SNE209Z
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) .....	-

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

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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.

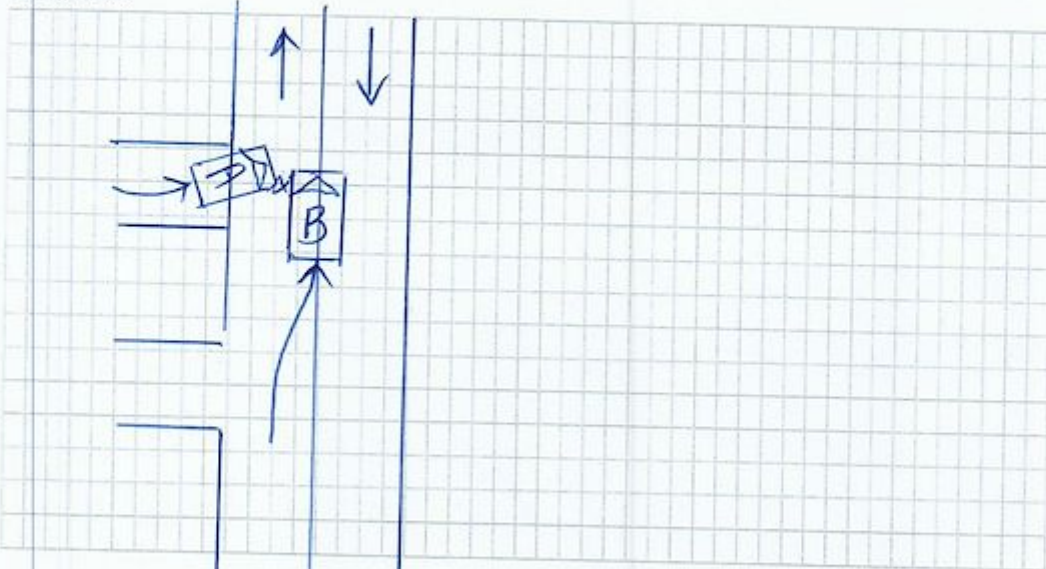
Policyholder's Signature  
Date & Time

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

**Yik Chan Hoe**  
Cycle & Carriage Industries Pte Ltd  
Body Care & Repair Center  
DID: 6771 4353 HP: 9186 5109 Fax: 6872 1272  
Email: [yikchanhoe@cyclecarriage.com.sg](mailto:yikchanhoe@cyclecarriage.com.sg)  
Reporting Centre Personnel's  
Name:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*School Zone.*

I checked that the traffic was clear and proceeded to turn left into St Patrick's Rd. As I was turning halfway, Car B drove out from St Patrick's Sec. School at a high speed and hit the right front side of my car. The driver of Car B was driving fast in a School Zone.

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

**Yik Chan Hoe**

Cycle & Carriage Industries Pte Ltd

Body Care & Repair Center

DID: 6771 4353 HP: 9186 5109 Fax: 6872 1772

Email: chanhoe.yik@cyclecarriage.com.sg

Reporting Centre Personnel's

Name:



# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

<b>Name of Policyholder</b>	: WONG MING GHEE	<b>Vehicle No.</b>	: SME304T
<b>Period of Insurance</b>	: 17 Sep 2021 To 16 Sep 2022	<b>Policy No.</b>	: 1800103707-03
<b>Engine No.</b>	: 27091031708201	<b>Endorsement No.</b>	:
<b>Chassis No.</b>	: WDD1173422N704613	<b>Issued Date</b>	: 05 Aug 2021

### ABOUT THE COVER

<b>Make/Model</b>	: MERCEDES Benz CLA180 Coupe	<b>Sum Insured</b>	: Market Value	<b>First Year of Registration</b>	: 2018
<b>Engine Capacity/Tonnage</b>	: 1,595.00 CC	<b>Off Peak Car</b>	: No	<b>Insuring with COE/PARF</b>	: Yes
<b>Driver Restriction</b>	: NA				
<b>Person or Classes of Persons Entitled to Drive*</b> :					

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.

<b>Age Condition</b>	: 40 years old and above	<b>Mileage Condition</b>	: Unlimited Mileage
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**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 - \$800 Theft - \$0 Flood Cover - \$800

**Section 2**  
Property Damage - \$0

Windscreen : \$100

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

WONG MING GHEE - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Cycle & Carriage Eunos Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 406650 62061818  
2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 126378 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).

0504612231  
CYCLE & CARRIAGE - JQUEK  
239 ALEXANDRA ROAD  
SINGAPORE 159930

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

This computer generated document does not require a signature.

































