

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 09/06/2022 14:10 (SGT)
Date of Accident 09/06/2022 10:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information WOODLANDS AVE 12
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SME8121B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MAGDALENE ANG MUI KIA (HONG MEIJIA)
NRIC No S7901668C
Email Address ANGMAGDALENE@HOTMAIL.COM
Mobile Phone No (Phone) +65-81887280
Alternative Phone No +65-81887280

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 1595

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1800118850-03
Cover Note Number -

DRIVER

Name of Driver MAGDALENE ANG MUI KIA (HONG MEIJIA)
NRIC No S7901668C

Date Of Birth	14/01/1979
Occupation	Indoor
Date Of Driving Pass	10/06/2004
Driving experience	18 YEARS
Gender	Female
Mobile Number	(Phone) +65-81887280
Alt. Phone Number	+65-81887280
Email Address	ANGMAGDALENE@HOTMAIL.COM
Address	341 SEMBAWANG CLOSE #16-41
Address complement	-
Postcode	732341
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?	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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNC5774K
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) -

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- 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")
(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.

Go Chee Han
DID : 6771 4336 HP : 9181 7717
Email : cheehan.g@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop
Reporting Centre Personnel's Name:
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

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Cycle & Carriage Industries Pte Ltd

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Name:

Go Chee Han
DID : 6771 4336 HP : 9181 7717
Email : cheehan.g@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop

(Please contact your insurance company for any further details)

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.

We declare the foregoing particulars are true in every respect.

DECLARATION

(Car "B" Suddenly Stopped. I could not stop in time
knocked into Car "B" rear portion.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

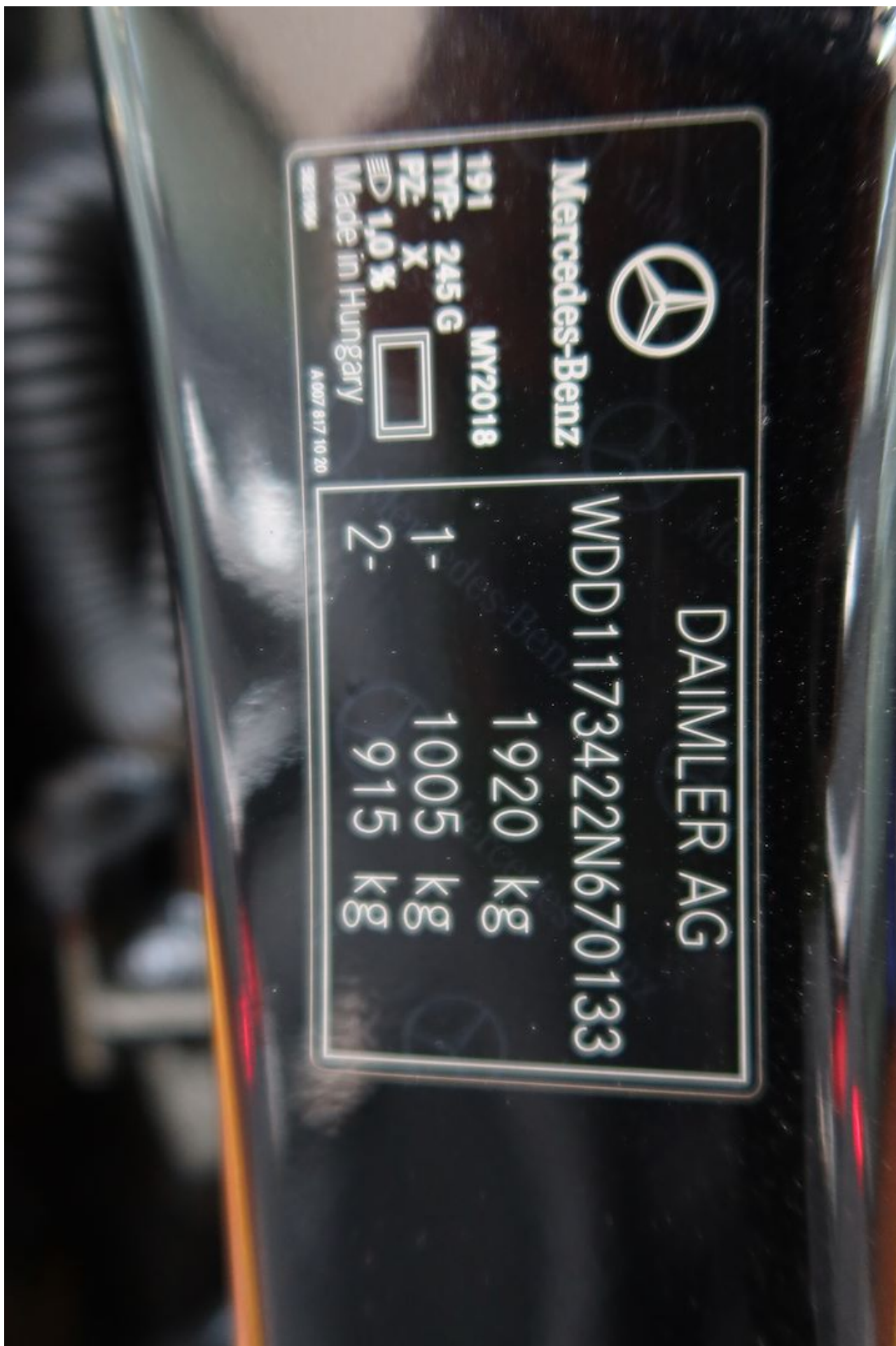
SKETCH PLAN

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graph TD
    A[A] --> B[B]
    A --- A1[SME8121B]
    B --- B1[SNC5734K]
  
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MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE Name of Policyholder : MAGDALENE ANG MUI KIA (HONG MEI JIA) Period of Insurance : 18 Oct 2021 To 17 Oct 2022 Engine No. : 27091031650615 Chassis No. : WDD1173422N670133		ABOUT THE COVER Make/Model : MERCEDES Benz CLA180 Coupe 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. You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" (IDEX) if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.	
First Year of Registration : 2018 Insuring with COE/PARF : Yes		Mileage Condition : Unlimited Mileage Age Condition : 35 years old and above 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. * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 85 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) MAGDALENE ANG MUI KIA (HONG MEI JIA) - \$800 (Own Damage), \$800 (Flood Cover)		APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS) 1 Cycle & Carriage Eurotax Service Center (For accident reporting only) Add: 350 Ubi Road 3 Singapore 408550 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 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		Uwe 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).	
Underwritten by AIG Asia Pacific Insurance Pte. Ltd. SINGAPORE 159930 239 ALEXANDRA ROAD CYCLE & CARRIAGE - JERRY 0504612279 78 Shenton Way #09-16 AIG Building S079120 T +65 6419 3000 www.aig.sg		AIG Asia Pacific Insurance Pte. Ltd. This computer generated document does not require a signature. SECURITY	









































GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

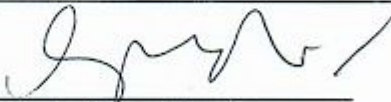
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SC1S22690005 Vehicle Registration No: SME8121B
Name (as shown in NRIC) : Magdalene Ang Mui Kia (Hong M) NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 9-6-2022 Time of Accident : 10AM
Place of Accident : WOODLANDS AVE 12
Insurance Company : AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

CLAIM UNDER MY POLICY TO REPAIR MY CAR.



Policyholder / Driver's Signature
Date: _____



Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____