





# 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	07/07/2022 18:34 (SGT)
Reported by	Both
Date of Accident	06/07/2022 19:34 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE(CHANGI) BEFORE KALLANG
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA72H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE MUN LEONG, ADRIAN
NRIC No	SXXXX843J
Email Address	adrianlee@affco.com.sg
Mobile Phone No	(Phone) +65-84846039
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
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	1332

## INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210112665

## DRIVER

Name of Driver	LEE MUN LEONG, ADRIAN
NRIC No	SXXXX843J
Date Of Birth	19/12/1972
Occupation	Indoor

Date Of Driving Pass	13/03/1998
Driving experience	24 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84846039
Alt. Phone Number	-
Email Address	adrianlee@affco.com.sg
Address	BLK 310 TAMPINES ST 32
Address complement	#07-126
Postcode	520310
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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 CIRCUMSTANCES OF ACCIDENT.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW8762T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAY ZHI RUI, EUNICE
Contact Number	-

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

-

-

-

-

-

-

-

PASSENGER 1

Name

Gender

UNKNOWN

Male



## SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
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.

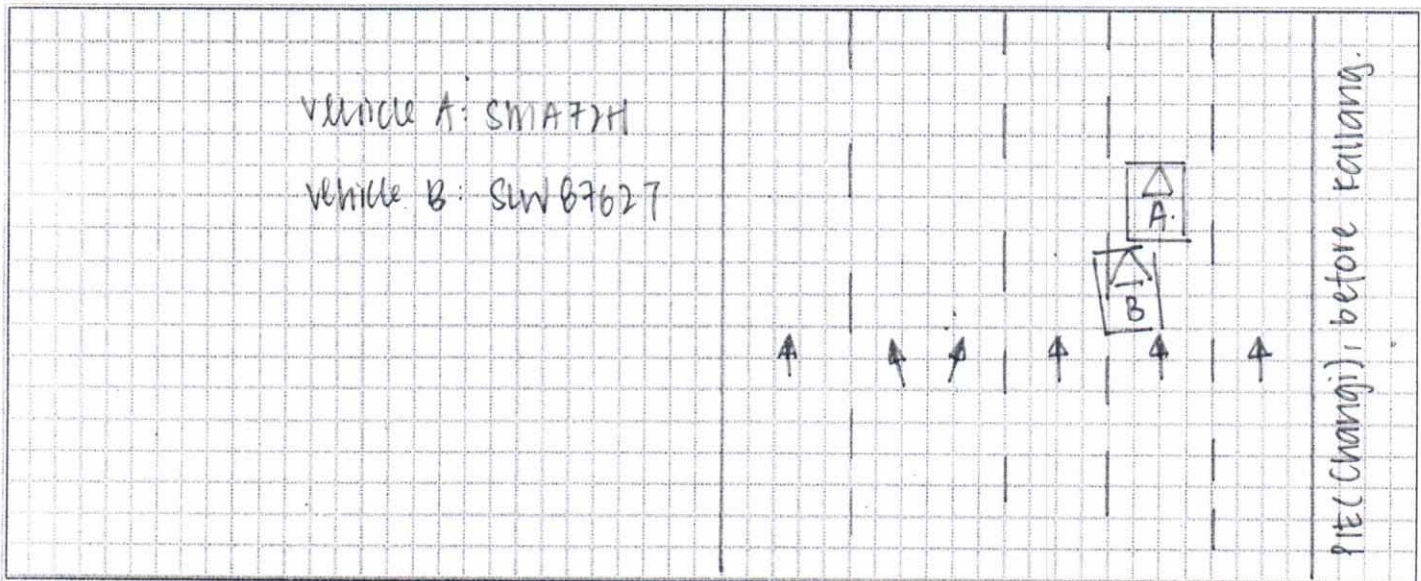
  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan

Vehicle A: SMIA7XH  
Vehicle B: SWB7627



Pte (Changi), before falling.

Describe Circumstance of the Accident

On the stated date & time, I, vehicle A,  
SINA72H, was travelling straight along lane 2 of  
the stated venue. Front vehicle braked and I  
stopped as well. About 2 seconds later, vehicle B,  
SLW87627, collided onto my stationary vehicle's  
rear portion.

Declaration

I/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  
(Name as in NRIC/ID card)



## SINGAPORE ACCIDENT STATEMENT

### Accident Details

Who reported the accident? Owner / Driver / Both

Date of Accident: 06/07/2022

Time of Accident: 7:34 (AM / PM)

Location of Accident: PIE (Changi) before Kallang

Country/State of Loss: SG

Type of Accident: Head to Rear

Weather Condition: Clear / Raining Road Surface: Dry / Wet

If Not in List, please specify \_\_\_\_\_

Are you claiming under your own insurance policy for repair to your vehicle? Yes / No

If No, please state action to be taken Third Party / Reporting Only

Was any foreign vehicle involved in accident? Yes / No

If yes, please state Vehicle No & Vehicle Type: \_\_\_\_\_

No. of vehicles Involved in the accident (include own vehicle) 2

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / No

Was the accident reported to the police? Yes / No

If yes, police station name: \_\_\_\_\_

Was notice of Prosecution given? Yes / No

If yes, against whom? \_\_\_\_\_

### Files

Are accident photos available for attachment? Yes / No

Was there any video captured? Yes / No

Was there any audio captured? Yes / No

### Details of Own Vehicle

Vehicle Registration No: SMA72H

Vehicle Category: Private

Vehicle Manufacturer: Mercedes Benz Vehicle Model: CLA 180

Transmission: Manual / Auto Cc: \_\_\_\_\_

Exact purpose for which vehicle was being used at the time of accident:

Private Car / Private Use / Employment.

No. of passengers (including driver) 01

Passenger Name: \_\_\_\_\_

Gender: Male / Female

Passenger Name: \_\_\_\_\_

Gender: Male / Female

### Own Vehicle Policy

Handling Insurer: ALG.

Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / No

Registered Owner Name: Lee Mun Leong, Adrian.

ID Type: UEN / NRIC / Passport or FIN / Work Permit

Registered Owner ID: S7246843J.

Email: adrianlee@affco.com.sg.

Mobile No: 8484.6039.

Alt. No Type: Home / Office / Not in List

If Not in List, please specify \_\_\_\_\_

Owner Alt Phone No: \_\_\_\_\_



### Driver's Information

Is the driver the policy holder? ☒ Yes / No

Name of Driver: As above

Gender: ☒ Male / Female

ID Type: ☒ NRIC / Passport or FIN / Work Permit

Driver's ID: As above.

Date of Birth: 19/12/1972

Driving Pass Date: 13/03/1988

Mobile No: As above.

Email: As above.

Address 1: 310 Tampines St 31 #07-126.

Address 2: \_\_\_\_\_ Postal Code: 520310

Occupation: ☒ Indoor / Outdoor

Driver Owner Relationship \_\_\_\_\_

Does Driver own other vehicles? Yes / ☒ No

If yes, please provide Vehicle Registration No: \_\_\_\_\_

Handling Insurer: \_\_\_\_\_

### TP Vehicle or Property

Was there any other vehicle or property damaged? ☒ Yes / No

If yes, please provide:

(i) Vehicle Registration No: SLW 8762T.

(ii) Vehicle Category: Private.

(iii) No. of passengers (including driver) 1st Mr Pui, Eunice

Passenger Name: \_\_\_\_\_

Gender: ☒ Male / Female

### Translation

Was the Sketch Plan Statement translated from another language?

Yes / ☒ No

Name of Translator: \_\_\_\_\_

ID Type: \_\_\_\_\_ NRIC / Passport or FIN / Work Permit

Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

What is the original language used in the statement?

☒ English / Mandarin / Malay / Tamil / Others: \_\_\_\_\_

**Please attach the following documents:**

- Original report in original language
- Translated report to English

### Injured Person's Details

Was anyone injured in the accident? Yes / ☒ No

Any injured conveyed to hospital by Ambulance? Yes / ☒ No

If yes, please provide:

(i) Name: \_\_\_\_\_

(ii) Gender: \_\_\_\_\_ Male / Female

(iii) Injured Person in which Vehicle? \_\_\_\_\_

(iv) Full Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Witness Details

Was there any witnesses? Yes / ☒ No

If yes, please provide:

Witness Name: \_\_\_\_\_

Witness Contact: \_\_\_\_\_





# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

<b>Name of Policyholder</b>	: LEE MUN LEONG ADRIAN	<b>Vehicle No.</b>	: SMA72H
<b>Period of Insurance</b>	: 23 Sep 2021 To 22 Sep 2022	<b>Policy No.</b>	: 7210112665
<b>Engine No.</b>	: 28291480614053	<b>Endorsement No.</b>	:
<b>Chassis No.</b>	: W1K1183842N219794	<b>Issued Date</b>	: 06 Oct 2021

### ABOUT THE COVER

<b>Make/Model</b>	: MERCEDES Benz CLA180 Coupe	<b>Sum Insured</b>	: Market Value	<b>First Year of Registration</b>	: 2021
<b>Engine Capacity/Tonnage</b>	: 1,332.00 CC	<b>Off Peak Car</b>	: No	<b>Insuring with COE/PARF</b>	: Yes
<b>Driver Restriction</b>	: 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 "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 than 2 years' driving experience.

<b>Age Condition</b>	: All Age Condition	<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)

LEE MUN LEONG ADRIAN - \$800 (Own Damage), \$800 (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 408650 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: DBS BANK 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).