## **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 15/07/2022 17:20 (SGT) Reported by Date of Accident 15/07/2022 10:05 (SGT) Exact Location of Accident Singapore Additional Location Information 507 TAMPINES CENTRAL 1 MSCP Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **SBP3688M** 

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHAN KEE FEI Passport No/FIN SXXXX852I Email Address KEEFEI CHAN@SINGAPOREAIR.COM.SG Mobile Phone No (Phone) +65-96663688 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Model E200 Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to Yes your vehicle? Vehicle Category Private car Transmission Auto CC 1800

**INSURANCE COMPANY** 

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2100195939-12

DRIVER

Name of Driver **GOH SOO IMM AMY** NRIC No S0193331J Date Of Birth 14/11/1954 Occupation Indoor

Date Of Driving Pass 07/09/1976 Driving experience 45 YEARS AND 10 MONTHS Gender Female Mobile Number (Phone) +65-96303688 Alt. Phone Number Email Address NO@EMAIL.COM Address 6 BEDOK AVE Address complement Postcode 469907 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? Nο 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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Yes Police Station Name Bedok North Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002449999 Alt. Police Station Phone No (Fax) +65-62447258 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT NO.: G/20220715/7046 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 **UNKNOWN** Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour	_
Vehicle Category	NA / Unknown
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

- 1. Rease report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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. 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.
- 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)

lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes. Vik Chan Hoe

  Vik Chan Hoe

  Cycle & Carriage Industries Pre Ltd

  Cycle & Carriage Repair Center

  Body Care & Repair Center

  671 4353 HP: 9186 5109 Fax: 6872 1272

  Industrial Properties Repair Commence of the Commence of th

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Driver's Signature (If driver is not the policyholder) / Date 10: 6 Witnessed by Reporting Centre

& Time

Emaria Personnel

Sketch Plan

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aration declare the foregoing particulars are true in every respect.	Cycle & Carringe Industries Pic Ltd  Cycle & Carringe Repair Center  Body Core & Repair Center  Cycle & Carringe Compage  Cycle & Carringe
15/07/ C/-	



AIG Asia Pacific Insurance Pte. Ltd AIG Building 78 Shenton Way

#07-16	
<u>M</u>	10TOR ACCIDENT INTERVIEW FORM
NAME	Goh Soo Imm Amy
VEHICLE NUMBER	BBD218CM1
DATE/ TIME OF ACCIDENT	15/7/21 @ 1005
PLACE OF ACCIDENT	507 Tampines Contral In
THIRD PARTY VEHICLE (IF ANY)	unknown
************************	
WHERE DID YOU START YOUR JOURNEY	AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?
Innu lange +	The second secon
THOM NOW I	Tampines Central.
DID YOU DRINK ANY ALCOHOLIC DRINK	KS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC
POLICE CONDUCT ANY BREATHE-ANALY	SER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?
NO	
WHAT IS THE TYPE OF COLLISION AND TH	HE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?
HET Cech	
of my car	achted the acus and fender
7000	
WERE YOU OR YOUR DASSESSORS (S.	
FOR INVESTIGATION?	RED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE
NO -	
	2/
Amy Goh Soolmm	X ( - '
NAME:	
I AFFIRMED THE ABOVE INFORMATION I	C CIVITY TO A STATE OF THE STAT

UNDERTAKING
, GON 300 IWM ANY SO 1933315 confirm that t
Singapore Accident Statement lodged by me on 5 2 at 1 20 hours pertaining
CKD 2/DEIDA
accurate to the best of my knowledge, information and belief.
I, Chan Kee Fei (NRIC No. 85)-I ), am the owner of motor of Reg. No: 889868 Mand the policyholder of policy no. 2100195939
We acknowledge that the insurer, AIG Asia Pacific Insurance Pte. Ltd. is not liable under the contract
insurance if there is (a) a breach of policy terms and conditions and/or (b) cover under the policy
excluded due to the operation of an exclusion(s) under the policy terms and conditions.
In the event that an unrelated/unreported third party property or injury claim arises or evidence emerge that:  a) there is a breach of policy terms and conditions; and/or
<ul> <li>b) Cover under the policy is excluded due to the operation of an exclusion(s) under the policy term and conditions,</li> </ul>
we irrevocably jointly and severally undertake to absolve my insurer from all liability under the contract
of insurance and we further jointly and severally undertake to re-pay any and all sums paid by my insurer
pursuant to the contract of insurance upon my our receipt of a written demand from the insurers.
Signature :
Name of Policyholder : Chankee Fei
NRIC No. 857I
Date 15/7/22
Signature . Wh
Name of Driver : Got Soo Imm Amy
NRIC No. 30193231 T
Date 1



# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Chan Kee Fei

Period of Insurance : 08 Mar 2022 To 07 Mar 2023

Engine No. : 27186030007715 Chassis No. : WDD2120482A093401

Vehicle No. Policy No.

: SBP3688M : 2100195939-12

Endorsement No.

Issued Date

: 18 Feb 2022

### ABOUT THE COVER

Make/Model : MERCEDES BENZ E200 CGI BE

Engine Capacity/Tonnage : 1,796.00 CC

Driver Restriction : NA Sum Insured : Market Value

First Year of Registration : 2010

Off Peak Car : No

Insuring with COE/PARF : No

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 S\$\$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.

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 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 Camage - \$800 Theft - \$0 Flood Cover - \$800

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Chan Kee Fel - \$800 (Own Damage), \$800 (Flood Cover)

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

Cycle & Carriage Eunos Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408550 62061818
 Cycle & Carriage Pandan Loop Service Center - Body Caro & Repair Add: 188 Pandan Loop Singapore 128378 62061818

For other Approved Reporting Centres/AJG Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 6338 6200. Alternatively, you may refer to AJG website www.aig.sg or AJG SG Mobile App. Simply search and download "AJG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

I/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 (Cep. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500660326

CYCLE & CARRIAGE - RS

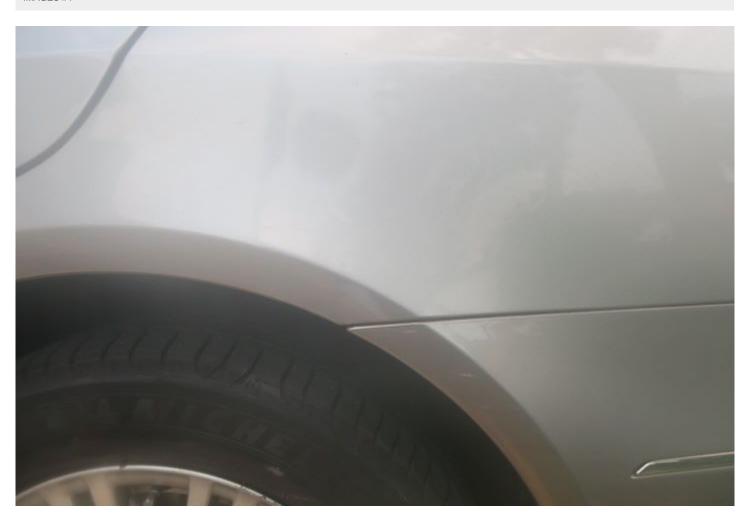
AIG Asia Pacific Insurance Pte. Ltd.

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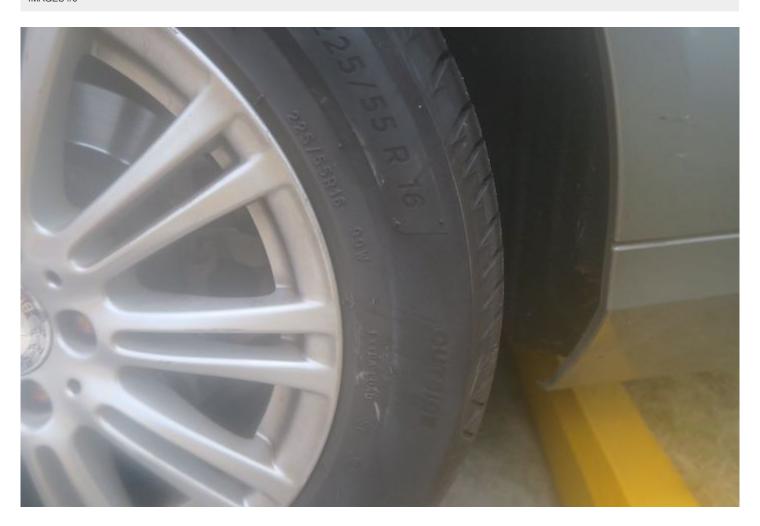


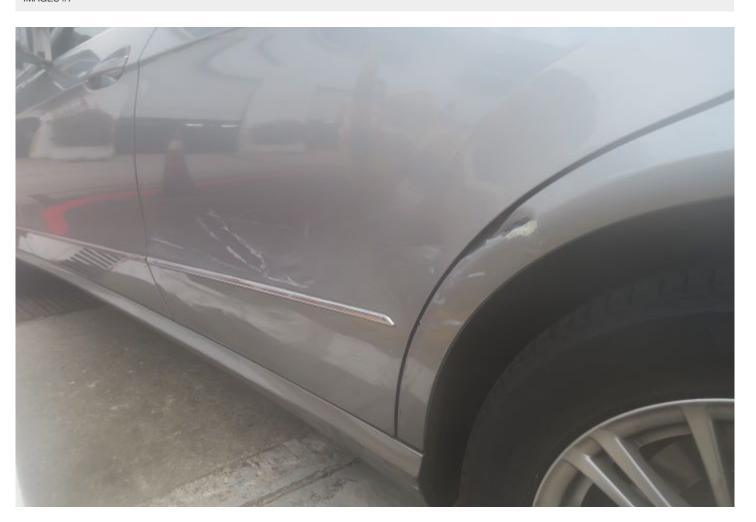




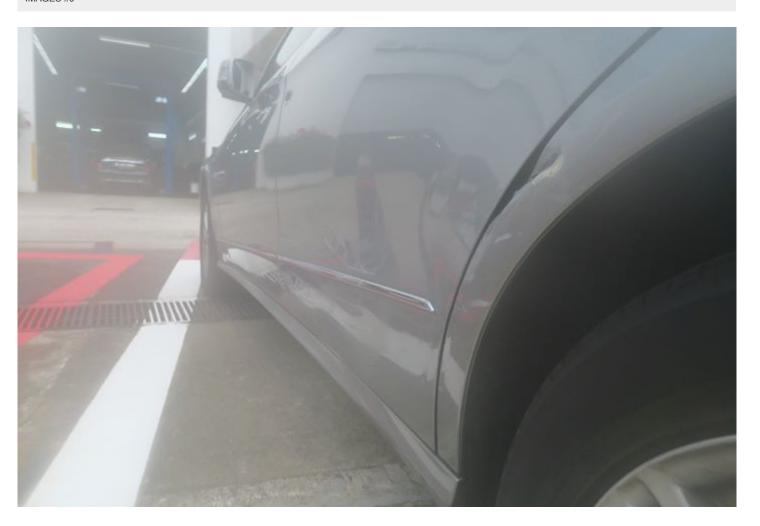


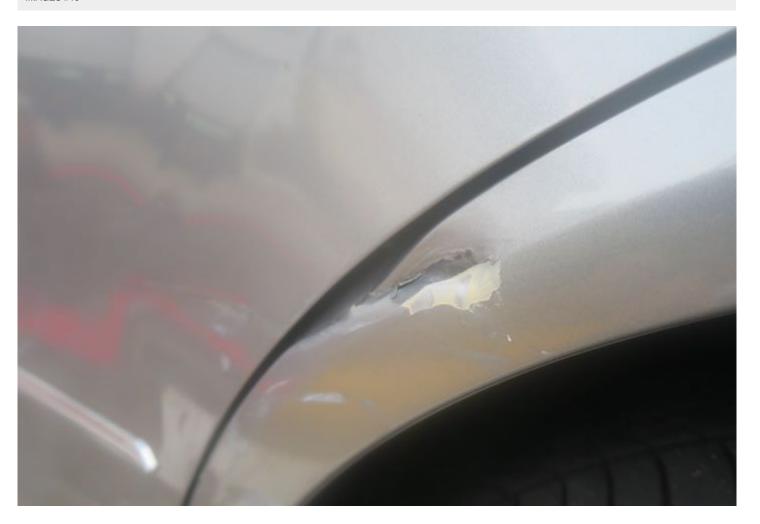








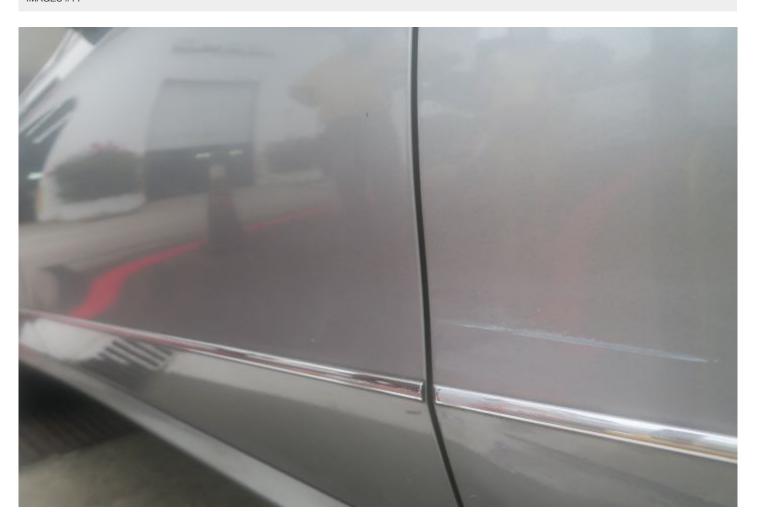


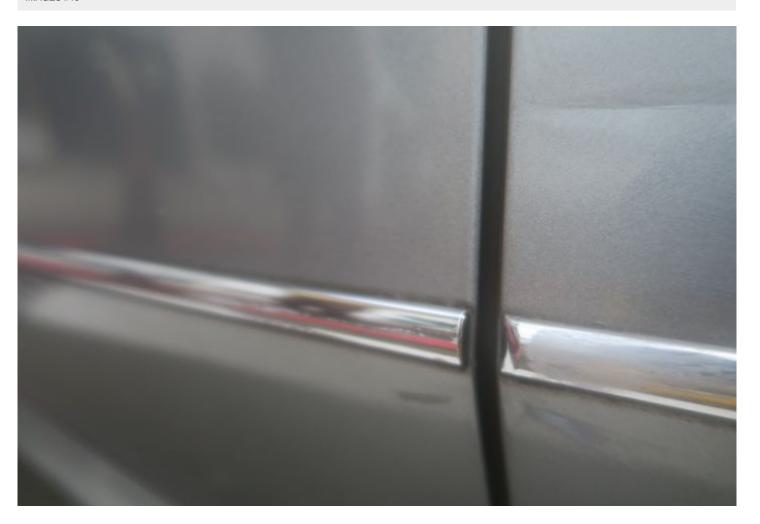


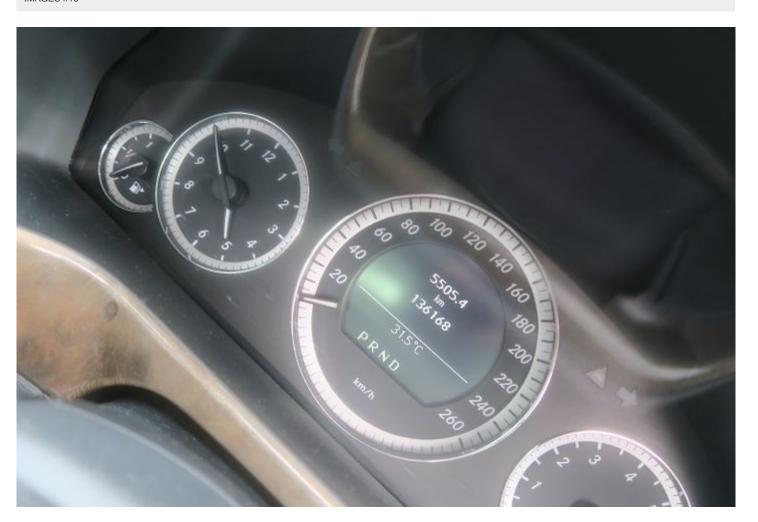
















## POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000



1 of 2 Report No. G/20220715/7046

Date/Time Report Made 15/07/2022 14:27	Vide Rep	ort No.		Station Diary No.
Name Of Informant GOH SOO IMM AMY ID Type / ID No.	Address 6 BEDON	Address 6 BEDOK AVENUE SINGAPORE 469907 Contact No.		
NRIC NO / S0193331J  Nationality SINGAPORE CITIZEN	Home/Off	ice: Iress	Mobile: 96303688 ET.COM.SG	
Occupation Housewife Institution/School Name	Sex Female	Age 67	Date of Birth 14/11/1954	Race Chinese
Date/Time Of Incident 15/07/2022 10:05 Brief details.	Language English Location 0 507 TAME	of Incident	t NTRAL 1 SINGAP	ORE 520507

Whist exiting a car park lot in multi storey carpark Blk 507 Tampines Central 1, I accidentally hid the front of the car park on my left hand side. Came home to informed my husband about the incident and we immediately went back to the said car park to try and leave a note for the affected car owner for him to contact us for the repair costs. Unfortunately, the effected car is no longer parked there. On our way out, we saw a police patrol car parked there and hence went to speak to them about our intentions. Spoke to a Inspector Eric Tham to relate all the details and our intentions. Was advised by him to make a police report to place on record we are not running away from the incident and will pay for the repair to the effected car. Hence if the other car owner makes a report of this incident, kindly advise the car owner to

Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/07/2022 14:27
Officer In-Charge Of Case:	Classification Of Case:

