

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 Actual 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	04/01/2023 10:49 (SGT)
Reported by	Both
Date of Accident	03/01/2023 18:46 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KPE TUNNEL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDD7572B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM KWONG FEI
NRIC No	S6934973J
Email Address	KFEI@YAHOO.COM
Mobile Phone No	(Phone) +65-96907190
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 your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220066755 V1

DRIVER

Name of Driver	LIM KWONG FEI
NRIC No	S6934973J
Date Of Birth	05/10/1969
Occupation	Indoor

Date Of Driving Pass	12/11/1993
Driving experience	29 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96907190
Alt. Phone Number	-
Email Address	KFEI@YAHOO.COM
Address	24 UPPER SERANGOON VIEW #07-26
Address complement	-
Postcode	534205
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	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
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

I HAVE DROVE PAST THE MERGING LANE AND AS ON THE SINGLE LANE TOWARDS KPE, CAR B WAS BEHIND MY CAR ON THE RIGHT SIDE ALL ALONG BUT THE DRIVER OF CAR B DID NOT SLOW DOWN TO ALLOW ME TO PROCEED FIRST EVEN WHEN I WAS AHEAD OF HER AND SHE CONTINUED SQUEEZING ON THE RIGHT SIDE UNTIL SHE GRAZED INTO THE RIGHT REAR SIDE OF MY CAR.

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	KINDLY REFER TO CSE YK

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNH5185X
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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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)**

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.

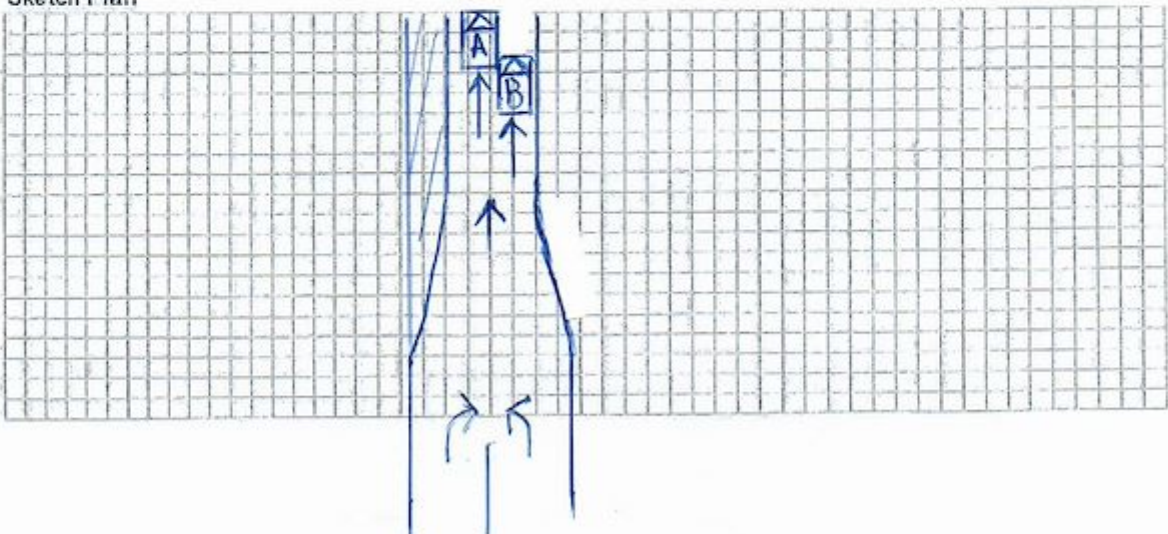
Vik Chan Hoe
 Cycle & Carriage Industries Pte Ltd
 Body Care & Repair Center
 DID: 6771 4353 HP: 9186 5109 Fax: 6872 1272
 Email: chanhoe.vik@cyclecarriage.com.sg

Chan Hoe 4/1/23

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

I have drove past the merging lane and was on the single lane towards KPE, Car B was behind my car on the right side all along but the driver of car B did not slow down to allow me to proceed first even when I was ahead of her and she continued squeezing on the right side until she grazed into the right^{rear} side of my car.

Declaration

We declare the foregoing particulars are true in every respect.

[Signature] 4/1/23

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

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



COPY OF PROPOSAL FORM

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Statement pursuant to Section 25(5) of the Insurance Act (Cap. 142) (or any subsequent Amendments thereof). You are to disclose in this Proposal Form, fully and faithfully, all the facts which you know or ought to know in respect of the risk that is being proposed, otherwise, the policy hereunder may be void.

Quotation No. : 7220066755 V1
Issue Date : 09 Jun 2022

Producer Name : CYCLE & CARRIAGE - LEEHAN
Producer Code : 0504688236

ABOUT THE POLICYHOLDER (FOR VEHICLE REGISTERED OWNER ONLY)

Name as in ID/ROC : LIM KWONG FEI
Address : 24 UPPER SERANGOON VIEW
#07-26 RIO VISTA
SINGAPORE 534205

ID/ROC No. : xxxxx973J

Nationality : Singaporean

Tel No. (Mobile) : 96907190

Tel No. (Office) :

Tel No. (Home) :

Email :

Is Policyholder driving the vehicle: Yes

Nature of Business : Manager/Director/Management

ABOUT THE PRIMARY DRIVER

Name as in ID : LIM KWONG FEI

ID No. : xxxxx973J

Nationality : Singaporean

Gender : Male

Date of Birth : 05 Oct 1969

Marital Status : Married

Relationship to Policyholder : Self

Driving Experience : 28Yrs

Occupation : Manager/Director/Management

Name of Employer : NEA

1. Is your employment in the business of night entertainment/gambling establishment? (If yes, please provide details.)

☒ No ☐ Yes

2. Do you have any physical disability or illness that may impair your driving? (If yes, please provide details.)

☒ No ☐ Yes

3. If yes to Question 2, is there any doctor letter certifying you are fit to drive? (If yes, please attach supporting documents.)

☒ No ☐ Yes

CLAIMS HISTORY (POLICYHOLDER / PRIMARY DRIVER)

At Fault Claim[#] experience in last 3 years (If yes, please provide details below.)

☒ No ☐ Yes

No Claim Discount (NCD)% of Policyholder : 50%

If NCD is nil or 10% with no claims experience, please provide the reason:

Previous Insurer : AIG ASIA PACIFIC INSURANCE PTE. LTD.

Previous Vehicle No./Policy No.: SDD7572B

[#]At Fault Claim refer to claims which result in the reduction of the No Claim Discount (NCD) (including claims where NCD is not affected only due to the NCD Protector benefit).

REVOKED AND SUSPENDED LICENCE OF PRIMARY DRIVER

Has your driving licence been revoked/suspended in the last 10 years? (If yes, please provide details.) ☒ No ☐ Yes

Date Revoked/Suspended :

Duration of Revocation/Suspension of Licence :

Reason :

Alcohol Limit (in case of drunk driving) : mg/breath or mg/blood

Driving experience before the licence was revoked/suspended :

10057402/ADL

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