

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 15/12/2022 11:27 (SGT)
Reported by Both
Date of Accident 14/12/2022 08:08 (SGT)
Exact Location of Accident Singapore
Additional Location Information SIMEI ST 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN583G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG HONG KEOW
NRIC No S1420707D
Email Address ELSIENG_1@HOTMAIL.COM
Mobile Phone No (Phone) +65-81638670
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model C180
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.
Policy Number / Cover Note Number 1900119915-03

DRIVER

Name of Driver NG HONG KEOW
NRIC No S1420707D
Date Of Birth 06/09/1960
Occupation Indoor

Date Of Driving Pass	13/11/2002
Driving experience	20 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-81638670
Alt. Phone Number	-
Email Address	ELSIENG_1@HOTMAIL.COM
Address	BLK 1 SIMEI ST 4 #08-02
Address complement	-
Postcode	529861
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	Raining
Road Surface	Wet

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?	Yes
Police Station Name	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING IN THE LEFT LANE TOWARDS PIE, CAR B (MOTOR-CYCLE) SWERVED INTO MY LANE FROM THE RIGHT AND GRAZED INTO THE RIGHT FRONT SIDE OF MY CAR AND DRAGGED THE FRONT BUMPER OFF.

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	FBA6865C
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle
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

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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 :

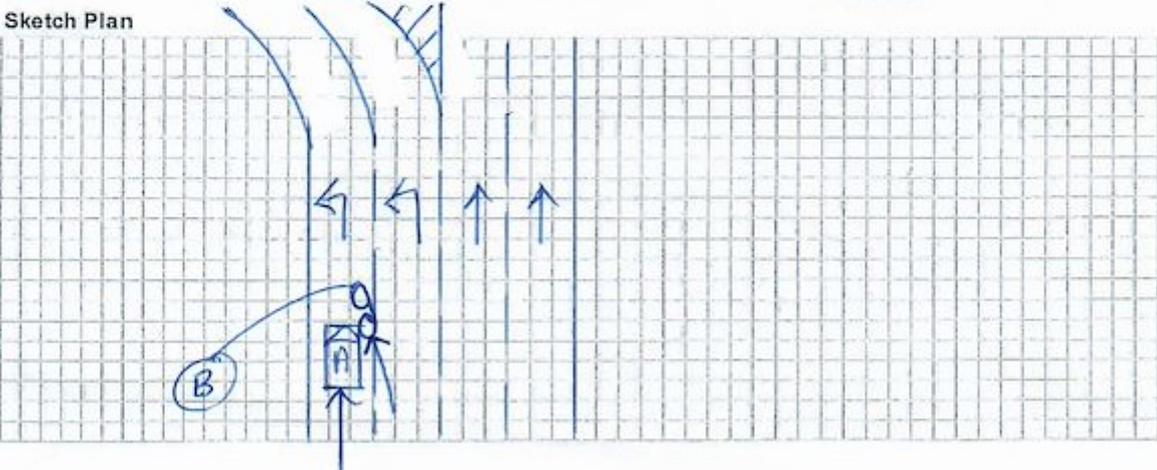
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

10.45 AM
 14/12/22
 Policyholder's Signature / Date & Time

Yik Chan Hoe
 Cycle & Carriage Industries Pte Ltd
 Body Care & Repair Center
 DID: 6771 4353 HP: 9186 5109 Fax: 6872 1272
 Email: yichanhoe@yicyclecarriage.com.sg
 Driver's Signature (if driver is not the policyholder) / Date & Time
 Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

I was driving in the left lane towards PIE, Car B (motorcycle) swerved into my lane from the right and grazed into the right front side of my car and dragged the front bumper off.

Declaration

We declare the foregoing particulars are true in every respect.

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

 10:45 AM
14/12/22

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder	: NG HONG KEOW	Vehicle No.	: SMN583G
Period of Insurance	: 24 Jul 2022 To 23 Jul 2023	Policy No.	: 1900119915-03
Engine No.	: 27491031814676	Endorsement No.	:
Chassis No.	: WDD2050402R513809	Issued Date	: 13 Jun 2022 8:16

ABOUT THE COVER

Make/Model	: MERCEDES BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE		
Engine Capacity/Tonnage	: 1,595.00 CC	Sum Insured	: Market Value
Driver Restriction	: NA	Off Peak Car	: No
		First Year of Registration	: 2019
		Insuring with COE/PARF	: Yes

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\$53,000 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 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. 169), Section 95 of the Road Transport Act, 1967 (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)

NG HONG KEOW - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Cycle & Carriage Eunoss 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: 168 Pandan Loop Singapore 120378 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

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 (Cap. 169), Part IV of the Road Transport Act, 1967 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504612240
 CYCLE & CARRIAGE - NL
 239 ALEXANDRA ROAD
 SINGAPORE 159930

AIG Asia Pacific Insurance Pte. Ltd.
 This computer generated document does not require a signature.













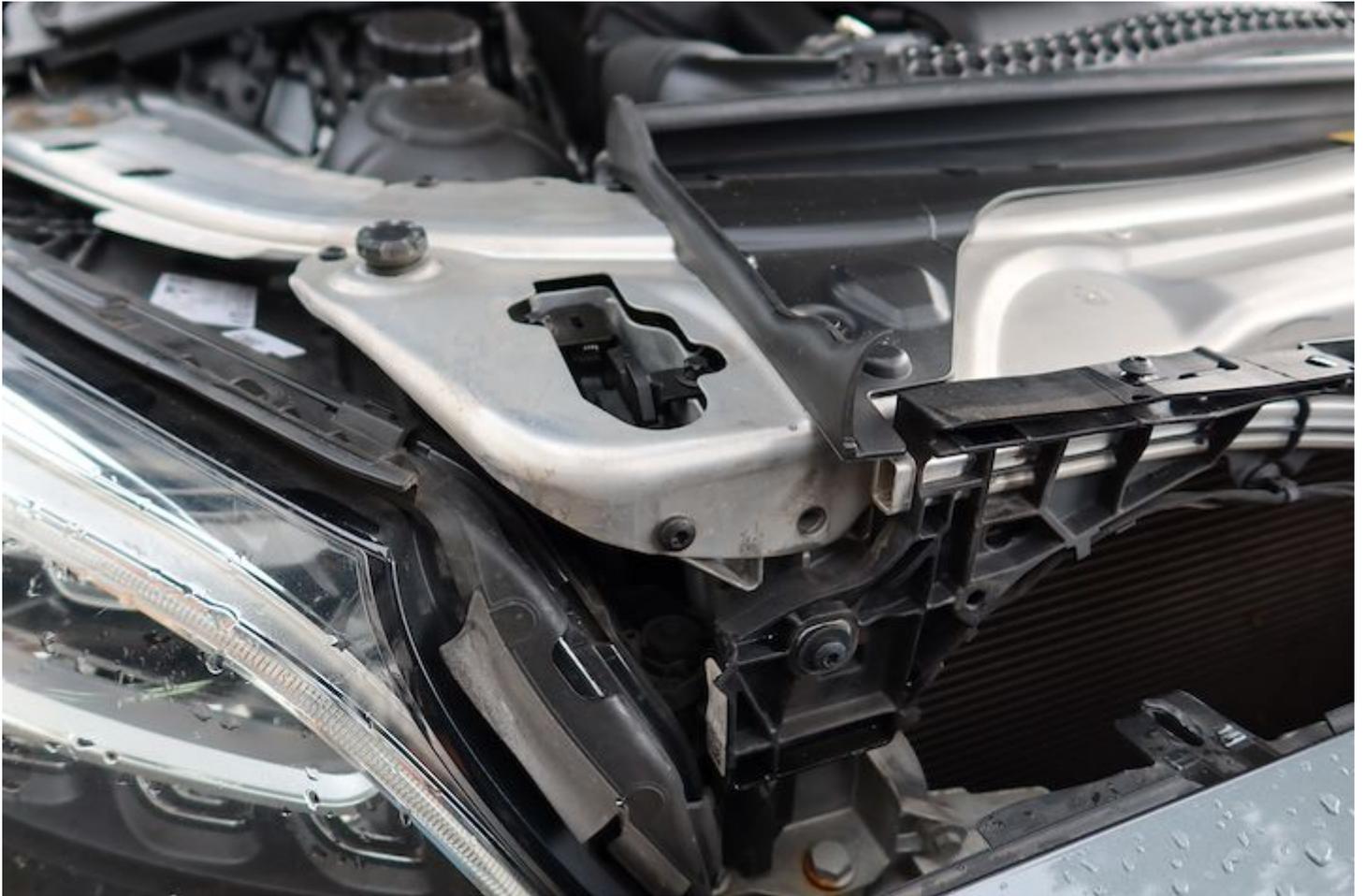













**SINGAPORE
POLICE FORCE**


T/20221216/2101

1 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20221216/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2022 20:48		Vide Report No.:	Station Diary No.: 54
Informant's Particulars			
Name of Informant: NG HONG KEOW		Address: BLK 1 SIMEI STREET 4 #08-02 SINGAPORE 529861	
ID Type / ID No.: NRIC NO / S1420707D		Contact No.:	Mobile: 98377709
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 62	Date of Birth: 06/09/1960	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Accountant		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 15/12/2022 08:00	Type of Location: Filter Lane
Location: SIMEI AVENUE			
Weather: Drizzling	Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA6865C	Motorcycle	VESPA	GT200A	Red	Slightly Damaged	0
SMN583G	Car	MERCEDES BENZ	C180 AVG (R17 LED)	Grey	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20221216/2101

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Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

2 of 3

Report No. T/20221216/2101

CONTINUATION OF REPORT

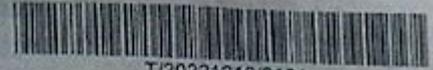
Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG HONG KEOW	ID No.	S1420707D
Related Vehicle	SMN583G (Car)	Contact No.	98377709
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above-mentioned time, date and location. I was turning right from Simei St 3 going towards Simei Ave entering the PIE. When I turned from lane 4 from Simei St 3 onto lane 4 Simei avenue, there was a red motorcyclist in front of me who was entering my lane. I tried to swerve onto the left and I almost hit the curb. We collided on the front bumper of my vehicle onto the left rear side of his vehicle. I wish to state that he did not fall from his vehicle and only stopped his vehicle a few meters away after the collision happened. I am lodging this report for insurance claims.



**SINGAPORE
POLICE FORCE**



T/20221216/2101

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Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

3 of 3

Report No. T/20221216/2101

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

G /
SGT 1 MUHAMMAD HARITH BIN
AMRAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/12/2022 20:48

Officer In Charge Of Case:
TP / GIA /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

Classification Of Case:



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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SC2022CF0001 Vehicle Registration No: BMN583G

Name (as shown in NRIC): Ng Hong Keok NRIC/FIN/Passport No: 707D

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: 14/12/22 Time of Accident: 0808

Place of Accident: Simei 3+ 3

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:

- ① amend weather conditions to: Raining
- ② amend road conditions to: wet

[Signature]
Policyholder / Driver's Signature
Date:

Yik Chan Hoe
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Centre
DID: 6771 4353 HP: 9186 3109 Fax: 6872 1272
Email: chanhoe.yik@cyclecarriage.com.sg
[Signature]
Reporting Centre Personnel's Signature
Name: