# 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 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.

  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 20/02/2023 15:48 (SGT) Reported by Date of Accident 19/02/2023 14:00 (SGT) Exact Location of Accident 35 Hougang Ave 3, Singapore 538840 Additional Location Information JUNCT RD OF HOUGANG AVE 3 & BARTLEY ROAD EAST Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SDW8288R

### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SEE LI YONG NRIC No. S0051464J Email Address SKYBLEU1982@HOTMAIL.COM Mobile Phone No (Phone) +65-98350448 Alternative Phone No

# VEHICLE PARTICULARS

Manufacturer Mercedes Model C180 C180 SEDAN AVG (R17 LED) 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 Manual 1600

## INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2070114223-02

# DRIVER

Name of Driver TAN QUNFENG NRIC No S8203863I Date Of Birth 09/02/1982 Occupation Indoor

Date Of Driving Pass 31/05/2001 Driving experience 21 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-98350448 Alt. Phone Number Email Address SKYBLEU1982@HOTMAIL.COM Address **BLK 10 HOUGANG STREET 11** Address complement #08-32 Postcode 534080 Is the driver the policyholder? Nο If No, Relationship of the Driver with the Insured Relative 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 Collision - Major/Minor Rd 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? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO MY STATEMENTS. 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 GBC889M Vehicle Manufacturer Toyota

Dyna

Commercial vehicle

S1297914B

TANG MENG CHOONG

# Accident report SC1R232K0003

Vehicle Model

Vehicle Variant
Vehicle Colour
Vehicle Category

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

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.
- 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.
- 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 :
  - 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;
  - (ili) 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:
  - 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.

Policyholder's Signature Date & Time;

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

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|---------------------------------|---|-------------------------|--|
| SKETCH PLAN                     | (E)A                                    | Howaring Aves 3 ye      | A: SDW8288R<br>B: CBC889M  |
|                                 |   |                         |  |
|                                 |   | Bartley                 | 1 Rd Gast  |
|                                 |   | 1 74                    |  |
| DESCRIBE CIRCUMSTANCE           | S OF THE ACCIDENT                       | M                       |  |
| 10.4.10                         | TOT THE ACCIDENT                        |                         |  |
| a U-turn as                     | February 20<br>+ the Honaga             | 023 af ar               | ound 1400 hrs, I did<br>and Bartley Rd East<br>as I finished my Utum<br>slown when exiting from<br>into Hongang Ave 3. The<br>to my car left side.<br>damaged. |
| The long, GBO                   | ept to the r<br>1889m did no            | ight lane<br>theck or   | as I finished my Utum<br>slown when exiting from   |
| the filter lane                 | on Bartley                              | Rd East i               | nto Hongang Ave 3? The   |
| As a result w                   | s 3 lanes a<br>ny car left              | nd hit on:<br>doors was | to my car left side.   |
|                                 |   |                         |  |
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|                                 |   |                         |  |
| Note: Please agts that w        | our incurre may have 14                 | doug Time France        |  |
|                                 |   |                         | for you to submit an Own Damage Claim<br>ur policy for more information.   |
| DECLARATION                     |   |                         | ar policy for more information.  |
| I/We declare the foregoing part | liculars are true in every resp         | pect.                   | Char   |
| Policyholder's Signature        | Driver's Signature                      | · .                     | Reporting Centre Personnel's Signature   |
| Date & Time:                    | (If driver is not the p<br>Date & Time: |                         | Name: /<br>NRIC/FIN No.;   |
| GIARME SketchPlanForm_v1 ( ) C  | nam Own Policy ( ) (                    | Claim Third Party       | ( ) Reporting Only   |



# MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : SEE LI YONG

Period of Insurance : 05 Aug 2022 To 04 Aug 2023

Vehicle No. Policy No.

: SDW8288R

: 26491530207516

: 2070114223-02

Engine No. Chassis No. : WDD2050762R564126

Endorsement No. Issued Date

: 30 Jun 2022 14:23

Make/Model

: MERCEDES Benz C180 Avantgarde

Engine Capacity/Tonnage : 1,497.00 CC

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2020 Insuring with COE/PARF : Yes

: NA Driver Restriction

Person or Classes of Persons Entitled to Drive\*:

a) the Policyholde. bij 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" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition

: 30 years old and above

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 turtion, 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.

Section 1 . Fire - \$0 Own Damage - \$1300 Theft - \$0 Flood Cover - \$1300

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

SEE LI YONG - \$1300 (Own Damage), \$1300 (Flood Cover)

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

Cycle & Carriage Eunos Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408850 82651818
 Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128378 62061818

For other Approved Reporting CentresiAiG 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.

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

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).

CYCLE & CARRIAGE - DLING

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSPTLA



To: Conofo Adelgio Engineery

I, See Li Yong, NRIC: SOOT 1464 J anthonize
Mr Tan Quinfeng
my son-in-law to drive my vehicle SDW8288R
and make accident reporting on my behalf.

Ndm See Li Young.





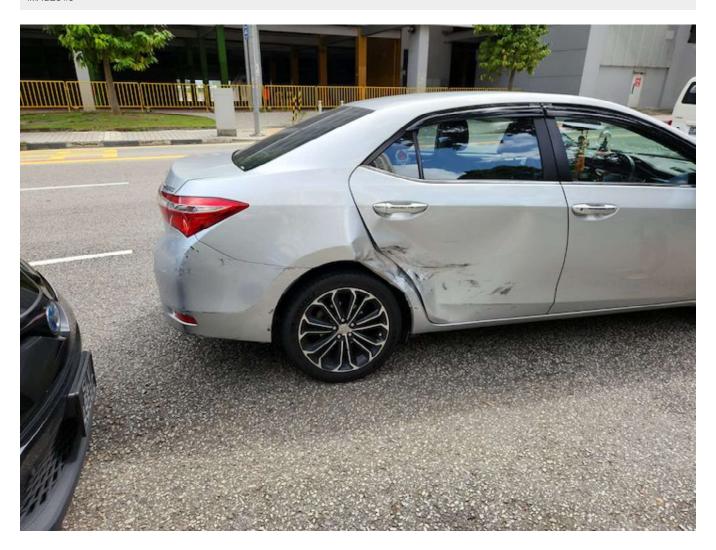


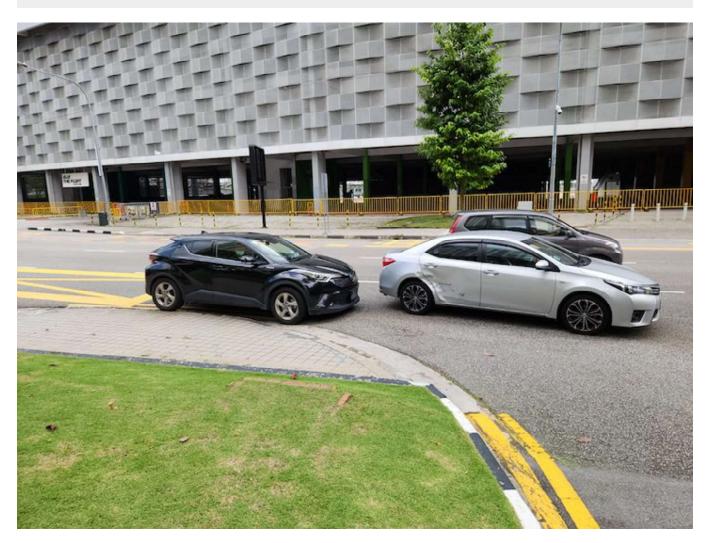


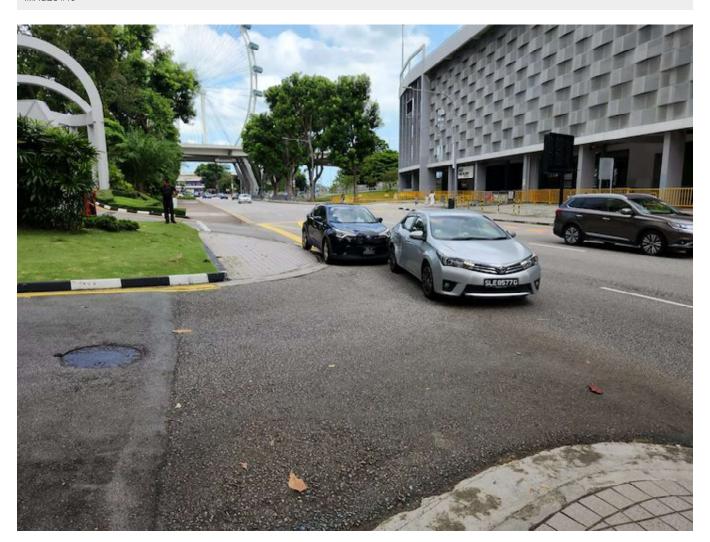


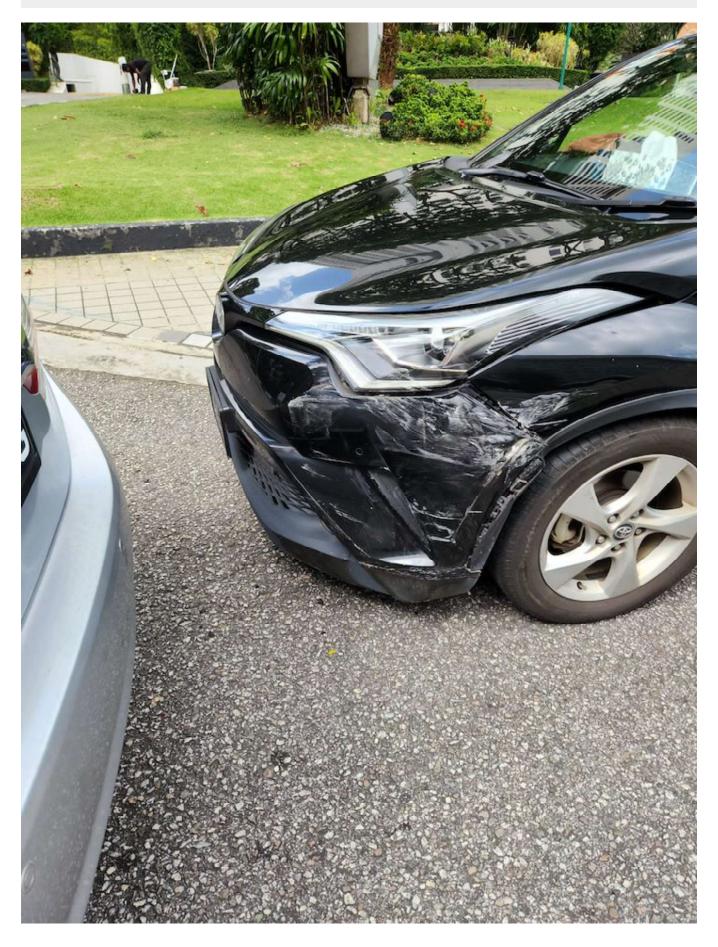


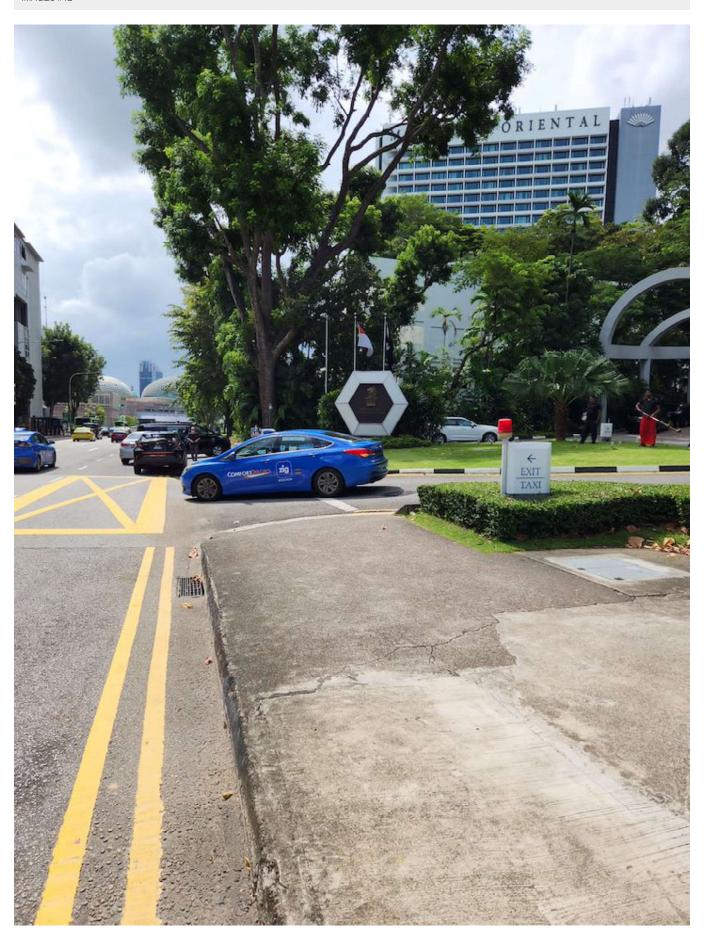


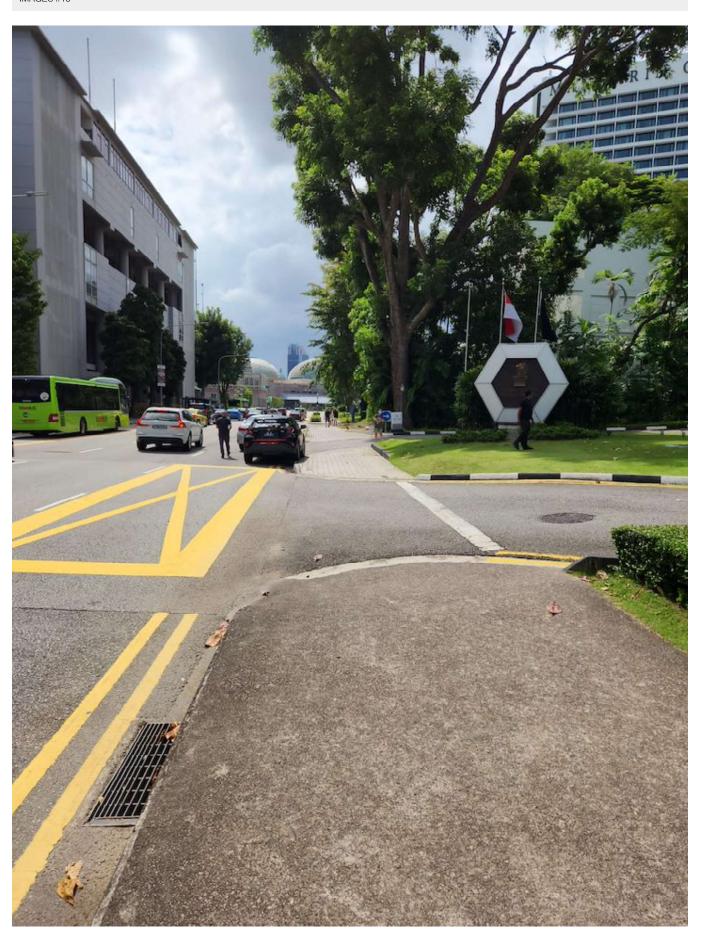


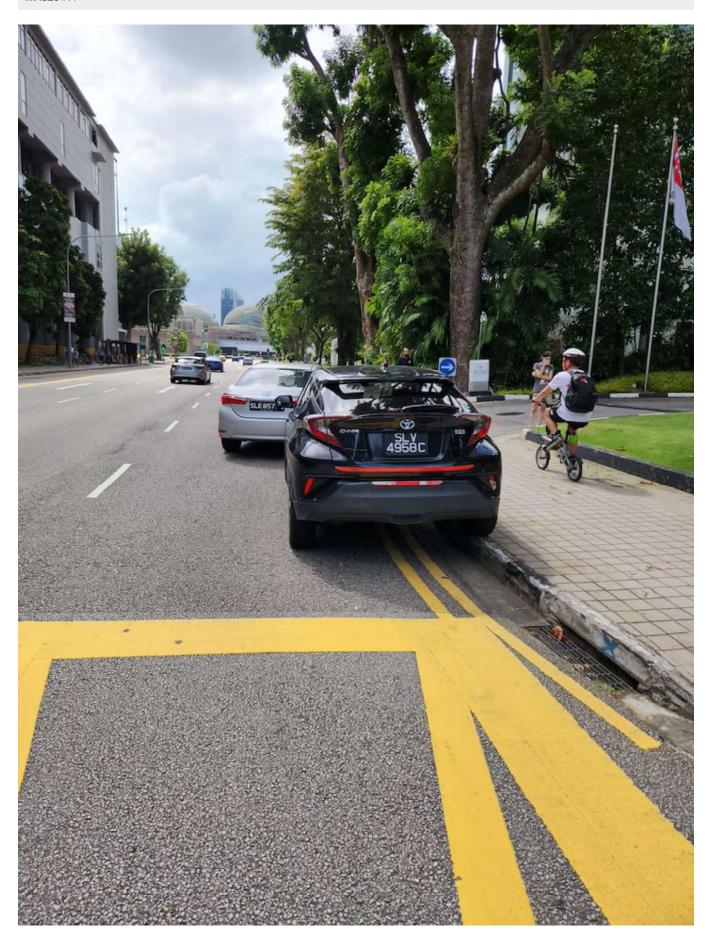














IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Vehicle Registration No: SDW POSS R Original Report No: Name (as shown in NRIC): Ton Qun Feng \_\_\_\_ NRIC/FIN/Passport No: SXXXX 863 / (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate Address: Blk 10 Hougarg street 11 98350448 Contact (Tel): Email Address: of Accident: 14.02.2023 Time of Accident: 1400 Hrs Date of Accident: 19-02-2023 Insurance Company: PIG Insurance (E) 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: o amond email address: Policyholder / Actual Driver's Signature Reporting Centre Personnel's Signature Date: Name (as in WRIC/ID card):

Date: