

# 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 .....	31/05/2023 16:57 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	31/05/2023 07:45 (SGT)
Exact Location of Accident .....	ECP, Singapore
Additional Location Information .....	Towards MCE (City)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKZ336P
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	HENG HOCK MUI
NRIC No .....	S7020669B
Email Address .....	henghockmui@gmail.com
Mobile Phone No .....	(Phone) +65-90183389
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	C180
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 .....	1595

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	2100445802-07

### DRIVER

Name of Driver .....	HENG HOCK MUI
NRIC No .....	S7020669B
Date Of Birth .....	13/06/1970
Occupation .....	Indoor

Date Of Driving Pass .....	19/03/1999
Driving experience .....	24 YEARS AND 2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-90183389
Alt. Phone Number .....	-
Email Address .....	henghockmui@gmail.com
Address .....	8 DOVER RISE #07-03
Address complement .....	-
Postcode .....	138679
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 - Change/cross lane
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Please refer to the police report.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHD3135J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	NAZHAR BIN ABDUL GHANI
Contact Number .....	(Phone) +65-98783726
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	HENG HOCK MUI
Gender .....	Female
Phone No .....	(Phone) +65-90183389
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SKZ336P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

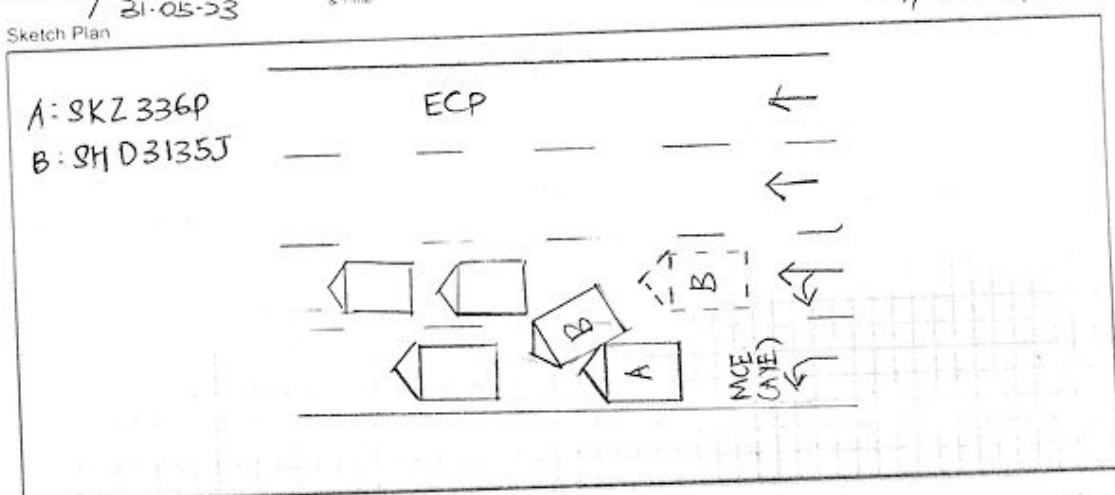
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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) 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  
  
 21-05-23  
 Sketch Plan

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

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



Describe Circumstance of the Accident

Refer to police report attached.  
Whiplash from an accident.  
Doctor in A&E gave two days  
medical certificate.

**Declaration**

I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time  
31-05-23

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

  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card) SOH JIT HOON  
2















1 of 2

## Report No. G/20230531/7025

Date/Time Report Made 31/05/2023 08:58	Vide Report No.	Station Diary No.		
Name Of Informant HENG HOCK MUI	Address 8 DOVER RISE #07-03 SINGAPORE 138679			
ID Type / ID No. NRIC NO / S7020669B	Contact No. Home/Office:	Mobile: 90183389		
Nationality SINGAPORE CITIZEN	Email Address HENGHOCKMUI@GMAIL.COM			
Occupation Business development manager	Sex Female	Age 52	Date of Birth 13/06/1970	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 31/05/2023 07:45 - 31/05/2023 07:50	Location Of Incident EAST COAST PARKWAY			

I am filing this police record to ensure that he does not make a counter claim on my insurance since the

Signature Of Officer Recording The Report: 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: 31/05/2023 08:58
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



G/20230531/7025

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230531/7025

fault was on his side, even though he did this to avoid two other cars in front of him.

Subjects Involved			
<b>Victim</b>			
Person Name	HENG HOCK MUI		
ID Type	NRIC NO	ID No	S7020669B
Gender	Female	Age	52
Race	Chinese	Language	English
Occupation	Business development manager	Address	8 DOVER RISE #07-03 SINGAPORE 138679
Mobile No	90183389	Is Informant A Victim?	Yes
Person Name	HENG HOCK MUI (Informant)		

Signature Of Officer Recording The Report: 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: 31/05/2023 08:58
Officer In-Charge Of Case:	Classification Of Case:



# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

**Name of Policyholder** : Heng Hock Mui  
**Period of Insurance** : 06 Jan 2023 To 05 Jan 2024  
**Engine No.** : 27491030503413  
**Chassis No.** : WDD2050402R128765

**Vehicle No.** : SKZ336P  
**Policy No.** : 2100445802-07  
**Endorsement No.** :  
**Issued Date** : 29 Dec 2022 11:25

### ABOUT THE COVER

**Make/Model** : MERCEDES BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE  
**Engine Capacity/Tonnage** : 1,595.00 CC  
**Sum Insured** : Market Value  
**First Year of Registration** : 2016  
**Driver Restriction** : NA  
**Off Peak Car** : No  
**Insuring with COE/PAF** : 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\$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** : 40 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 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 1960, 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)

Heng Hock Mui - \$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 408550 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 Apple App Store or Google Play Store.

### 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 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504380258

CYCLE & CARRIAGE - RUTHZH

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.

AIGSGMOBILEAPP

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AIG Asia Pacific Insurance Pte. Ltd.