SC2024990008 / CYCLE & CARRIAGE INDUSTRIES PTE LTD ENTRY DATE & TIME: 09/09/2024 17:21 (SGT) SUBMITTED BY: HO WIE LIH VERSION: 1 (09/09/2024 17:21 (SGT))



IMPORTANT NOTICE

- 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.
- 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

09/09/2024 17:21 (SGT) Date of First Submission Both Policyholder and Actual Driver Reported by 08/09/2024 17:40 (SGT) Date of Accident Exact Location of Accident Singapore KOVAN MARKET OPEN CARPARK Additional Location Information Singapore Country/State of Loss DETAILS OF OWN VEHICLE Vehicle Registration Number SNR6953A INSURED/POLICYHOLDER

Mercedes

Is company? No Name Of Registered Owner CASLIN LEE HUI LING SXXXX315F NRIC No caslin_lee@hyahoo.com.sg Email Address Mobile Phone No (Phone) +65-91272201 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

E200 Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category Transmission Auto CC 1991 First Regisration Date 05/10/2016 WDD2130422A030253

Effective Date/Time of Ownership

INSURANCE COMPANY

AIG Asia Pacific Insurance Pte. Ltd. Name of Insurance Company Policy Number / Cover Note Number 7240175207

Chassis no

Name of Driver	CASLIN LEE HUI LING
NRIC No	SXXXX315F
Date Of Birth	28/12/1976
Occupation	Indoor
Driving Pass Date	17/05/1999
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	25 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91272201
Alt. Phone Number	-
Email Address	caslin_lee@hyahoo.com.sg
Address	30 UPPER SERANGOON VIEW #17-39
Address complement	-
Postcode	534208
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	
GENERAL INFORMATION OF THE ACCIDENT	
	- m
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
OTHER IN ORMATION	
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)	2
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	-
PASSENGER 1	
Name	EUGENE LEE
Gender	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
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OLDOUMOTANOES OF ACCIDENT	
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACHMENT	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7312D
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	LIM LU PIN KELVIN
NRIC No	SXXXX008I
Contact Number	-
Address	BLK 417 HOUGANG AVENUE 8 #06-982
Address complement	-
Postcode	530417
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

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

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' 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' 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.

Policyholder's Signature / Bete & Driver's Signature (If driver is not the policyholder) / Date Personnel

Sketch Plan

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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time 8/09/2024

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

Witnessed by Reporting Centre Personnel