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))

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

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 Is company? No Name Of Registered Owner CASLIN LEE HUI LING NRIC No SXXXX315F Email Address caslin lee@hyahoo.com.sg Mobile Phone No (Phone) +65-91272201 Alternative Phone No VEHICLE PARTICULARS Mercedes 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 vour vehicle? Private car Vehicle Category Transmission Auto CC 1991 Vehicle Fuel 05/10/2016 First Regisration Date WDD2130422A030253 Chassis no Effective Date/Time of Ownership INSURANCE COMPANY

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

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
	30 UPPER SERANGOON VIEW #17-39
	30 OFFER SERAINGOOR VIEW # 17 00
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	
Vernole Mediation Maniper of Other Vernole Owned by Differ	-
Insurance Company of Other Vehicle Owned by Driver	_
insurance Company of Other Vehicle Owned by Briver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
Titoda Sariado	,
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	No 2
Number of vehicles involved in the accident	
Number of vehicles involved in the accident Was anybody injured in the Accident?	2
Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?	2 No
Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?	2 No - Yes
Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver)	2 No
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Yes Yes

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

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. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. 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. 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 / Bate & Time 09 0 8 / 20 2		Witnessed by Reporting Centre Personnel
Sketch Flati	Pan	
		A Sup 6953 A
		B! SHA 73/2.

Describe Circumstan	ces of the Acci	dent						
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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time 8 8 / 28 / 2024

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

Witnessed by Reporting Centre Personnel