MCC618058878 / Cycle & Carriage Automotive Pte Ltd - Pandan Gardens
ENTRY DATE & TIME: 07/05/2018 09:04
SUBMITTED BY: Mabel Tan Shieh Yuen

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 07/05/2018 09:18

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 Authorised 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 ability.
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 Report	07/05/2018 09:04
Date Of Accident	25/04/2018 10:00
Exact Location Of Accident	PARKING LOT AT DOVER CONDOMINIUM
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SCM7272G
Insured/Policyholder	
Name Of Registered Owner	LIM ENG KHOON
NRIC No	S0130676F
Email Address	ENGKHOON9@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98236842
Alternative Phone No	Others-62222008
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250-1.8 CGI AVANTGARDE (A)
Exact Purpose for which vehicle was being used at time of accident	VISITING MY TENANT
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800026124
Cover Note Number	
Driver	
Name of Driver	LIM ENG KHOON
NRIC No	S0130676F
Date Of Birth	05/04/1953
Occupation	INDOOR
Date Of Driving Pass	08/11/1975
Driving Experience	42 YEARS AND 5 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98236842
Fax Number	
Contact Number	OTHERS-62222008
EMail Address	ENGKHOON9@YAHOO.COM.SG
Address	16 MERAGI ROAD
Postcode	487893
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO ATTACHMENT COLLISION-INSURED REVERSING OUT FORM CARPARK LOT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB7283B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96484346

Address
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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7. 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 :

   (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.

   (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:

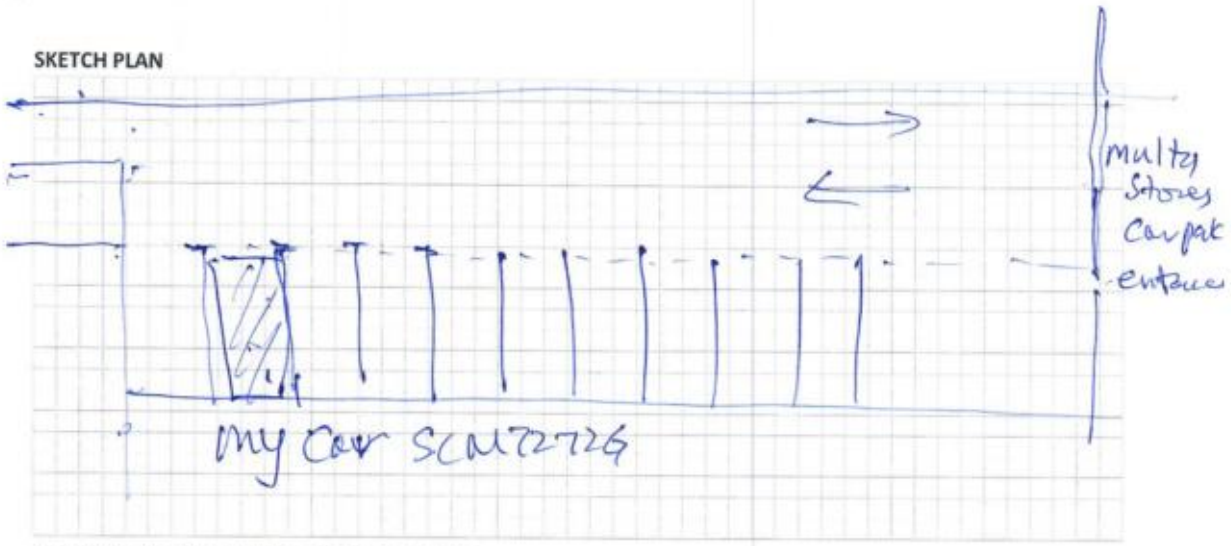
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: 5.5.18	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

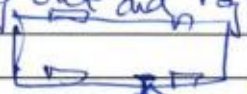


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~I intended to~~
I reversing my car to leave the ~~pa~~ carpark.

Before I moved, I look behind and there is no vehicle.

I slowly reversed out my car, but just move out 3 to 4 feet, I feel an impact at rear. and I noticed another car has scrach the back of my rear bumper. small
The other car only has dent on lower of rear door panel.
The car came out from the multi carpark and she should see me coming out and give way to me since I already out of ~~of~~ the lot.



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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 25.5.18	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Identification Card