

## 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 withholding 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	25/06/2018 11:27
Date Of Accident	23/06/2018 10:15
Exact Location Of Accident	ALONG HILLVIEW AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV4370J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WANG RENQIANG
NRIC No	G3105032X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88226688
Alternative Phone No	OFFICE-88226688

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S350

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

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	2100439430-02
Cover Note Number	

### Driver

Name of Driver	WANG RENQIANG
NRIC No	G3105032X
Date Of Birth	22/02/1972
Occupation	INDOOR
Date Of Driving Pass	19/08/2015
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88226688
Fax Number	
Contact Number	OFFICE-88226688
EMail Address	NOEMAIL

Address	HILLVIEW AVENUE #06-22
Postcode	669630
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	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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

I WAS ON THE EXTREME RIGHT LANE, PREPARING TO MAKE A RIGHT TURN AT THE TRAFFIC LIGHT JUNCTION. AS I MOVED OFF, CAR B (SHA213C) AT MY LANE SUDDENLY CUT ACROSS ANF TURN INTO MY LANE AND ATTEMPT TO MAKE A U-TURN FROM THE MIDDLE LANE. THE LANE CAR B WAS ON WAS 'GOING STRAIGHT' ONLY.

#### 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	SHA213C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

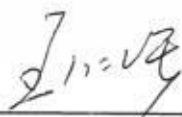
## SKETCH PLAN

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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.



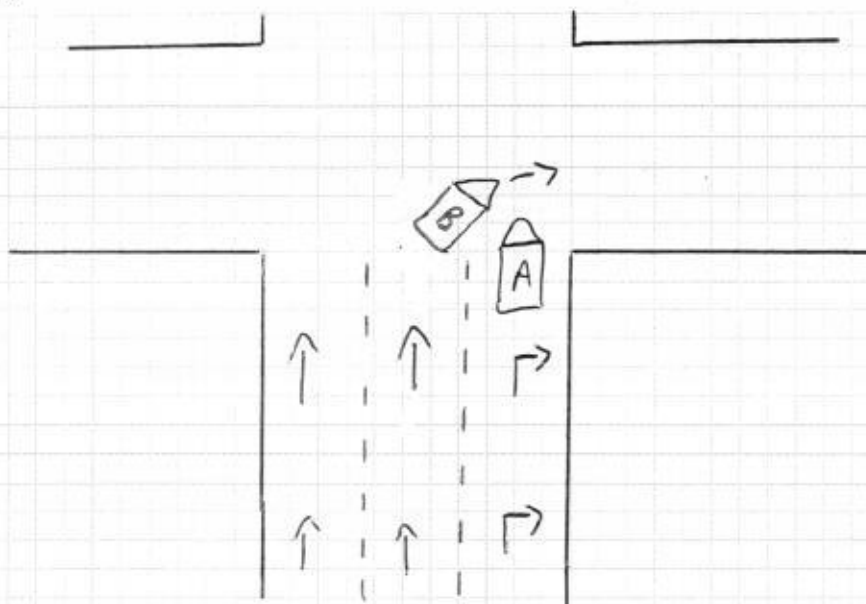
Policyholder's Signature  
Date & Time

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

**Eric Lee Ming Hui**  
DID : 6771 4336 HP : 9181 7717  
Email : eric.lee@cyclecarrriage.com.sg  
Cycle & Carriage Industries Pte Ltd  
Customer Service Centre - Pandan Loop

Reporting Centre Personnel's  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS ON THE EXTREME RIGHT LANE, PREPARING TO MAKE A RIGHT TURN AT THE TRAFFIC LIGHT JUNCTION.

AS I MOVED OFF, VEH B( SHA213C ) AT MY LEFT LANE SUDDENLY CUT ACROSS AND TURN INTO MY LANE AND ATTEMPT TO MAKE A U-TURN FROM THE MIDDLE LANE.

THE LANE VEH B WAS ON WAS "GOING STRAIGHT" ONLY.

## DECLARATION

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

**Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.**

(Please contact your insurance company for any further details)

**Eric Lee Ming Hui**  
 DID : 6771 4336 HP : 9181 7717  
 Email : eric.lee@cyclecarriage.com.sg  
 Cycle & Carriage Industries Pte Ltd  
 Customer Service Centre - Pandan Loop

Policyholder's Signature  
 Date & Time

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

Reporting Centre Personnel's  
 Name:  
 NRIC/FIN No.: