SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

- 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.
- port to the inont to the ort at the

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	18/07/2018 13:34
Date Of Accident	17/07/2018 13:30
Exact Location Of Accident	LORONG 30 GEYLANG ROADSIDE PARALLEL PARKING LOT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLK2848H
Insured/Policyholder	
Name Of Registered Owner	CHEN YOKE KEE
NRIC No	S2705212F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97612679
Alternative Phone No	Office-97612679
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180 COUPE
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	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	2100497060
Cover Note Number	
Driver	
Name of Driver	LOW CHOI MAIE
NRIC No	S6885618C
Date Of Birth	04/08/1968
Occupation	INDOOR

27/07/2006

11 YEARS AND 11 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97612679

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 15 MARSILING LANE #13-165

Postcode 730015 Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I WAS REVERSING WHEN CAR B(SHC3769K) WHO WAS PARKED BEHIND ME SUDDENLY HORNED AT ME. I CAME DOWN TO ASK HIM WHAT HAPPENED AND THE DRIVER OF CAR B TOLD ME THAT I HAD COLLIDED INTO HIS CAR. HOWEVER I WAS SURE I DID NOT HIT HIS CAR AS MY CAR SENSORS WAS WORKING AND MY CAR STILL HAD A DISTANCE TO HIS CAR. HE DEMANDED ME TO PAY HIM \$50 BUT I REFUSED AS I DID NOT HIT HIS CAR.

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 SHC3769K

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

SKETCH PLAN

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
- 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 <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
 - (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
 - (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

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

Reporting Centre Personnel's

Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT I WAS REVERSING WHEN VEH B (SHC3769K) WHO WAS PARKED BEHIND ME SUDDENLY HORNED AT ME. I CAME DOWN TO ASK HIM WHAT HAPPENED AND THE DRIVER OF VEH B TOLD ME I HAD COLLIDED INTO HIS CAR. HOWEVER I WAS SURE I DID NOT HIT HIS VEHICLE AS MY CAR SENSORS WAS WORKING AND MY VEHICLE STILL HAD A DISTANCE TO HIS VEHICLE. HE DEMANDED ME TO PAY HIM \$50 BUT I REFUSED AS I DID NOT HIT HIS CAR. 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 Driver's Signature Reporting Centre Personnel's Date & Time (If driver is not the policyholder) Name: Date & Time NRIC/FIN No.:

SKETCH PLAN



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 3

27 Jul 2006

FOR CAL USE CHILL

Licence No:S6885618C

NP 428A

Accident Photo







Accident Photo







Accident Photo

