## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Gender

Mobile Number

Fax Number
Contact Number

**EMail Address** 

- 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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	26/11/2018 17:48
Date Of Accident	17/11/2018 18:45
Exact Location Of Accident	KITCHENER LINK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGJ9777Y
Insured/Policyholder	
Name Of Registered Owner	TAN AH LEE
NRIC No	S1139541D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97660777
Alternative Phone No	OFFICE-97660777
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200
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	2100396430
Cover Note Number	
Driver	
Name of Driver	TAN AH LEE
NRIC No	S1139541D
Date Of Birth	02/02/1955
Occupation	INDOOR
Date Of Driving Pass	02/07/1975
Driving Experience	43 YEARS AND 4 MONTHS
Od	MALE

MALE

(LOCAL) +65-97660777

OFFICE-97660777

**NOEMAIL** 

Address BLK 181 ANG MO KIO AVE 5 #01-2932

Postcode 560181

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 SIDE SWIPE
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.

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 DRIVING MY CAR ALONG KITCHENER LINK. IT WAS TWO WAY RD AND THE TRAFFIC CONDITION WAS SLOW AS IT WAS HEAVILLY JAMMED. CAR B (SGW6159H) CAME FROM THE REAR TRIED TO OVERTAKE MY CAR FROM THE OPPOSITE LANE AND COLLIDED ONTO MY RIGHT REAR PORTION WHEN HE SAW AN ONCOMING 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 SGW6159H

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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
- 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
  - (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")
- 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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and
- (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.

Kerlyn Ong Kai Li

DID: 6771 4420 HP: 9186 5113 Email ; kerlyn.ong@cyclecarriage.com.sg Cycle & Carriage Industries Pte Ltd

Customer Service Centre - Pandan Loop

Policyholder's Signature Date & Time 26/11/2018 1724

Driver's Signature

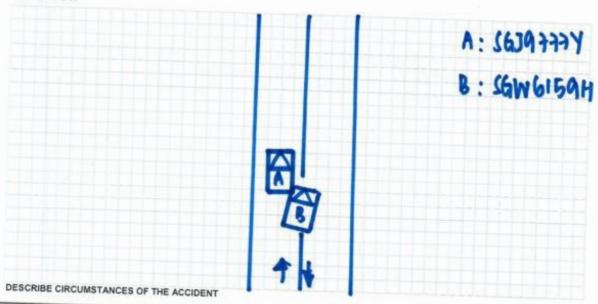
(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Name: KERLYN

NRIC/FIN No.:

### SKETCH PLAN



I WAS DRIVING MY CAR (SGJ9777Y) ALONG KITCHENER LINK. IT A TWO WAY ROAD AND THE TRAFFIC CONDITION WAS

VEHICLE B (SHW6159H) CAME FROM THE REAR TRIED TO OVERTAKE MY CAR FROM THE OPPPOSITE LANE AND COLLIDED ONTO MY RIGHT REAR PORTION WHEN HE SAW AN ONCOMING VEHICLE.

## 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)

Driver's Signature

Date & Time

(If driver is not the policyholder)

Policyholder's Signature

Date & Time 26/11/2018 1724

Kerlyn Ong Kai Li

DID: 6771 4420 HP: 9186 5113

Email : kerlyn.ong@cyclecarriage.com.sg

Cycle & Carriage Industries Pte Ltd

Customer Sampon Egetentre Pandan Lepp

Name: KERLYN

NRIC/FIN No.:

#### Sketch Plan #3 CATHAY PACIFIC ECONOMY TAN/AH LEE MR TAN/AH LEE MR FLIGHT SCARDING TIME SEAT FLISH: BOARDING TIME 00:45 CX714 00:45 EPARTURE TERMINAL GATE SEAT 区SIN > HKG 19 NOV 01:25 G20 53D ROUTE DATE PLEASE BE AT THE BOARDING GATE 30 MINS PRIOR SIN > HKG TO DEPARTURE. GATE CLOSES 10 MINS BEFORE. 19 NOV ECONOMY 29 CATHAY DRAGON TAN/AHLEE MR FLIGHT BOARDING TIME GATE SEAT KA618 08:55 42G ROUTE DATE DEPARTURE TERMINAL HKG > XMN 19 NOV 09:35 1 PLEASE BE AT THE BOARDING GATE 30 MINS PRIOF TO DEPARTURE. GATE CLOSES 10 MINS BEFORE. ECONOMY 153/Y/42G/XMN CATHAY PACIFIC TAN/AH LEE MR FLIGHT BOARDING TIME GATE-SEAT CX659 01: 05 62C ROUTE DEPARTURE TERMINAL HKG > SIN **24 NOV**

ECONOMY

01:45

PLEASE BE AT THE BOARDING GATE 30 MINS PRIOR TO DEPARTURE. GATE CLOSES 10 MINS BEFORE.

94/Y/62C/SIN

1

## Sketch Plan #4

