SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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

foresaid.	
	ACCIDENT STATEMENT
Date Of Report	25/02/2019 18:01
Date Of Accident	23/02/2019 17:25
Exact Location Of Accident	ALONG PIE AFTER TOA PAYOH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SMC999Z
nsured/Policyholder	
Name Of Registered Owner	TEO YIT BEE @ TEO YU DING
NRIC No	S0148032D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91155555
Alternative Phone No	Office-91155555
/ehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200
exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy or repair to your vehicle?	YES
f No, Please state action to be taken	
/ehicle Category	PRIVATE CAR
nsurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
ype Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	
Oriver	
Name of Driver	BEVERLY LOO CHYI RONG
NRIC No	S8911303B
Date Of Birth	29/03/1989

INDOOR

04/05/2013

5 YEARS AND 9 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-92979099

Fax Number

Contact Number

EMail Address NOEMAIL

Address 14 SCOTTS RD #02-01 FAR EAST PLAZA

Postcode 228213

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured RELATIVE

Vehicle Registration Number of Driver's Own Vehicle

enicie

Insurance Company of Driver's Own Vehicle

isulance company of briver's Own Verlicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

NO

YES

NO

Was any other material or property damaged?

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? NO

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 PIE TOWARD CHANGI. I WAS TRAVELLING AT THE EXTREME RIGHT LANE AND WAS GOING STRAIGHT. CAR B (SKU1087C) INFRONT OF ME SUDDENLY JAMMED BRAKE AND STOPPED. I WAS QUITE FAR AWAY BUT DUE TO THE SUDDEN, I STEPPED MY BRAKE BUT STILL DID NOT MANAGE TO STOP ON TIME AND COLLIDED ONTO THE REAR PORTION.

Attachment(s)

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

Remarks/ Reasons: REFER CSE KO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKU1087C

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

SKETCH PLAN

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- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

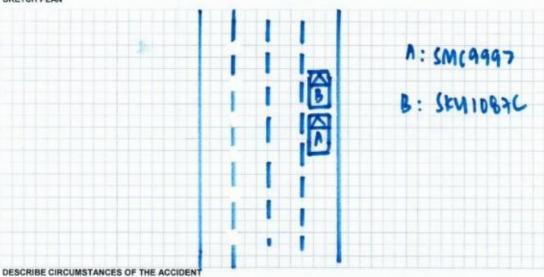
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 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 25/02/2019 1748 Kerlyn Ong Kai Li DID: 6771 4420 FF : 01 W 511

Email: kerlyn onger Centre Personnel's s Cycle & Geporting Centre Personnel's s Cycle & Gerriage Indian Pre Customer Savere CERTY Pandar Long NRIC/FIN No.:



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DECLARATION

IAVe 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)

Policyholder's Signature Date & Time

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

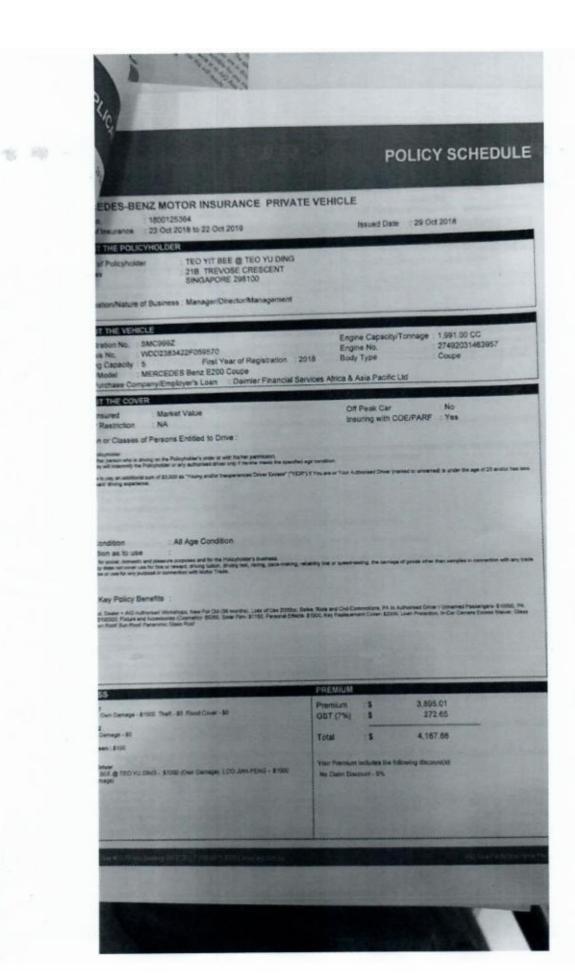
Date & Time 25/02/2019 1748

Kerlyn Ong Kai Li

DID: 6771 4420 HP: 9186 5113

Email: kerlyn.ong@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Serwjeert@gutentrd?nedonrfe6ep

Name: KERLYN NRIC/FIN No.:







5 20 10

BEVERLY LOO CHYL RONG

Birth Date 29 Mar 1989 Issue Date: 04 May 2013



FORCACUSEONLY

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

EFFECTIVE DATE

Motor Cars=< 3000kg with =<7 passengers, exclusive 04 May 2013 of the driver; and other motor vehicles =< 2500kg

FORCACISEONLY

cence No: S8911303B

NP 428A

SKETCH PLAN

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Policyholder's Signature Date & Time

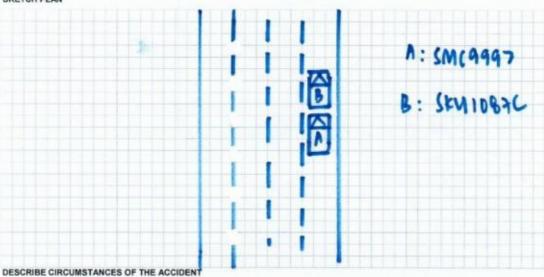
Driver's Signature

(If driver is not the policyholder) Date & Time 25/02/2019 1748

Kerlyn Oup Kai Li DID: 6771 4420 Pp : 91 1/ 511

Email: kerlyn.onusa Centre Personnel's si Cycle & Carriage Industries Pie Control Customer Severe Centre - Panear Long

NRIC/FIN No .:



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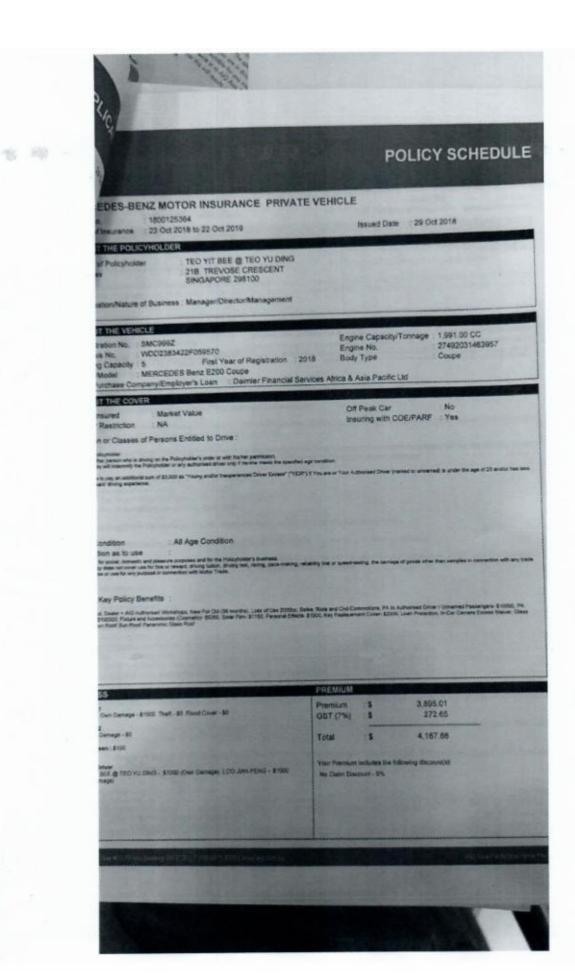
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REPUBLIC OF SINGAPORE DRIVING LICENCE



5 20 10

Licence Number: S8911303B

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NP 428A











