

## 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 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.

### ACCIDENT STATEMENT

Date Of Report	22/03/2019 09:53
Date Of Accident	21/03/2019 09:15
Exact Location Of Accident	TANGLIN RD TO ORCHARD AFTER JUNCTION OF GRANGE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB2160E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN CHIN GUAN (CHEN ZHENYUAN)
NRIC No	S8332587I
Email Address	TEGGUY83@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97627097
Alternative Phone No	Office-97627097

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO-1.6 EX (A)
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?	YES
If No, Please state action to be taken	
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	2100457002-02
Cover Note Number	

### Driver

Name of Driver	TAN CHIN GUAN (CHEN ZHENYUAN)
NRIC No	S8332587I
Date Of Birth	12/10/1983
Occupation	INDOOR
Date Of Driving Pass	14/02/2003
Driving Experience	16 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-97627097
Fax Number	
Contact Number	OFFICE-97627097
EEmail Address	TEGGUY83@YAHOO.COM.SG
Address	30 SEGAR ROAD #05-02. SINGAPORE 677721.
Postcode	677721
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

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 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 TRAVELLING DOWN TANGLIN ROAD TOWARDS ORCHARD AFTER THE JUNCTION OF GRANGE ROAD ON THE EXTREME RIGHT LANE. I SIGNALLED MY INTENTION TO CHANGE LANE TO MY LEFT. THE THIRD PARTY VEHICLE SPEED PASS AND AS I WAS LOOKING OVER MY SHOULDER TO CHECK CLEAR, I REALISED THE THIRD PARTY VEHICLE HAD JAMMED HIS BRAKE. I DID NOT HAVE ENOUGH TIME TO REACT. MY VIEW WAS ALSO BLOCKED BY THE VEHICLE INFRONT OF ME BEFORE I CHANGED LANE AND THEREFORE DID NOT SEE THAT TRAFFIC ON THE OTHER LANE HAD STOPPED. MY JUDGEMENT WAS AFFECTED BY THE SPEED OF THE THIRD PARTY VEHICLE. REFER TO ATTACHED REFERENCE URL FOR PHOTO AND VIDEOS RELATING TO THE ACCIDENT.

#### 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	SLD6023G
Vehicle Make/Model/Colour	BMW M2 BLUE
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	SHANE ALEXANDER ABUCEWICZ TAN YUAN-YU
NRIC/Passport Number	S8936803J
Contact Number	97492385
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR BUMPER SCRATCHES
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.
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 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. 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 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.
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.

22 Mar 19  
Chigun 9:50

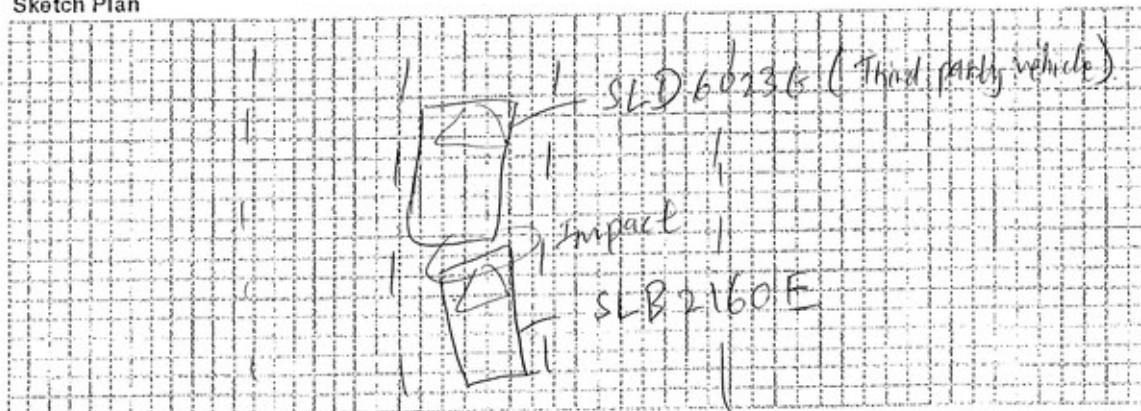
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

#### Sketch Plan



#### Individual Statement



WE DRIVE FIRST CLASS

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED  
COMPANY NO. 197701469GCYCLE & CARRIAGE KIA PTE LTD  
COMPANY NO. 199405410KCYCLE & CARRIAGE FRANCE PTE. LIMITED  
COMPANY NO. 20030327MDIPLOMAT PARTS PTE LIMITED  
COMPANY NO. 196400304H**Accident Statement**☐ Mitsubishi ☒ Kia ☐ Citroen ☐ Others (Please tick accordingly)**Motor Accident Repair Basic Information**

Date of Accident	21/03/2019
Time of Accident (24hr format)	09:15
Exact Location of Accident	Tanglin Road towards Orchard after junction of Brang Rd.

**Own Vehicle Details**

Vehicle Registration Number	SLB 2160 E
INSURED/ POLICY HOLDER (OWN VEHICLE)	
Name of Registered Owner	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Company TAN CHIN GUAN
ID of Registered Owner	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN S8332587I

**Vehicle Particulars (Own Vehicle)**

Model	Forte K3 1.6
Exact purpose for which vehicle was being used at the time of accident	Personal use, heading to office.
Are you claiming under your own Ins. Policy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3rd Party <input type="checkbox"/> Reporting Only
Vehicle Category	<input checked="" type="checkbox"/> Private Car / Comm Veh / Goods Veh / Motor Trade / Government

**Insurance Company (Own Vehicle)**

Insurance Company	AIG
Type of Coverage	Comprehensive / Third Party / Third Party Fire and / or Theft
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number / Cover Note Number	2100457002-02

**Driver**

Name of Driver	TAN CHIN GUAN
ID of Driver	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN S8332587I
Date of Birth	12/10/1983
Occupation	<input checked="" type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor
Driving Pass Date	14/02/2003
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
Mobile Phone No.	9762 7097
Office / Home / Other Numbers	-
Home Address	30 Segar Road #05-02 Singapore 677721
Email Address	tcguy83@yahoo.com.sg
Was Driver an employee of the Insured's Company	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reason: OWNER
Does the driver own any other vehicle? If YES, please indicate driver's own car vehicle number	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

OWNER/ DRIVER'S SIGNATURE:

Ching - 22 Mar 19  
9:50.

Individual Statement

**General Information Of The Accident****Type Of Accident**

Weather Condition	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Other If Others, please state the condition
Road Surface	<input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Other If Others, please state the condition

**Other Information**

Was anyone injured in the accident?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was any foreign vehicle involved in the accident?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was any other vehicle or property damaged? (Including witness)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was the accident reported to the police?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Name of the police station	
Was notice of intended Prosecution given?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
I have been approached by unknown person(s) soliciting/offering accident claims assistance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Circumstances of Accident**

Refer attachment

**Third Party Vehicle Detail****Details of Other Vehicle/Property**

Vehicle Registration No.	SLD 6023 G
Vehicle Make/ Model/ Colour	BMW M2 Blue
Details of Property	
Name Of Driver	Shane Alexander Abucewicz Tan Yuan-Yu
Driver's NRIC	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN S8936803J
Contact Number	9749 2385
Name of Insurance Company	
Nature of Damage	REAR BUMPER SCRAPES

Detail of Witness - Name	
Detail of Witness - Phone	
Detail of Witness - Email	

Damages to Other Vehicles & Property (Other than Vehicles A & B)	Vehicle Regn No. or Details of Property	Name of the Driver	Contact Number

**Details of Injured Person**

Name	
Injury Sustained	
Injured person is on which vehicle?	
Were seat belts worn?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was injured conveyed to hospital by ambulance?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

OWNER/ DRIVER'S SIGNATURE:

*Chigam* 22 Mar 19 9:50

Individual Statement

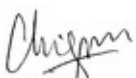
**Describe Circumstances of the Accident**

I was travelling down Tonglin Road towards Orchard after the junction of Grange road on the extreme right lane. I signalled my intention to change lane to my left. The third party vehicle speed past and as I was looking over my shoulders to check clear, I realised the third party vehicle had jammed his brakes. I did not have enough time to react. My view was also blocked by the vehicle in front of me before I changed lane and therefore did not see that traffic on the other lane had stopped. My judgement was affected by the speed of the third party vehicle.

Refer to attached reference URL for Photo and videos relating to the accident.

**Declaration**

We declare the foregoing particulars are true in every respect.

 22 Mar 19  
9:50  
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

**Individual Statement**

Photo and Video Attachments SLB2160E

Zero  
↓  
<https://drive.google.com/folderview?id=1CWFBcD3-JYrK44u5zfEW2Ky0EExBuduk>

Chiguan. 22 Mar 19  
9:50-

Accident Photo



### Accident Photo



Accident Photo



Accident Photo



Accident Photo

