MCC619046678 / Cycle & Carriage Automotive Pte Ltd - Pandan Gardens
ENTRY DATE & TIME: 10/04/2019 13:30
SUBMITTED BY: Mabel Tan Shieh Yuen

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 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.

ACCIDENT STATEMENT	
Date Of Report	10/04/2019 13:30
Date Of Accident	09/04/2019 17:00
Exact Location Of Accident	PIE TOWARDS JURONG AFTER EXIT TO STEVENS ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLN1590R
Insured/Policyholder	
Name Of Registered Owner	ONG PIT LEE,PHILIP
NRIC No	S1408277H
Email Address	PHILIPOPL@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98588872
Alternative Phone No	Others-98588872
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO K3 1.6 EX
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
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	2100506684
Cover Note Number	
Driver	
Name of Driver	ONG PIT LEE,PHILIP
NRIC No	S1408277H
Date Of Birth	23/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	31/05/1990
Driving Experience	28 YEARS AND 10 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98588872
Fax Number	
Contact Number	OTHERS-98588872
EMail Address	PHILIPOPL@YAHOO.COM
Address	50 CHOA CHU KANG NORTH 7 #11-14
Postcode	689527
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET
Other Information	
Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	7
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	
REFER TO ATTACHMENT	
Attachment(s)	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE1658C
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	BACK OF VEHICLE DENTED (VEH B)
Vehicle Category	PRIVATE CAR
Name of Driver	WANG XIAOXU
NRIC/Passport Number	
Contact Number	81261590

Address	
Postcode	
Insurance Company Name	
Nature Of Damage	BACK OF VEHICLE
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBJ3127Y
Vehicle Make/Model/Colour	
Details Of Properties	VEH G
Vehicle Category	MOTORCYCLE
Name of Driver	ABDULLAH ZULHILMIE
NRIC/Passport Number	
Contact Number	91140516
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKR6270Y
Vehicle Make/Model/Colour	
Details Of Properties	VEH F
Vehicle Category	PRIVATE CAR
Name of Driver	KWEK JOO CHIANG
NRIC/Passport Number	
Contact Number	97535696
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SJS849A
Vehicle Make/Model/Colour	
Details Of Properties	VEH E
Vehicle Category	PRIVATE CAR
Name of Driver	LEE JIN JUN,ANDY
NRIC/Passport Number	
Contact Number	93253698
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	SLE6731R
Vehicle Make/Model/Colour	

Details Of Properties	VEH D
Vehicle Category	PRIVATE CAR
Name of Driver	TAN YU PING
NRIC/Passport Number	
Contact Number	98567402
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number	SHA7207A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KUM HON MENG
NRIC/Passport Number	
Contact Number	97272601
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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:

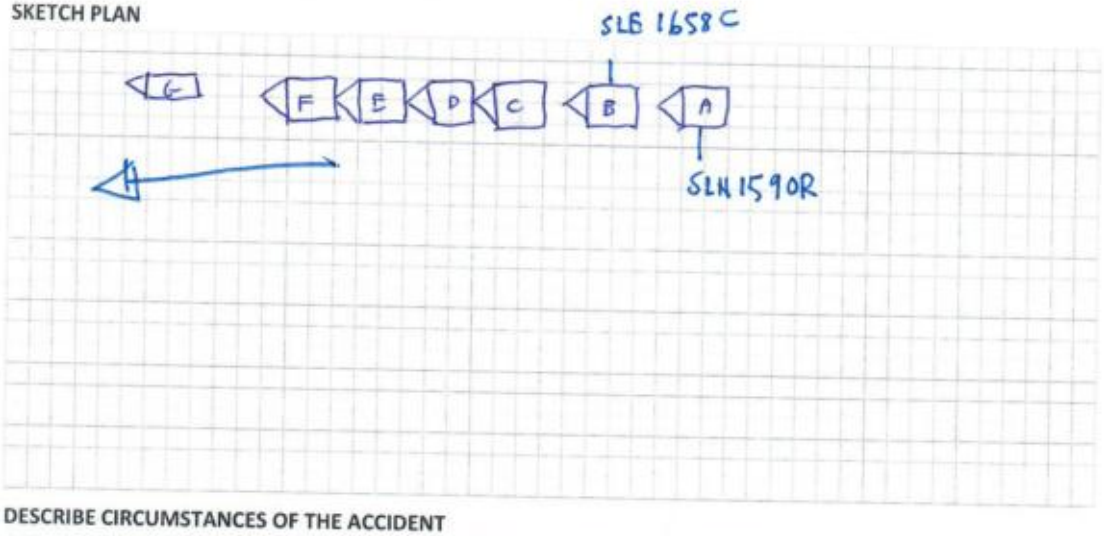
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: 10/4/19 10 20 AM	Driver's Signature (If driver is not the policyholder) Date & Time: 10/4/19 10 20 AM.	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving toward PIE Turning. (~~after~~ It was raining. All vehicles was slow. The vehicle in front of me suddenly pickup speed and I also pickup speed. After driving for a short distance the vehicle in front of me suddenly jammed brake. I also jammed brake but because the road was wet my vehicle hit the back of the front vehicle.

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 10/04/19 10 20 AM	(If driver is not the policyholder) Date & Time: 10/04/19 10 20 AM	Name: NRIC/FIN No.:

Accident Photo

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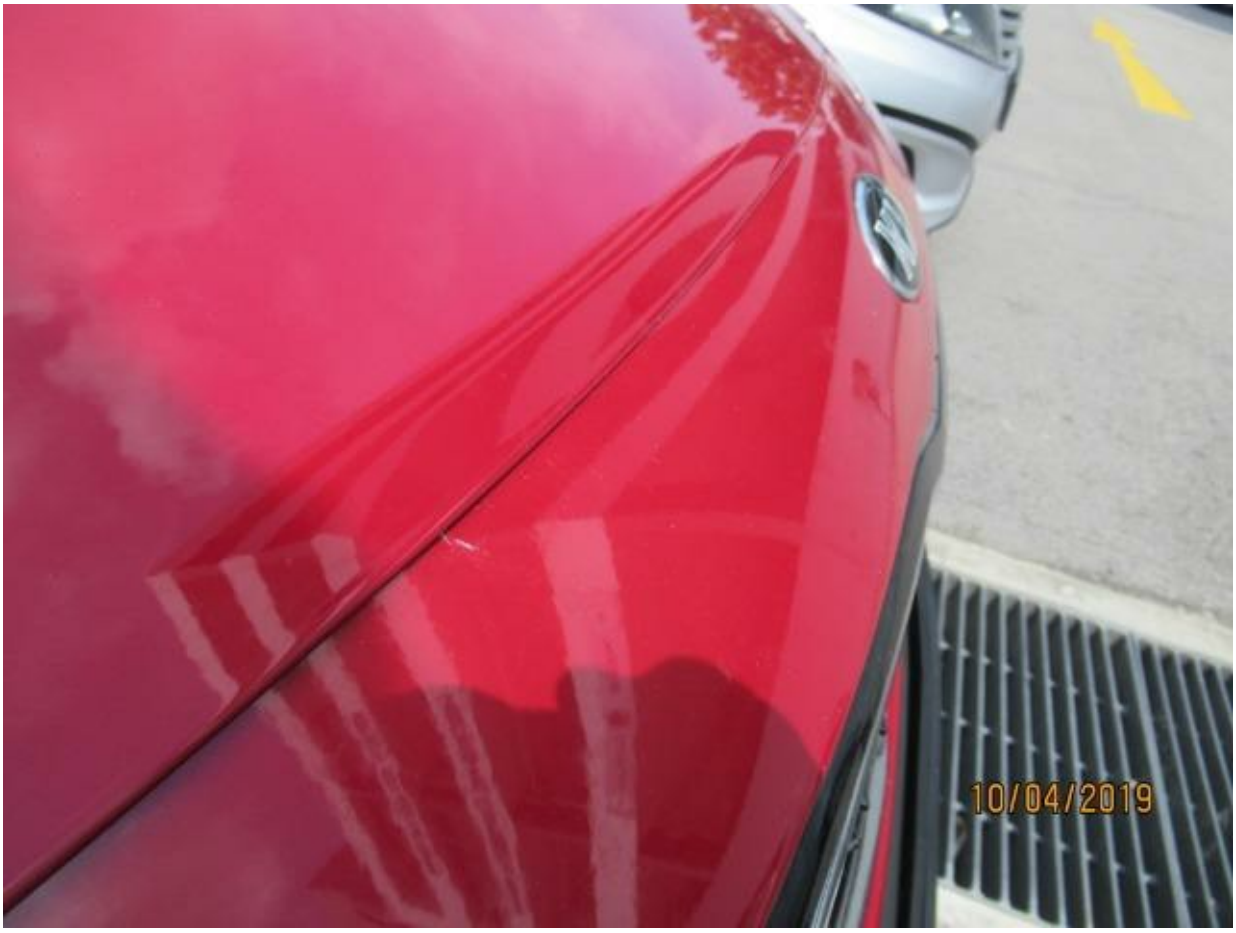

Accident Photo

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Identification Card

Accident Photo

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