

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	03/09/2019 11:08
Date Of Accident	31/08/2019 16:00
Exact Location Of Accident	INTERSECTION BETWEEN YISHUN AVE 1 & SEMBAWANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC2977Y
Insured/Policyholder	
Name Of Registered Owner	TONG BEE CONSTRUCTION PTE LTD
Co Reg No	199004298z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96758058
Alternative Phone No	Office-96758058

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	TRAVELING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700039955-02
Cover Note Number	

Driver

Name of Driver	GOH CHANG HEE
NRIC No	S9313571G
Date Of Birth	13/04/1993
Occupation	INDOOR
Date Of Driving Pass	03/09/2013
Driving Experience	5 YEARS AND 11 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96758058
Fax Number	
Contact Number	
E-Mail Address	GOHCHANGHEE@GMAIL.COM
Address	42 SPRINGSIDE DRIVE
Postcode	786939
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 (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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	Name: : JEAN LIM JIA YU Gender: : Female
Passenger 2	Name: : HWEBWRT GOH CHANG HAO Gender: : Male
Passenger 3	Name: : CHUNG NIAN QI Gender: : Female

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

ON 31ST AUGUST 2019, 1600 HRS, I WAS ON MY WAY HOME. UPON ENTERING THE FILTER LANE (TURNING INTO SEMBAWANG ROAD). I SLOWED DOWN TO CHECK FOR ON COMING TRAFFIC. AFTER CHECKING, I ALLOWED THE CAR TO ROLL FORWARD, THIS WAS WHEN I BUMP INTO SLR6372A.

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	SLR6372A
Vehicle Make/Model/Colour	MITSUBISHI ATTRAGE WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH KENNETH
NRIC/Passport Number	S8214455B
Contact Number	98799544
Address	
Postcode	
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan



Exceptional Journeys

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
COMPANY NO. 197701469G

CYCLE & CARRIAGE KIA PTE LTD
COMPANY NO. 193405410K

CYCLE & CARRIAGE FRANCE PTE. LIMITED
COMPANY NO. 200609327M

DIPLOMAT PARTS PTE LIMITED
COMPANY NO. 196400304H

Accident Statement

☒ Mitsubishi ☐ Kia ☐ Citroen ☐ Others (Please tick accordingly)

Motor Accident Repair Basic Information	
Date of Accident	31 / 08 / 19
Time of Accident (24hr format)	1600
Exact Location of Accident	intersection between Yishun Ave 1 & Sembawang Road
Own Vehicle Details	
Vehicle Registration Number	SLC 2977 Y
INSURED/ POLICY HOLDER (OWN VEHICLE)	
Name of Registered Owner	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Company Tong Bee Construction PTE LTD
ID of Registered Owner	<input checked="" type="checkbox"/> Co. Reg. No. <input type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN 199004298Z
Vehicle Particulars (Own Vehicle)	
Model	Mitsubishi Lancer EX 1.5 MIVEC GLS
Exact purpose for which vehicle was being used at the time of accident	traveling.
Are you claiming under your own Ins. Policy	<input type="checkbox"/> Yes <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/> Reporting Only
Vehicle Category	Private Car / <u>Comm Veh</u> / 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	1700039955-02
Driver	
Name of Driver	Goh Chang Hee
ID of Driver	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN S9313571G
Date of Birth	13 / 04 / 1993
Occupation	<u>Indoor</u> / Outdoor
Driving Pass Date	03 / 09 / 2013
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
Mobile Phone No.	9675 8058
Office / Home / Other Numbers	-
Home Address	42 SPRING SIDE DRIVE S(786939)
Email Address	Gohchanghee@gmail.com
Was Driver an employee of the Insured's Company	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reason: <u>Children</u>
Does the driver own any other vehicle? If YES, please indicate driver's own car vehicle number and insurance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vehicle No: Insurance:

OWNER/ DRIVER'S SIGNATURE:

Ver Jun 2018/B&P

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 checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input type="checkbox"/> Other
	If Others, please state the condition:		
Other Information			
Was anybody injured in the accident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Was any injured conveyed to hospital by ambulance?	<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	
Foreign Vehicle Registration Number	-		
Foreign Vehicle Category	-		
Number of vehicles involved in the accident	2		
Was there any witness? (Name, Phone, Email)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Was there any other vehicle or property damaged?	<input checked="" type="checkbox"/> No	<input 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	<input type="checkbox"/> Click here if not in the above list
Was notice of intended Prosecution given?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
	If Yes, against whom?		
I have been approached by unknown person(s) soliciting/offering accident claims assistance	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Number of Passengers (Including Driver)	4		
Passenger (Name and Gender)			
Circumstances of Accident			
Refer attachment			
Third Party Vehicle Detail			
Details of Other Vehicle / Property			
Vehicle Registration No.	SLR 6372 A		
Vehicle Make/ Model/ Colour	Mitsubishi / Attrage / white		
Details of Property Damaged in Accident			
Vehicle Category			
Name Of Driver	Goh Kenneth		
Driver's NRIC	<input type="checkbox"/> Co. Reg. No.	<input checked="" type="checkbox"/> NRIC No.	<input type="checkbox"/> Passport No. / FIN
Contact Number	S 82144 553 9879 9544		
Name of Insurance Company	NTUC		
Nature of Damage			
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 type="checkbox"/> No	

OWNER/ DRIVER'S SIGNATURE: 

Sketch Plan #3

1) Number of Passengers in Vehicle A (Including driver)? 4

Passenger 1

Name : Goh Chang Hee
Gender : (M)/F

Passenger 2

Name : Jean Lim Jia Yu
Gender : M/(F)

Passenger 3

Name : Herbert Goh Chang Hao
Gender : (M)/F

Passenger 4

Name : Chung Nian Qi
Gender : M/(F)

Passenger 5

Name : _____
Gender : M / F

Passenger 6

Name : _____
Gender : M / F

Passenger 7

Name : _____
Gender : M / F

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: 2/04/19 1118

Driver's Signature

(If driver is not the policyholder)

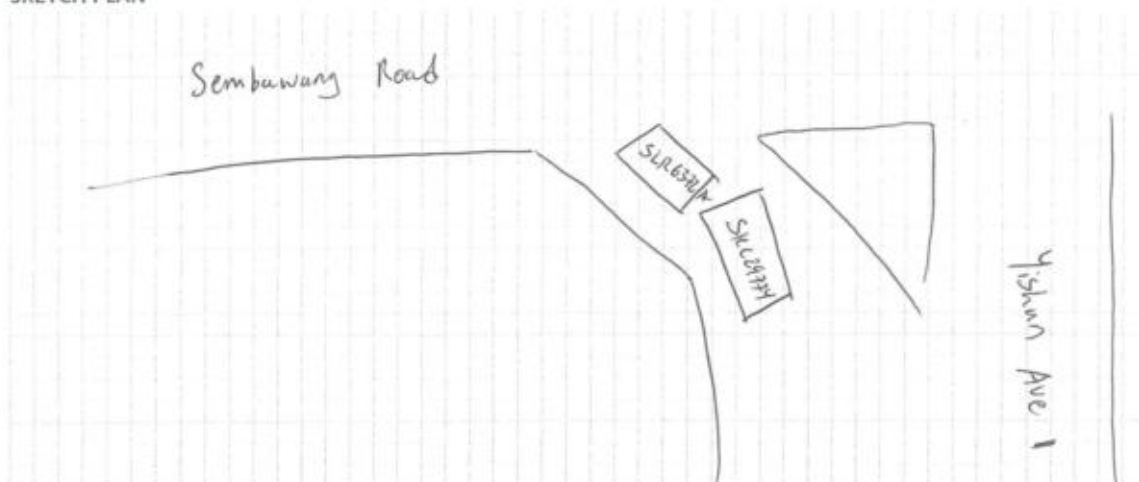
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 31st Aug 2019, 1600 hrs, I was on my way home.
 upon entering the fitter lane (turning into Sembawang road). I slowed
 down to check for on coming traffic.
~~While checking~~ After checking, I allowed the car to roll forward.
 This was when I bump into SLR 6372A.

DECLARATION

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



Policyholder's Signature

Date & Time: 2/09/19 1118

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Tong Bee Construction Pte Ltd
 Period of Insurance : 10 Aug 2019 To 09 Aug 2020
 Engine No. : 4A91AN2493
 Chassis No. : JMYSRCY2ABU001785

Vehicle No. : SKC2977Y
 Policy No. : 1700039955-02
 Endorsement No. :
 Issued Date : 04 Jul 2019

ABOUT THE COVER

Make/Model : MITSUBISHI LANCER EX 1.5 MIVEC GLS
 Engine Capacity/Tonnage : 1,499.00 CC Sum Insured : Market Value First Year of Registration : 2011
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes
 Person or Classes of Persons Entitled to Drive* :
 Any person who is driving on the Policyholder's order or with their permission
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings

EXCESS

Section 1

Fire - \$0 Own Damage - \$500 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000
2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 150094 64705588
3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 409650 67461000
4. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OCBC Bank Ltd

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

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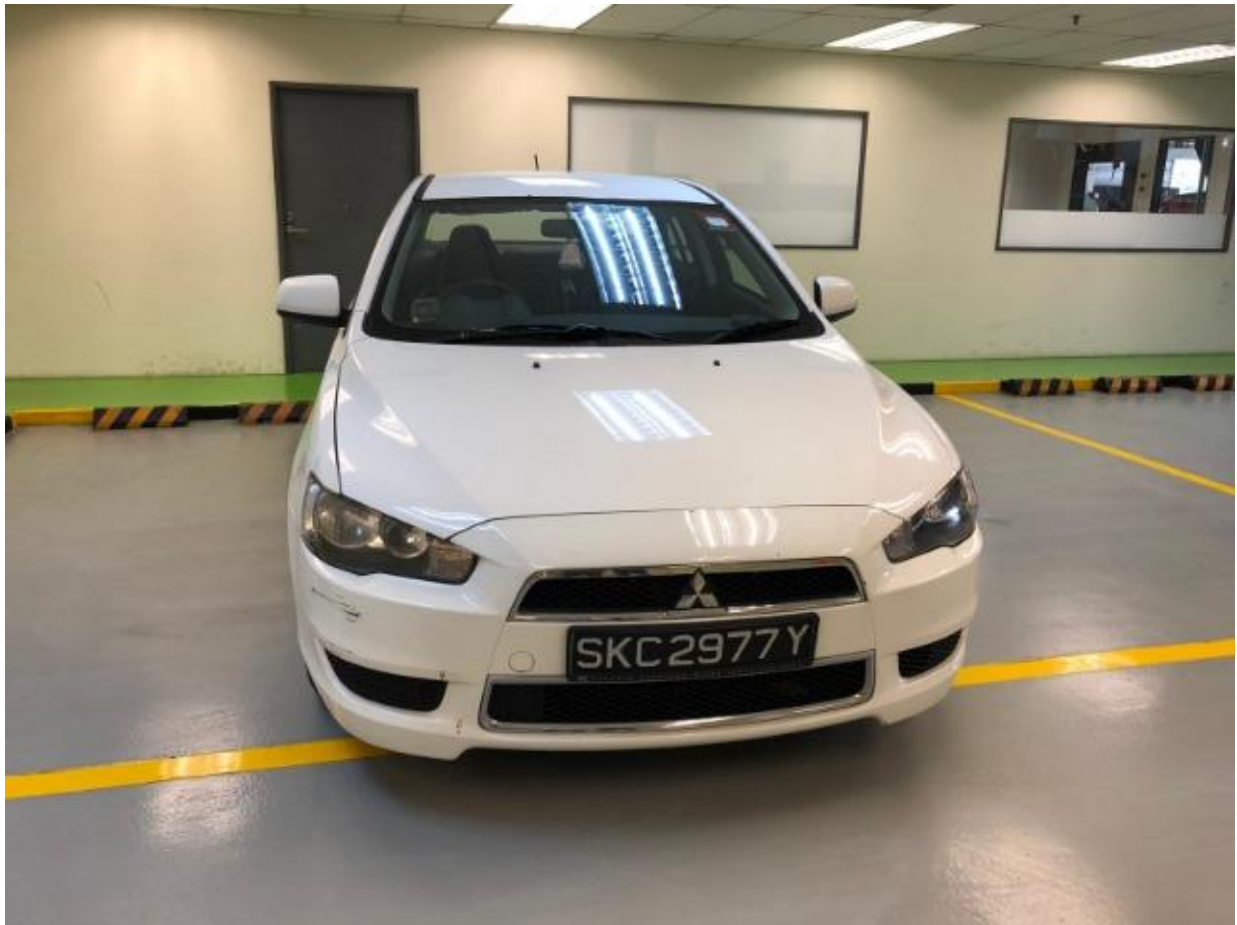
C&C FULCO-CORPORATE
 22 UBI ROAD 4 FULCO BUILDING
 SINGAPORE 408617 ANSP-MOTOR
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSCNFY

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

