

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	02/12/2019 10:22
Date Of Accident	30/11/2019 15:00
Exact Location Of Accident	ALONG PIE TWDS CHANGI (NEAR TOA PAYOH)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ9399J
Insured/Policyholder	
Name Of Registered Owner	GOH EE MENG
NRIC No	S7311192G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91139593
Alternative Phone No	Office-91139593

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLC250
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	
Cover Note Number	

Driver

Name of Driver	GOH EE MENG
NRIC No	S7311192G
Date Of Birth	03/04/1973
Occupation	INDOOR
Date Of Driving Pass	01/07/1992
Driving Experience	27 YEARS AND 4 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-91139593
Fax Number	
Contact Number	OFFICE-91139593
EMail Address	NOEMAIL
Address	BLK 309 HOUGANG AVENUE 5 #01-285
Postcode	530309
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	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	3
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)	2
Passenger 1	Name: : UNKNOWN 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

I WAS DRIVING MY CAR ALONG PIE TWDS CHANGI (NEAR TOA PAYOH). I WAS TRAVELLING AT THE EXTREME RIGHT LANE. VEHICLES INFRONT OF ME HAD STOPPED, I FOLLOWED SUIT TO STOP. AS I STOPPED MY CAR, CAR B (SMG2255C) CAME FROM THE REAR DID NOT MANAGE TO STOP ON TIME AND COLLIDED ONTO MY REAR PORTION. THE IMPACT WAS SO HUGE THAT MY CAR WAS BEHIND PUSHED FORWARD AND COLLIDED ONTO CAR C (SMD4245J) 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?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG2255C
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle CategoryPRIVATE CAR

Name of DriverGIRIDHARAN S/O N MUUGASU

NRIC/Passport NumberS9717942E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration NumberSMD4245J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle CategoryPRIVATE CAR

Name of DriverLILIS @ LILIS PANG

NRIC/Passport NumberS7175177E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident 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.

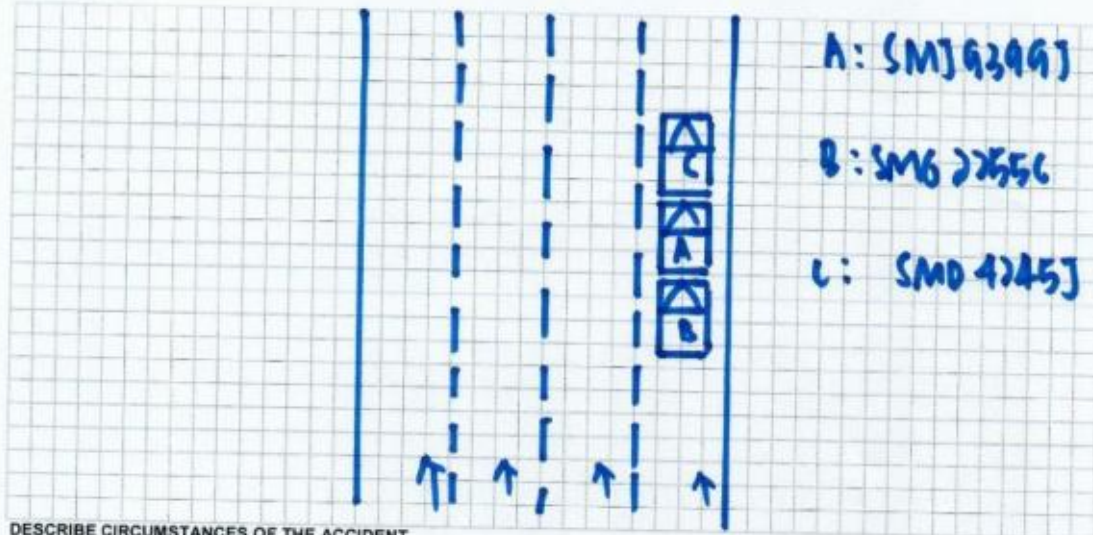


Policyholder's Signature
Date & Time 02/12/2019 0903

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

Kerlyn Ong Kai Li
DID : 6771 4420 HP : 9186 5113
Email : kerlyn.ong@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Operating Service Center, Pandan Loop
Name: KERLYN
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING MY CAR (SMJ9399J) ALONG PIE TOWARD CHANGI (NEAR TOA PAYOH). I WAS TRAVELLING AT THE EXTREME RIGHT LANE.

VEHICLES INFRONT OF ME HAD STOPPED, I FOLLOWED SUIT TO STOP. AS I STOPPED MY CAR (SMJ9399J), VEHICLE B (SM6255C) CAME FROM THE REAR DID NOT MANAGE TO STOP ON TIME AND COLLIDED ONTO MY REAR PORTION. THE IMPACT WAS SO HUGE THAT MY CAR WAS BEING PUSHED FORWARD AND COLLIDED ONTO VEHICLE C (SMD4245J) REAR PORTION.

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)

Policyholder's Signature
Date & Time 02/12/2019 0903

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

Kerlyn Ong Kai Li
DID : 6771 4420 HP : 9186 5113
Email : kerlyn.ong@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Bandan Loop
Reporting Centre Personnel
Name: KERLYN
NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7311192G

Name: GOH EE MENG (WU YIMING)

Birth Date: 03 Apr 1973
Issue Date: 13 Apr 2004



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7311192G



GOH EE MENG
(WU YIMING)
吴依明

CHINESE
Date of birth: 03-04-1973 Sex: M
Country of birth: SINGAPORE

FOR C&C USE ONLY

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	29 May 2002
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	01 Jul 1992
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	09 Nov 1994



Licence No: S7311192G

NP 428A

FOR C&C USE ONLY



2417647

NRIC No: S7311192G



Short Gross: 26-09-1994

8 AH HOOD ROAD #10-03
SINGAPORE 328874

NRIC No: S7311192G Date: 04/03/2012 (R)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

