

## 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	26/12/2019 14:58
Date Of Accident	24/12/2019 17:30
Exact Location Of Accident	ALG BRADDELL RD JUST AFT RIGHT TURN TO BISHAN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD7797A
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### Insured/Policyholder

Name Of Registered Owner	TOH LYE HENG
NRIC No	S7016266J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97438293
Alternative Phone No	Office-97438293

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLA180
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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	TOH LYE HENG
NRIC No	S7016266J
Date Of Birth	25/05/1970
Occupation	INDOOR
Date Of Driving Pass	20/04/1999
Driving Experience	20 YEARS AND 8 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97438293
Fax Number	
Contact Number	OFFICE-97438293
EMail Address	NOEMAIL
Address	630 UPPER THOMSON RD
Postcode	787132
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 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?	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 DRIVING MY CAR ALONG BRADDELL RD. I WAS TRAVELLING AT THE EXTREME LEFT LANE AND HAD FILTERED TOWARD THE CENTER LANE. AFTER FILTERING TOWARD THE CENTER LANE. VEHICLES INFRONT SUDDENLY JAMMED BRAKE AND STOPPED AS THERE WAS A CONSTRUCTION WORKER WHO SHOWED THE SIGN BOARD 'STOP'. DUE TO THE SUDDEN, I STEPPED ON MY BRAKE BUT STILL COLLIDED ONTO CAR B (SHA8660S) REAR PORTION.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REFER CSE KERLYN ONG
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA8660S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI

Name of Driver	YEO HOOI CHYE
NRIC/Passport Number	
Contact Number	96605081
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### SKETCH PLAN

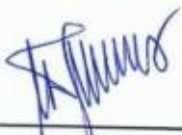
#### IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

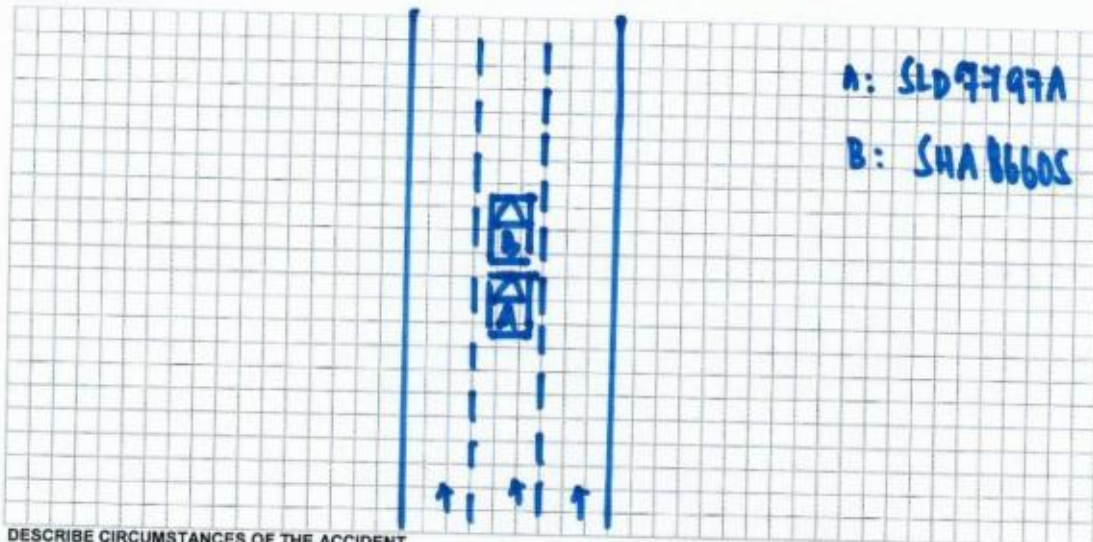
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
  - (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 26/12/2019 1311

\_\_\_\_\_  
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  
Reporting Centre Personnel's  
Cycle & Carriage Insurance Ltd  
NPP: KERLYN  
Customer Support - Pasir Panjang Loop  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING MY CAR (SLD7797A) ALONG BRADELL ROAD. I WAS TRAVELLING AT THE EXTREME LEFT LANE AND HAD FILTERED TOWARD THE CENTER LANE. AFTER FILTERING TOWARD THE CENTER LANE, VEHICLES INFRONT SUDDENLY JAMMED BRAKE AND STOPPED AS THERE WAS A CONSTRUCTION WORKER WHO SHOWED THE SIGN BOARD 'STOP'. DUE TO THE SUDDEN, I STEPPED ON MY BRAKE BUT STILL COLLIDED ONTO VEHICLE B (SHA8660S) 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 26/12/2019 1311

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 Pandan Loop  
Reporting Centre Personnel's  
Name: KERLYN  
NRIC/FIN No.:

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Service Number: **S7016266J**

Name: **TOH LYE HENG**

Birth Date: **25 May 1970**

Issue Date: **03 May 2009**

1900451348A



**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S7016266J**

Name: **TOH LYE HENG**

李来兴

Race: **CHINESE**

Date of Birth: **25-05-1970** Sex: **M**

Country of Birth: **SINGAPORE**




**FOR C&C USE ONLY**

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **30 Apr 1999**

Licence No: **S7016266J**

NP 429A



0810075

NRIC No: **S7016266J**

**REPUBLIC AUTO PTE LTD**

301 ALEXANDRA ROAD

MERCEDES-BENZ CENTER

SINGAPORE 459968

630 UPPER THOMSON ROAD SINGAPORE 787132

TEL: 6744 4448 FAX: 6866 1717

NRIC No: **S7016266J** Date: **22/08/2016**




**FOR C&C USE ONLY**



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

