MCC620008656 / Cycle & Carriage Automotive Pte Ltd - Pandan Gardens
ENTRY DATE & TIME: 20/01/2020 09:56
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	20/01/2020 09:56
Date Of Accident	19/01/2020 18:20
Exact Location Of Accident	JUNCTION OF PANDAN LOOP & WEST COAST HIGHWAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLW2265B
Insured/Policyholder	
Name Of Registered Owner	KU JIT HON
NRIC No	S7832863J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97911702
Alternative Phone No	Others-97911702
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	OWN PRIVATE 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	1800007615
Cover Note Number	
Driver	
Name of Driver	TAN CHER LIN,CHERYL
NRIC No	S7823149A
Date Of Birth	18/08/1978
Occupation	INDOOR
Date Of Driving Pass	25/02/2000
Driving Experience	19 YEARS AND 10 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-97911702
Fax Number	
Contact Number	
EMail Address	ROSVEGA@SINGNET.COM.SG
Address	BLK 121 WEST COAST CRESCENT #18-12
Postcode	126778
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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

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	FBJ5956H
Vehicle Make/Model/Colour	HONDA 400X MOTORBIKE
Details Of Properties	A FEW SCRTACHES ON MOTORBIKE BODY,CAR PLATE DENTED.BRAKE PEDAL A BIT DENTED
Vehicle Category	MOTORCYCLE
Name of Driver	ABDUL HAKIM BIN RASHID
NRIC/Passport Number	

Contact Number	90709134
Address	
Postcode	
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	PLATE DENTED,A FEW SCRATCHES ON BODY
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:

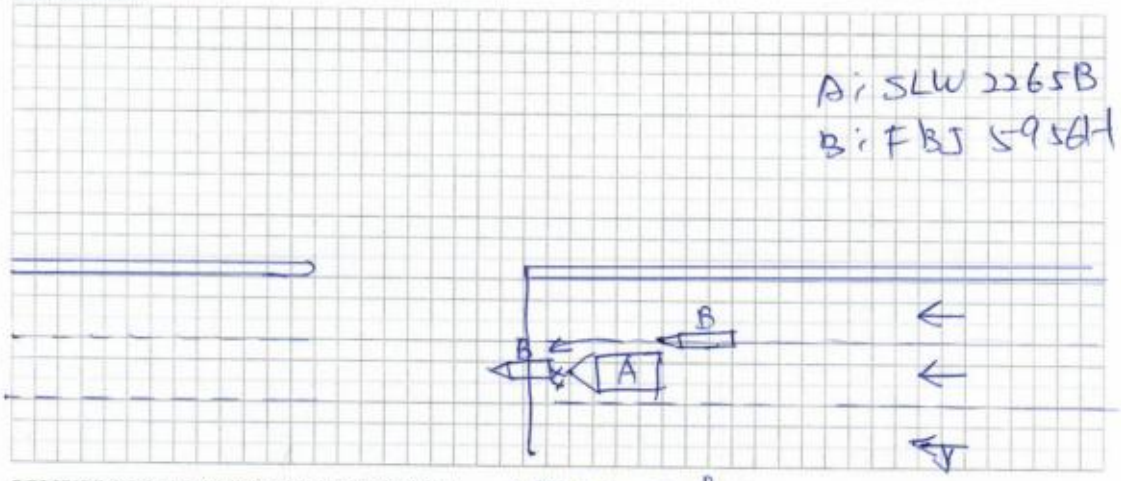
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 20/1/2020 8:45 am	(If driver is not the policyholder) Date & Time: 20/1/2020 8:45 am	Name: NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT (PLS REFER TO VIDEO)

1. I STOPPED AT JUNCTION OF PANDAN LOOP & WEST COAST HIGHWAY.
2. I AM THE 2ND CAR FROM STOP LINE.
3. 1ST CAR RAN THE RED TRAFFIC LIGHT.
4. HENCE, I WANTED TO MOVE CLOSER TO STOPLINE.
5. MOTORCYCLE FBJ 5956H CAME FROM THE RIGHT AND LEFT SIGNAL WAS ON.
6. I THOUGHT HE WANTED TO TURN LEFT WHEN LEFT TURN ARROW WAS GREEN.
7. BUT HE ~~BS~~ SUDDENLY BRAKED IN FRONT OF ME. &
8. I WOULD NOT HAVE HIT HIM IF HE DIDN'T COME FROM BEHIND, CUT INTO MY LANE.

DECLARATION

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

Policyholder's Signature
Date & Time: 20/1/2020 8:45am

Driver's Signature
(If driver is not the policyholder)
Date & Time: 20/1/2020

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Identification Card