

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	26/09/2020 11:46
Date Of Accident	25/09/2020 22:05
Exact Location Of Accident	SERANGOON AVE 3 IN FRONT OF BLK 323 SER.AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP7895L
Insured/Policyholder	
Name Of Registered Owner	DENY GUNADY
NRIC No	S9076277Z
Email Address	DENY.GUNADY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90293660
Alternative Phone No	Others-90293660

Vehicle Particulars

Manufacturer	CITROEN
Model	DS4 CROSSBACK-1.6 BLUEHDI S&S EAT6 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING
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	1700016386-03
Cover Note Number	

Driver

Name of Driver	GUOK LI-LIN
NRIC No	S6975250J
Date Of Birth	04/01/1969
Occupation	INDOOR
Date Of Driving Pass	30/11/1992
Driving Experience	27 YEARS AND 9 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-98459525
Fax Number	
Contact Number	OTHERS-90293660
E-Mail Address	DENY.GUNADY@GMAIL.COM
Address	BLK 322 SERANGOON AVE 3 #04-256. SINGAPORE 550322
Postcode	550322
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - MOTHER-IN-LAW
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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	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)	3
Passenger 1	Name: : LIM LI YING YVONNE Gender: : Female
Passenger 2	Name: : DENY GUNADY Gender: : Male

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

IT WAS DRIZZLING, MY MOTHER-IN-LAW WHO IS THE DRIVER WANT TO TURN INTO SERANGOON AVENUE 3 AND ACCIDENTALLY HIT ON THE SIDE DOOR OF THE TAXI.

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	SH6200H
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	VERY LIGHT DENT & MARK

Vehicle Category	TAXI
Name of Driver	LEE WENG THONG WILLIAM
NRIC/Passport Number	S1418824Z
Contact Number	98244223
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT SIDE OF BACK DOOR (PASSENGER SIDE)
No. Of Passenger (Including Driver)	

Sketch Plan

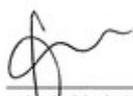
SKETCH PLAN

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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:
26/09/2020
11:20AM

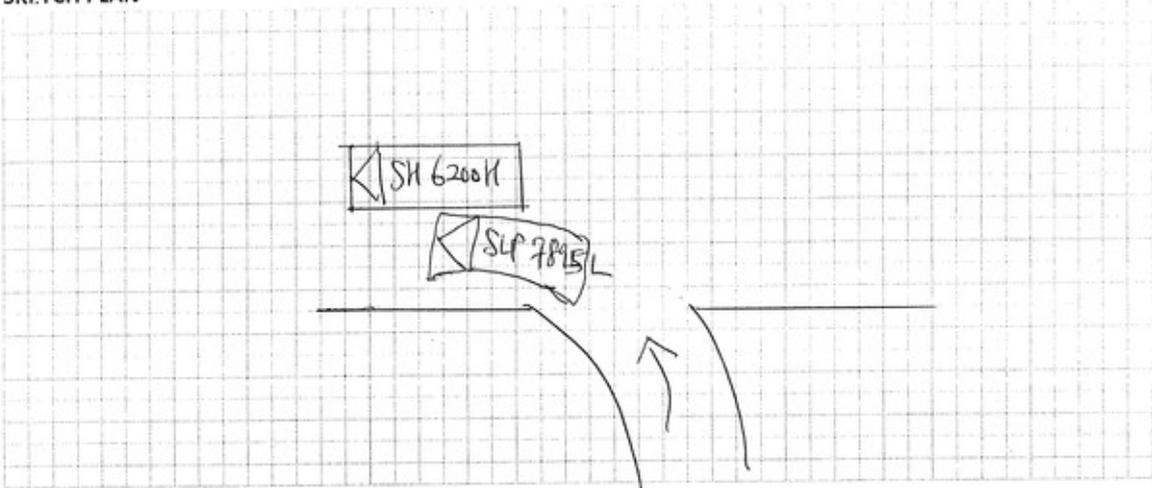


Driver's Signature
(If driver is not the policyholder)
Date & Time:
26/09/2020
@ 11:20AM



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was drizzling, my mother in law who is the driver want to turn into Serangoon Avenue 3 and accidentally hit on the side door of the taxi.

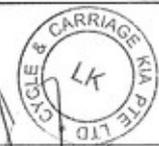
DECLARATION

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


Policyholder's Signature
Date & Time:
26/09/2020 11:20am


Driver's Signature
(If driver is not the policyholder)
Date & Time: 26/09/2020 11:20am


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





Exceptional Journeys

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
COMPANY NO. 197701469G

CYCLE & CARRIAGE KIA PTE LTD
COMPANY NO. 199405410K

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	25 / 09 / 2020
Time of Accident (24hr format)	22:04 HRS
Exact Location of Accident	Serangoon Avenue 3 in front of (Blk 323 Serangoon Avenue 3)

Own Vehicle Details

Vehicle Registration Number	SLP7895L
INSURED/ POLICY HOLDER (OWN VEHICLE)	
Name of Registered Owner	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Company DENY GUNADY
ID of Registered Owner	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN S907627Z

Vehicle Particulars (Own Vehicle)

Model	PS4 Crossback
Exact purpose for which vehicle was being used at the time of accident	Driving
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	<input checked="" type="checkbox"/> Private Car <input type="checkbox"/> Comm Vch / <input type="checkbox"/> Goods Vch / <input type="checkbox"/> Motor Trade / <input type="checkbox"/> Government

Insurance Company (Own Vehicle)

Insurance Company	AIG
Type of Coverage	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire and / or Theft
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number / Cover Note Number	1700016386-03

Driver

Name of Driver	GUOK LI-LIN
ID of Driver	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN S697525J
Date of Birth	04 / 01 / 1969
Occupation	<input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Driving Pass Date	30 / 11 / 1992
Gender	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Not Specified
Mobile Phone No.	98459525
Office / Home / Other Numbers	90293660
Home Address	Blk 322 Serangoon Avenue 3 #04-256 S(590322)
Email Address	deny.gunady@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>Not Under His Law</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: _____

26/09/2020
@12167

Individual Statement

General Information Of The Accident

Type Of Accident

Weather Condition	<input type="checkbox"/> Clear	<input checked="" type="checkbox"/> Raining	<input type="checkbox"/> Other
If Others, please state the condition:			
Road Surface	<input type="checkbox"/> Clear	<input checked="" 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	3		
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 type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
Was there any video captured by Car Camera?	<input type="checkbox"/> No	<input checked="" 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)	3		
Passenger (Name and Gender)	Lim Liying Yvonne (Female) Dery Connolly (Male)		

Circumstances of Accident

Refer attachment

Third Party Vehicle Detail

Details of Other Vehicle / Property

Vehicle Registration No.	SH 6200H		
Vehicle Make/ Model/ Colour	Hyundai		
Details of Property Damaged in Accident	Very Very Light Dent & mark		
Vehicle Category	Taxi		
Name Of Driver	Lee Wang Thong William		
Driver's NRIC	<input type="checkbox"/> Co. Reg. No.	<input checked="" type="checkbox"/> NRIC No.	<input type="checkbox"/> Passport No. / FIN
Contact Number	514188242 98244223		
Name of Insurance Company			
Nature of Damage	Left side of back door (passenger side)		

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 checked="" type="checkbox"/> No	

OWNER/ DRIVER'S SIGNATURE:

[Signature]
26/09/2010 @ 11:20am

Accident Photo



Accident Photo



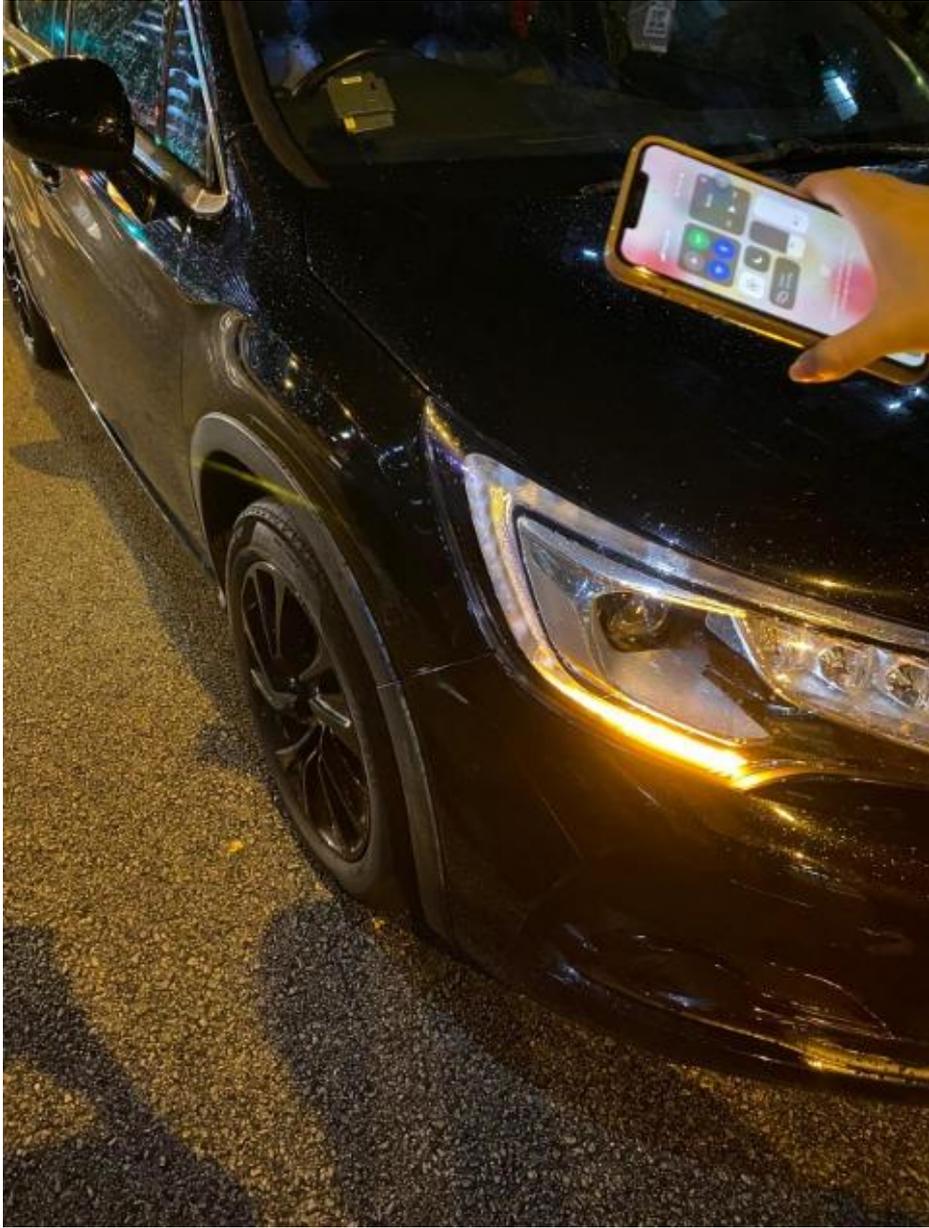
Accident Photo



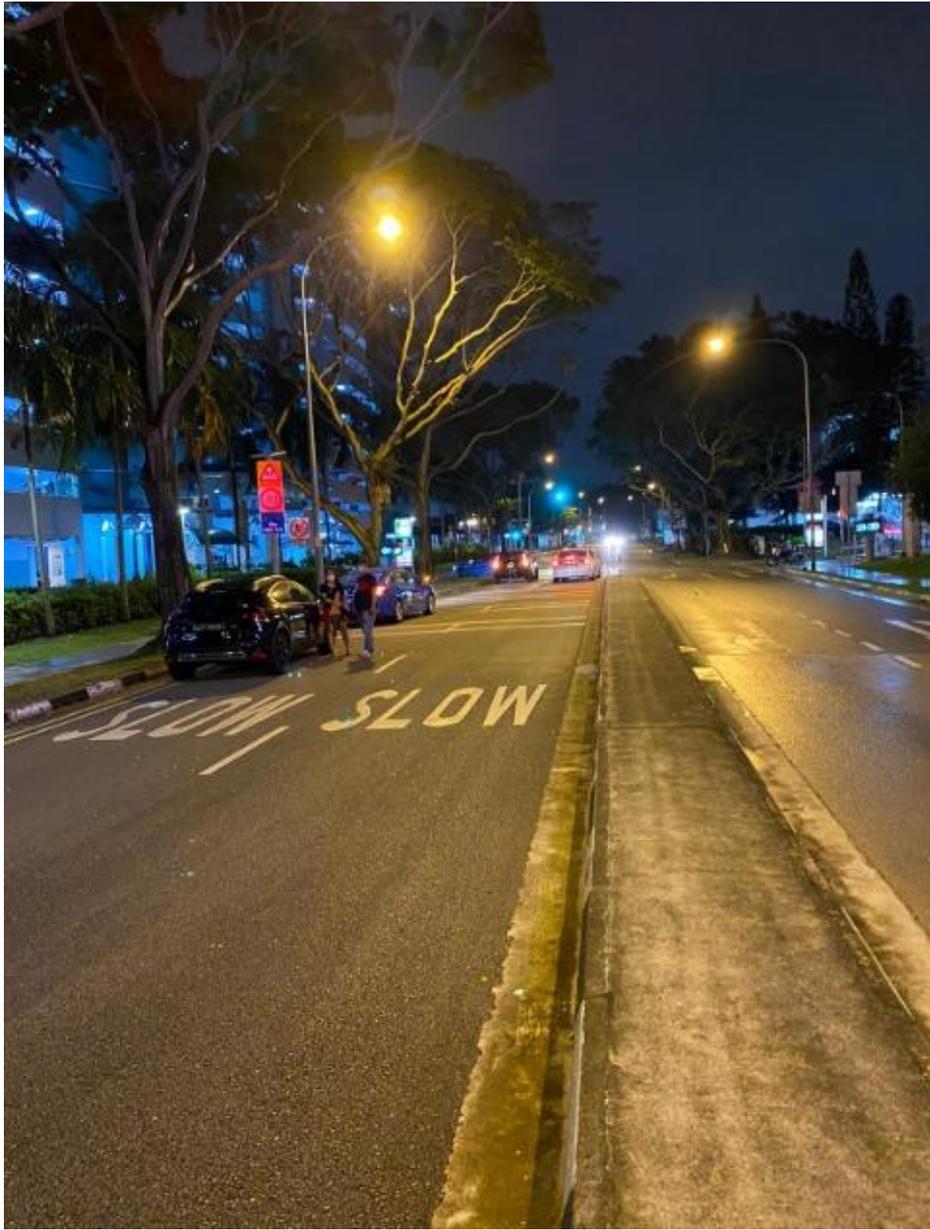
Accident Photo



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