SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 constaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	19/10/2020 08:56
Date Of Accident	16/10/2020 22:00
Exact Location Of Accident	FU LU SHOU COMPLEX BASEMENT 2 CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS5167P
Insured/Policyholder	
Name Of Registered Owner	YE YUNSHENG
NRIC No	S7970858E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83823879
Alternative Phone No	Office-83823879
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180
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	2100409306-05
Cover Note Number	
Driver	
Name of Driver	YE YUNSHENG
NRIC No	S7970858E
Date Of Birth	03/08/1979
Occupation	INDOOR

09/01/2003

17 YEARS AND 9 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-83823879

Fax Number

Contact Number OFFICE-83823879

EMail Address NOEMAIL Address 40 OXLEY RD

Postcode 238630

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 YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

1

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 OUT FROM THE PARKING LOT OF FU LU SHOU COMPLEX BASEMENT 2 CARPARK. AS I WAS TURNING LEFT OUT FROM THE PARKING LOT. I HAD ACCIDENTALLY SCRATCHES ONTO CAR B (SMF3835C) RIGHT FRONT PORTION.

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

SMF3835C Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR TEO AH KUAN Name of Driver NRIC/Passport Number S1606217J

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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.
- Any false reporting may be referred to the Police for Investigation.
- The 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.
- 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.
- 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 agency/authority (such as the police), for the purpose(s) of:
 - 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
 - (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.

OF 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

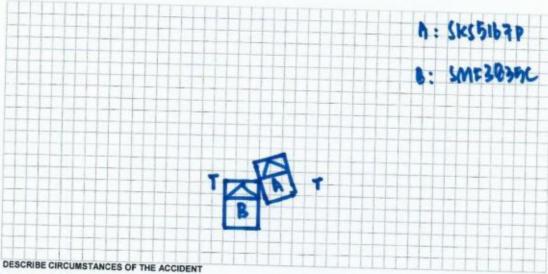
Reporting Centre Personnel's

Policyholder's Signature
Date & Time 17/10/2020 0901

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

Name: KERLYN NRIC/FIN No.:

SKETCH PLAN



I WAS DRIVING MY CAR (SKS5167P) OUT FROM THE PARKING LOT OF FU LU SHOU COMPLEX BASEMENT 2 CARPARK. AS I WAS TURNING LEFT OUT FROM THE PARKING LOT, I HAD ACCIDENTALLY SCRATCHED ONTO VEHICLE B (SMF3835C)

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 17/10/2020 0901

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

Date & Time

Reporting Centre Personnel's

Kerlyn Ong Kai Li

DID: 6771 4420 HP: 9180 5113
Email: kerlyn.ong@cyclecarriage.com.sg
Cycle & Carriage Industries Pie Lid
Customer Service Centre - Pandan Loop

Name: KERLYN NRIC/FIN No.:





Licence Number: S7970858E

YE YUNSHENG

Birth Date: 03 Aug 1979 Issue Date: 09 Jan 2003



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

Class 3

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

PASS DATE

09 Jan 2002

Licence No: \$7970858E

NP 428A







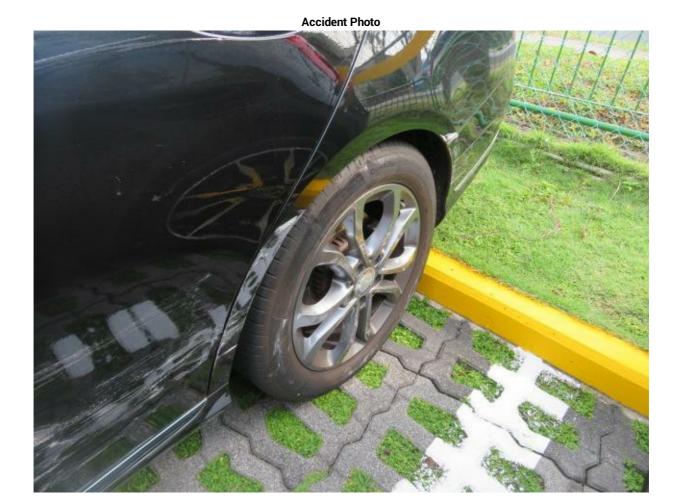
























Accident Photo



Accident Photo

