

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	10/10/2020 17:14
Date Of Accident	10/10/2020 10:00
Exact Location Of Accident	YIO CHU KANG ROAD BEFORE JALAN SELASEH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX7185K
Insured/Policyholder	
Name Of Registered Owner	EDWARD KOO KA CHUN
NRIC No	S9227643J
Email Address	EDWARDK007@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98389262
Alternative Phone No	Office-98389262

Vehicle Particulars

Manufacturer	KIA
Model	CERATO K3-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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	1800033721
Cover Note Number	

Driver

Name of Driver	EDWARD KOO KA CHUN
NRIC No	S9227643J
Date Of Birth	05/08/1992
Occupation	INDOOR
Date Of Driving Pass	14/12/2010
Driving Experience	9 YEARS AND 9 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98389262
Fax Number	
Contact Number	OFFICE-98389262
E-Mail Address	EDWARDK007@GMAIL.COM
Address	12 HOUGANG STREET ST 92 #09-04
Postcode	538688
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

REFER TO SKETCH PLAN

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	SFS7688Z
Vehicle Make/Model/Colour	VOLKSWAGON/TOURAN/BLUE
Details Of Properties	SCRATCHES ON REAR BUMPER OF VEHICLE
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA WEE NEE
NRIC/Passport Number	S7333199D
Contact Number	90126150

Address

Postcode

Insurance Company Name

Nature Of Damage

SCRATCHES ON REAR BUMPER OF VEHICLE

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:

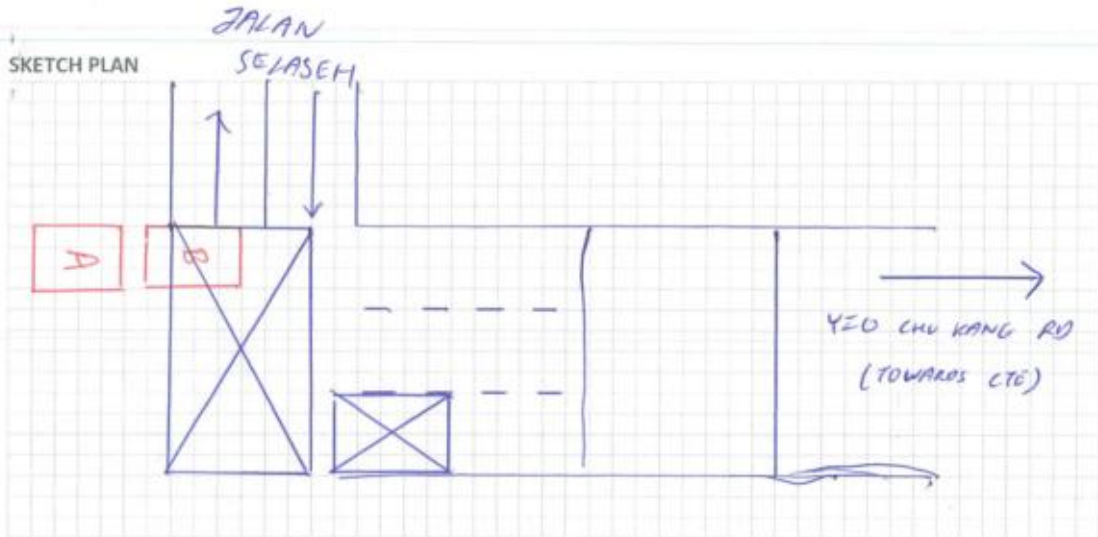
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
Date & Time: 10/10/20
1145


Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/10/20
1145


Reporting Centre Personnel's Signature
Name: Loetia Lim A1 May
NRIC/FIN No.: 99096 Q

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/10/20, about 1000hrs, vehicle B was slowing down in front of a traffic junction. I, EDWARD KUN, Driver of vehicle A observed that vehicle B was crossing the yellow box, thus making the assumption vehicle B will cross to the other side of the yellow box. When I realised vehicle B came to a complete stop, it was too late and I hit into the rear of vehicle B.

DECLARATION

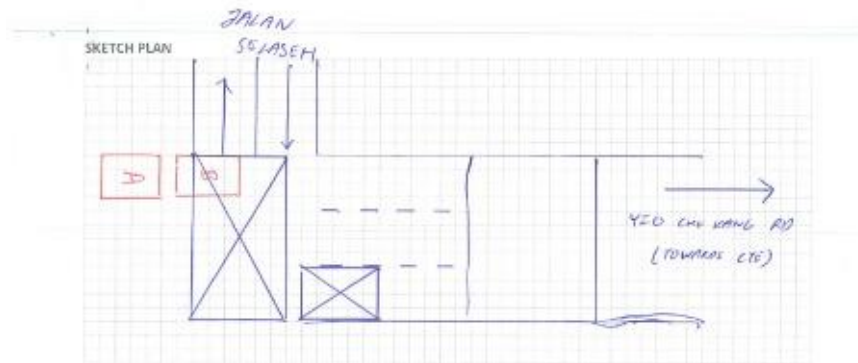
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 10/10/20

Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/10/20

Reporting Centre Personnel's Signature
Name: Leslie Lim Xinyi
NRIC/FIN No: 9046Q

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/10/20, about 1000 hrs, vehicle B was driving down in front of a traffic junction. I, EDWARD KOO, driver of vehicle A observed that vehicle B was crossing the yellow box. At this making the assumption vehicle B will cross to the other side of the yellow box. When I realised vehicle B came to a complete stop, it was too late and I hit into the rear of vehicle B.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature
Date & Time: 10/10/20

1150

Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/10/20

1152

Responsible Centre Personnel's Signature
Name: Jase Lim Hui Meng
NEIC/TH No: 00000460

SKETCH PLAN

SKETCH PLAN

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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 purposes, 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 lawyer/law firms), which may be situated 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: 10/10/20
1145

Driver's Signature
(If Driver is not the policyholder)
Date & Time: 10/10/20
1145

Reporting Centre Personnel's Signature
Name: LORIE LIM H I Mary
NRIC/IN No: 99096096 Q

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



Driving License



CHASSIS NUMBER VEHICLE



Individual Statement

General Information Of The Accident													
Type Of Accident													
Weather Condition	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Other <small>If Others, please state the condition.</small>												
Road Surface	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Other <small>If Others, please state the condition.</small>												
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	<input checked="" type="checkbox"/> 02												
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												
<small>If Yes, against whom?</small>													
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)	01												
Passenger (Name and Gender)													
Circumstances of Accident													
Refer attachment													
Third Party Vehicle Detail													
Details of Other Vehicle / Property													
Vehicle Registration No.	SPJ 7688Z												
Vehicle Make/ Model/ Colour	VALENTIN / TOURAN / BLUE												
Details of Property Damaged in Accident	SCRATCHES ON REAR BUMPER OF VEHICLE												
Vehicle Category													
Name Of Driver	CHUA WEE NEE												
Driver's NRIC	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN 199 D												
Contact Number	9012 6150												
Name of Insurance Company													
Nature of Damage	SCRATCHES ON REAR BUMPER OF VEHICLE												
Damage to Other Vehicles & Property (Other than Vehicles A & B)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Vehicle Reg. No. or Details of Property</th> <th>Name of the Driver</th> <th>Contact Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Vehicle Reg. No. or Details of Property	Name of the Driver	Contact Number									
Vehicle Reg. 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 type="checkbox"/> No												

OWNER/ DRIVER'S SIGNATURE: Chua WEE NEE

Individual Statement



Exceptional Journeys

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
COMPANY NO. 197241600

CYCLE & CARRIAGE KIA PTE LTD
COMPANY NO. 194554545

CYCLE & CARRIAGE PRANCE PTE LIMITED
COMPANY NO. 100950127

DIPLOMAT PARTS PTE LIMITED
COMPANY NO. 194400124

Accident Statement

☐ Mitsubishi ☒ Kia ☐ Citroen ☐ Others (Please tick accordingly)

Motor Accident Repair Basic Information

Date of Accident: 10 / 10 / 20
Time of Accident (24hr format): 1000
Exact Location of Accident: YIO CHU KANG ROAD KOREA JALAN SELASEH

Own Vehicle Details

Vehicle Registration Number: SLX71854
INSURED / POLICY HOLDER (OWN VEHICLE)
Name of Registered Owner: ☒ Individual ☐ Company
EDWARD KOO WA CHUN
ID of Registered Owner: ☐ Co. Reg. No. ☒ NRIC No. ☐ Passport No. / FIN
19964937

Vehicle Particulars (Own Vehicle)

Model: KIA CERATO K3 1.6 A SX SX
Exact purpose for which vehicle was being used at the time of accident: PERSONAL
Are you claiming under your own Ins. Policy: ☒ Yes ☐ No ☐ 3rd Party ☐ Reporting Only
Vehicle Category: ☒ Private Car / ☐ Comm Veh / ☐ Goods Veh / ☐ Motor Trade / ☐ Government

Insurance Company (Own Vehicle)

Insurance Company: MSB
Type of Coverage: ☒ Comprehensive / ☐ Third Party / ☐ Third Party Fire and / or Theft
Fleet Policy: ☐ Yes ☒ No
Policy Number / Cover Note Number: 1500033 721

Driver

Name of Driver: EDWARD KOO WA CHUN
ID of Driver: ☐ Co. Reg. No. ☒ NRIC No. ☐ Passport No. / FIN
19964937
Date of Birth: 05 / 05 / 92
Occupation: ☒ Teacher ☐ Other: 6004
Driving Pass Date: 14 / 12 / 10
Gender: ☒ Male ☐ Female ☐ Not Specified
Mobile Phone No.: 9858 9262
Office / Home / Other Numbers: -
Home Address: 12 HOUGANG ST 92 #09-04 S(530638)
Email Address: EDWARDKOO7@EMASE.COM
Was Driver an employee of the Insured's Company: ☐ Yes ☒ No ☐ Reason:
Does the driver own any other vehicle? If YES, please indicate driver's own car vehicle number and insurance: ☒ No ☐ Yes
Vehicle No: Insurance:

OWNER / DRIVER'S SIGNATURE: Edward Koo

Ver. 100 2016/05/04