

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 Submission	04/12/2020 18:49 (SGT)
Date of Accident	04/12/2020 08:24 (SGT)
Exact Location of Accident	Choa Chu Kang, Singapore
Additional Location Information	CHOA CHU KANG DR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN8889Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEO YONG QUAN
NRIC No	S9417031A
Email Address	YEOYQ@HOTMAIL.COM
Mobile Phone No	(Phone) +65-92219691
Alternative Phone No	+65-67291523

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900120077
Cover Note Number	-

DRIVER

Name of Driver	YEO YONG QUAN
NRIC No	S9417031A
Date Of Birth	15/05/1994
Occupation	Indoor

Date Of Driving Pass	17/04/2003
Driving experience	17 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92219691
Alt. Phone Number	+65-67291523
Email Address	YEOYQ@HOTMAIL.COM
Address	59 LORONG 5 TOA PAYOH #08-242
Address complement	-
Postcode	310059
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

THE DRIVER INFRONT STOPPED AS THE PEDESTRAIN WAS CROSSING THE ZEBRA CROSSING. I WAS TURNING LEFT FROM CHOA CHU KANG DR INTO TECK WHYE CRESCENT. WHILE I APPROACH BEHIND, I STEPPED ON THE BRAKE BUT THE CAR STILL ROLLED FORWARD.

ATTACHMENT(S)

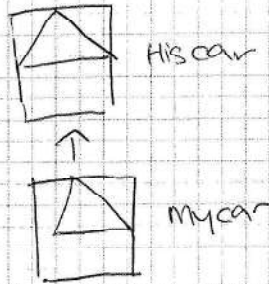
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGZ7595J
Vehicle Manufacturer	Honda
Vehicle Model	Accord
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	GOH DEWEY
NRIC No	S9520669G
Contact Number	(Phone) +65-96264763
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	SCRATCHES ON BUMPER
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


~~the~~ The driver in front stopped as the pedestrian was crossing the zebra crossing. ~~the~~ I was turning left from Chua Choa Kang Dr into Teck Whye Crescent. ~~the~~ While I approach behind, ~~the car~~ I stepped on the brake but ~~it was not~~ the car still rolled forward.

DECLARATION

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

 1214

Policyholder's Signature
Date & Time:

 1214

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



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


GLARRM SketchPlanForm V3


SKETCH PLAN**IMPORTANT NOTICE**

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6. 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.
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.

 12/14
 Policyholder's Signature
 Date & Time:

 12/14
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:



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



Exceptional Journeys

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
COMPANY NO. 197701469GCYCLE & CARRIAGE KIA PTE LTD
COMPANY NO. 199405410KCYCLE & CARRIAGE FRANCE PTE. LIMITED
COMPANY NO. 200609327MDIPLOMAT PARTS PTE LIMITED
COMPANY NO. 196400304H**Accident Statement**
☐ Mitsubishi
 ☒ Kia
 ☐ Citroen
 ☐ Others (Please tick accordingly)
Motor Accident Repair Basic Information

Date of Accident	04/12/2020
Time of Accident (24hr format)	0824 HRS
Exact Location of Accident	Choa Chu Kang Dr

Own Vehicle Details

Vehicle Registration Number	SIMN 88894		
INSURED/ POLICY HOLDER (OWN VEHICLE)			
Name of Registered Owner	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Company	
ID of Registered Owner	<input type="checkbox"/> Co. Reg. No.	<input checked="" type="checkbox"/> NRIC No.	<input type="checkbox"/> Passport No. / FIN
	89417031A		

Vehicle Particulars (Own Vehicle)

Model	KIA CERATO
Exact purpose for which vehicle was being used at the time of accident	Driving to work
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	Private Car / Comm Veh / Goods Veh / Motor Trade / Government

Insurance Company (Own Vehicle)

Insurance Company	AIG
Type of Coverage	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party / Third Party Fire and / or Theft
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number / Cover Note Number	1900120077

Driver

Name of Driver	YEO YONG QUAN		
ID of Driver	<input type="checkbox"/> Co. Reg. No.	<input checked="" type="checkbox"/> NRIC No.	<input type="checkbox"/> Passport No. / FIN
	89417031A		
Date of Birth	15/05/1994		
Occupation	<input checked="" type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor		
Driving Pass Date	17/Apr/2015		
Gender	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Not Specified
Mobile Phone No.	92219691		
Office / Home / Other Numbers	6729 1523		
Home Address	59 LOR 5 TOP PAYOH #00-242		
Email Address	yeoyq@hotmail.com		
Was Driver an employee of the Insured's Company	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Reason: _____
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: _____

Ver. Jun 2018/B&P

General Information Of The Accident			
Type Of Accident			
Weather Condition	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Other If Others, please state the condition:		
Road Surface	<input checked="" type="checkbox"/> Clear <input 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	2		
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 checked="" type="checkbox"/> No <input 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)	1		
Passenger (Name and Gender)			
Circumstances of Accident			
Refer attachment			
Third Party Vehicle Detail			
Details of Other Vehicle / Property			
Vehicle Registration No.	SGZ 7595J		
Vehicle Make/ Model/ Colour	HONDA ACCORD GREY		
Details of Property Damaged in Accident	Scratches on bumper		
Vehicle Category	Saloon		
Name Of Driver	GOH DEWEY		
Driver's NRIC	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN SA5 20669G		
Contact Number	9626 4763		
Name of Insurance Company			
Nature of Damage	Scratches on Bumper		
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 type="checkbox"/> No	
OWNER/ DRIVER'S SIGNATURE: 