SC0N211B0003 / Cycle & Carriage Fulco Motor Dealer Pte Ltd ENTRY DATE & TIME: 11/01/2021 16:22 (SGT) SUBMITTED BY: Renemer Bagang VERSION: 1 (11/01/2021 16:22 (SGT))

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.

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 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 11/01/2021 16:22 (SGT) Date of Accident 19/12/2020 11:05 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private car

Vehicle Registration Number SI B7132D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHAN WAI LONG** NRIC No. SXXXX294A Email Address alice_chan_w_l@yahoo.com.sg Mobile Phone No (Phone) +65-91093599 Alternative Phone No (Home) +65-91093599

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Lancer 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

INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy Policy Number 2100461753-04 Cover Note Number

DRIVER

Name of Driver **CHAN WAI LONG** NRIC No SXXXX294A Date Of Birth 29/08/1964 Occupation Indoor

Date Of Driving Pass 05/06/1982 Driving experience 38 YEARS AND 6 MONTHS Gender Female Mobile Number (Phone) +65-91093599 Alt. Phone Number (Home) +65-91093599 Email Address alice_chan_w_l@yahoo.com.sg Address Blk 24 Eunos Crescent Address complement #09-3051 Singapore Postcode 400024 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Yes Police Station Name Kampong Ubi Neighbourhood Police Post Police Station Phone No (Phone) +65-18007479999 Alt. Police Station Phone No (Fax) +65-67453410 Police Station Address Blk 9 Eunos Crescent #01-2687 Singapore 400009 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT# T/20201219/2055 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**

 Vehicle Registration Number
 SH8407R

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Taxi

 Name of Driver
 ANDREW

 Contact Number
 (Phone) +65-8

(Phone) +65-81001038

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

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report <u>corrective</u> the details of the accident to speed up the claims process.
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 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The report will be form ared 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.
- T. 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.
- 8. Consent under the Personal Data Protection Act (PDPA)
- 8. Consent under the Personal Data Protection Act (PUPA)
 Linderstand, eaknowledge, agree and consent that:

 (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") mey/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"; by the insurers (any eyers/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

- (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")
- (Collectively life "try poses")

 (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 (notwing their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

11/11/11

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

- 54B 7132 D

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Sketch Plan

Describe Circumstances of the Accident	
Dear Transfer	
The state of the	
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Por Vis	
16.	
/	
Declaration	
We declare the foregoing particulars are true in every respect.	(20 11)
	Strill Mode
Λ ,	SERVICE
Le Miller	(-17) (17)
Policyholder's Signature (If driver is not the policyholder) / Date &	Witnessed by Reporting Centre
Time 12.15 pm & Time	Personnel Personnel























