

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 13/01/2021 11:53 (SGT)
Date of Accident 13/01/2021 07:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG PIE (STEVEN ROAD EXIT)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGL6155B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HAN YAOHONG, ROYSTON
NRIC No S8129594H
Email Address ROYSTONHAN@GMAIL.COM
Mobile Phone No (Phone) +65-96193887
Alternative Phone No +65-96193887

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Cla200
Variant -
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? Yes
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070015122-01
Cover Note Number -

DRIVER

Name of Driver HAN YAOHONG, ROYSTON
NRIC No S8129594H
Date Of Birth 14/09/1981
Occupation Indoor

Date Of Driving Pass	28/12/2001
Driving experience	19 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96193887
Alt. Phone Number	+65-96193887
Email Address	ROYSTONHAN@GMAIL.COM
Address	1 ELIZABETH DRIVE #05-12
Address complement	-
Postcode	669743
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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

I WAS DRIVING MY CAR ALONG PIE, I WAS TRAVELLING AT THE EXTREME RIGHT LANE AND WAS GOING STRAIGHT. OUT OF SUDDEN, CAR D (SKJ1859A) INFRONT JAMMED BRAKE AND STOPPED AS THERE WAS A MOTORBIKE SKIDDED AND FELL. DUE TO THE SUDDEN, CAR C (SMS5149T) JAMMED BRAKE AS WELL. I TRIED TO BRAKE BUT STILL COLLIDED ONTO CAR C REAR PORTION AS CAR B (SML9687S) CAME FROM THE REAR DID NOT MANAGE TO STOP ON TIME AND COLLIDED ONTO MY REAR PORTION WHICH MY CAR MOVED FORWARD AS WELL.

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	SML9687S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOGU NAIDU S/O SUBRAMANIAM
NRIC No	S7482103J
Contact Number	-

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMS5149T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHUA WEE KUAN
NRIC No	S7728148G
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKJ1859A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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. 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. 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.


 Policyholder's Signature

Date & Time 13/01/2021 1059

Driver's Signature

(If driver is not the policyholder)

Date & Time

Kerlyn Ong Kai Li

DID : 6771 4420 HP : 9186 5113

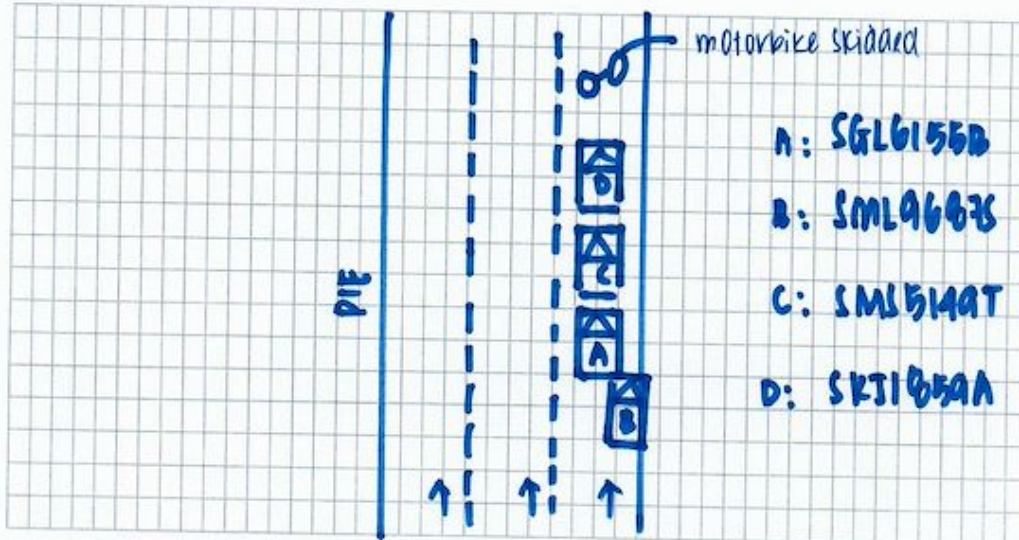
Email : kerlyn.ong@cyclecarriage.com.sg

Cycle & Carriage Industries Pte Ltd

Customer Service Centre Pandan Road

Name: KERLYN

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING MY CAR (SGL6155B) ALONG PIE. I WAS TRAVELLING AT THE EXTREME RIGHT LANE AND WAS GOING STRAIGHT.

OUT OF THE SUDDEN, VEHICLE D (SKJ1859A) INFRONT JAMMED BRAKE AND STOPPED AS THERE WAS A MOTORBIKE SKIDDED AND FELL. DUE TO THE SUDDEN, VEHICLE C (SMS5149T) JAMMED BRAKE AS WELL. I TRIED TO BRAKE BUT STILL COLLIDED ONTO VEHICLE C (SMS5149T) REAR PORTION AS VEHICLE B (SML9687S) CAME FROM THE REAR DID NOT MANAGE TO STOP ON TIME AND COLLIDED ONTO MY REAR PORTION WHICH MY CAR MOVED FORWARD AS WELL.

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 13/01/2021 1059

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

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
Name: KERLYN





