

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	18/01/2021 10:46 (SGT)
Date of Accident	17/01/2021 15:18 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NICOLL HIGHWAY/ MOUNTBATTEN RD JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS7716E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIE ING BANDERIO
NRIC No	S6883499F
Email Address	BANDERIO@MSN.COM
Mobile Phone No	(Phone) +65-96877270
Alternative Phone No	+65-96877270

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla180
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?	Yes
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800153642
Cover Note Number	-

DRIVER

Name of Driver	LIE ING BANDERIO
NRIC No	S6883499F
Date Of Birth	07/05/1968
Occupation	Indoor

Date Of Driving Pass	04/04/2001
Driving experience	19 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96877270
Alt. Phone Number	+65-96877270
Email Address	BANDERIO@MSN.COM
Address	31 IPOH LANE #14-05
Address complement	-
Postcode	438639
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Female

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

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	SHA2253Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

IMPORTANT NOTICE


SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)


I understand, acknowledge, agree and consent that:

- 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 the 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:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - investigating the accident and/or my claims;
 - carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - 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
 - complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- 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
- 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.
- 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.
- the information so collected under (d) above may be shared / disclosed:
 - 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
 - for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature

Date & Time 18 / 11 / 2021



Driver's Signature

(If driver is not the policyholder)

Date & Time

Yik Chan Hoe

Cycle & Carriage Industries Pte Ltd

Body Care & Repair Center

(TEL: 6771 4355; HP: 9186 5109; Fax: 6772 1272)

Email: chhoe@ccr.cyclccarriage.com.sg

Reporting Centre Personnel's Name:

Cycle & Carriage Industries Pte Ltd

Version 1.3 | Updated 02 DEC 2020

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning right at the junction, halfway turning, there was a car (3DE987R) on the left cutting into my lane, I steered my car towards the right lane to avoid a collision but a taxi (Car B) on the right lane hit right side of my car.

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

Please note that you have 14 calendar days to report 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) **Yik Chan Hoe**
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
DND: 6771 4353 MP: 9186 5109 Fax: 6872 1272
Email: chenhue.yik@cyclecarriage.com.sg

Policyholder's Signature
Date & Time: 18/01/2021

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

Reporting Centre Personnel's Name:

Cycle & Carriage Industries Pte Ltd

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