

## 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 13:15 (SGT)
Date of Accident .....	16/01/2021 14:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	107 JLN BT MERAH MSCP EXIT
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJZ1972H
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	IRENE SUNG JEN LENG
NRIC No .....	S7201050G
Email Address .....	IRENESUNGJL@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96371117
Alternative Phone No .....	+65-96371117

#### 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 .....	2070040748
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	IRENE SUNG JEN LENG
NRIC No .....	S7201050G
Date Of Birth .....	09/01/1972
Occupation .....	Indoor

Date Of Driving Pass .....	12/03/1990
Driving experience .....	30 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96371117
Alt. Phone Number .....	+65-96371117
Email Address .....	IRENESUNGJL@GMAIL.COM
Address .....	33 MOUNT SINAI RISE #15-09 THE MARBELLA
Address complement .....	-
Postcode .....	276954
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 .....	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 .....	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

#### REFER TO SKETCH PLAN

#### 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 .....	SHA6393B
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	GAY PING ANG
NRIC No .....	S0107540C
Contact Number .....	(Phone) +65-97502588
Address .....	-
Address complement .....	-
Postcode .....	-

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


**SKETCH PLAN**

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- 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.
- 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/are 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 and/or managing fraud, regulations, 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 18/01/2021 08:00 AM

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

  
 Reporting Person's Name:

Cycle & Carriage Industries Pte Ltd

Version 1.3 | Updated 02 DEC 2020

**SKETCH PLAN**

A: 552 1972 H  
B: SHA 6383 B

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I was driving out from NSCP of 107 Jln  
Bt. March. (Exit)  
As I proceed out from NSCP, my vehicle  
552 1972 H Left Hand Front glaze into SHA 6383 B  
Right Front door etc.

**DECLARATION**  
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 08/11/2021  
09:00 PM

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

Reporting Centre Personnel's  
Name: [Signature]  
Date & Time 08/11/2021  
15:12

Cycle & Carriage Industries Pte Ltd

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