

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 15/02/2021 15:47 (SGT)
Date of Accident 11/02/2021 12:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information CTE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ2592B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE CHOON KIONG
NRIC No S7420000A
Email Address CHOONKIONGLEE@GMAIL.COM
Mobile Phone No (Phone) +65-98286645
Alternative Phone No +65-98286645

VEHICLE PARTICULARS

Manufacturer Mercedes
Model C180
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? No - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900234423-01
Cover Note Number -

DRIVER

Name of Driver LEE CHOON KIONG
NRIC No S7420000A
Date Of Birth 25/06/1974
Occupation Indoor

Date Of Driving Pass	14/06/1995
Driving experience	25 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98286645
Alt. Phone Number	+65-98286645
Email Address	CHOONKIONGLEE@GMAIL.COM
Address	511 YIO CHU KANG RD #05-10
Address complement	-
Postcode	787066
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	3
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?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT NO: T/20210211/2087.

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	SGW8103E
Vehicle Manufacturer	Toyota
Vehicle Model	Vios
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	LIM TECK MENG
Passport No/FIN	SXXXX937B

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 SMW2487R
 Vehicle Manufacturer Toyota
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour White
 Vehicle Category Private car
 Name of Driver MOHAMED YUSOFF BIN MOHD HITAM
 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

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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:

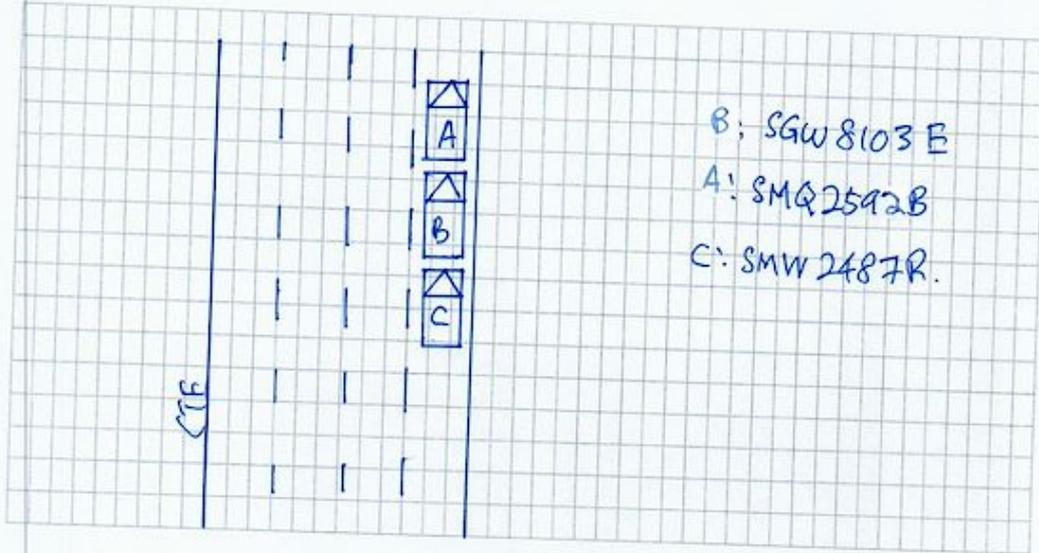
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

Go Chee Han
 DID : 6771 4336 HP : 9181 7717
 Email : cheehan.go@cyclecarriage.com.sg
 Cycle & Carriage Industries Pte Ltd
 Customer Service Centre - Pandan Loop
 Reporting Centre Personnel's
 Name: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report : T/20210211 / 2087.

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

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

Go Chee Han
 DID : 6771 4336 HP : 9181 7717
 Email : cheehan.go@cyclecarriage.com.sg
 Cycle & Carriage Industries Pte Ltd
 Customer Service Centre - Pandan Loop
 Reporting Centre Personnel's
 Name:

Cycle & Carriage Industries Pte Ltd

Version 1.3 | Updated 02 DEC 2020







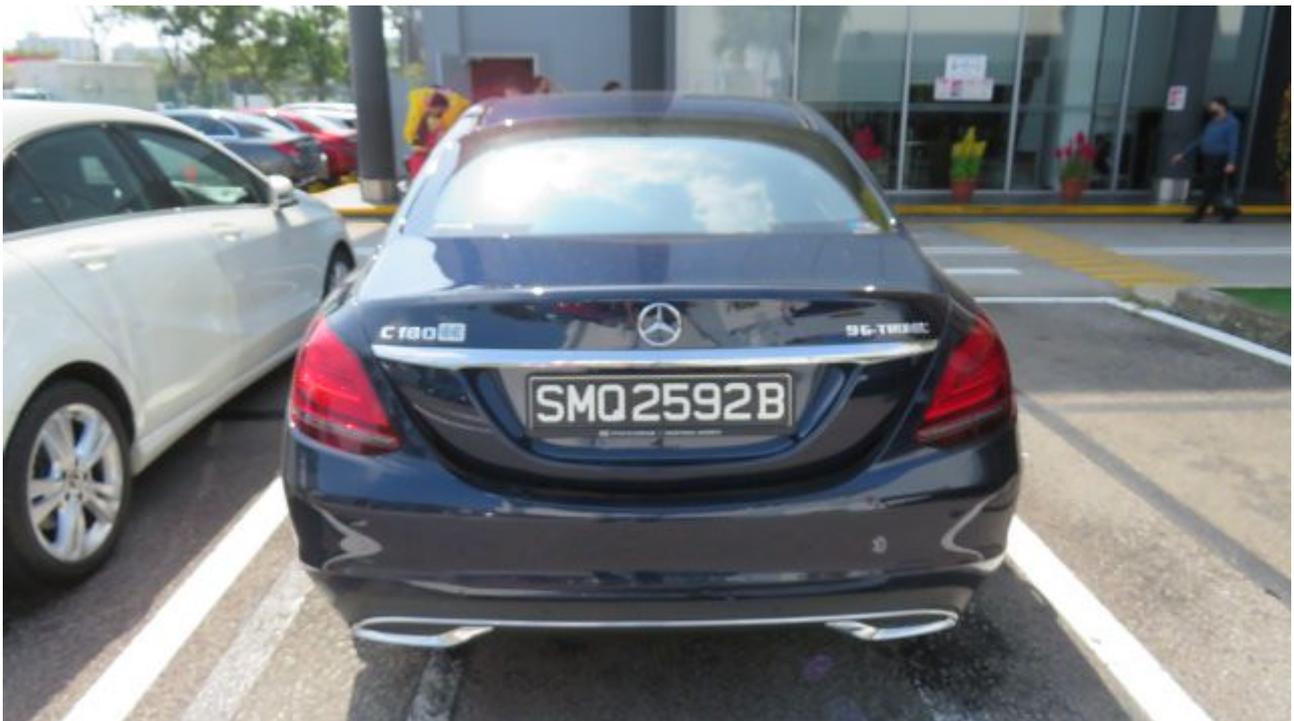

















**SINGAPORE
POLICE FORCE**


T/20210211/2087

1 of 3

Report No. T/20210211/2087

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/02/2021 15:01	Vide Report No.:	Station Diary No.: 38
Informant's Particulars		
Name of Informant: LEE CHOON KIONG	Address: 511 YIO CHU KANG ROAD #05-10 SINGAPORE 787066	
ID Type / ID No.: NRIC NO / S7420000A	Contact No.:	Mobile: 98286645
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:
Sex: Male	Age: 46	Date of Birth: 25/06/1974
Race: Chinese	Type of Informant: Driver	Language: English
Occupation: Teacher	Institution / School Name:	Driving Licence Information: Class: 3
		Date of Expiry:

General Information of the Accident				
Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/02/2021 12:30	Type of Location: Expressway	
Location: CENTRAL EXPRESSWAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Dual Carriage Way	Traffic Control:	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGW8103E	Car	TOYOTA		Black	Slightly Damaged	0
SMQ2592B	Car	MERCEDES BENZ	C180 AVG (R17 LED)	Blue	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMQ2592B	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900234423-01	05/11/2020	04/11/2021

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
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51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999



T/20210211/2087

2 of 3

Report No. T/20210211/2087

CONTINUATION OF REPORT**Brief Details.**

On 11/02/2021 at about 1230hrs, I was driving my vehicle(Mercedes Benz C-180, SMQ 2592B, Blue colour) along CTE before Ang Mo Kio Avenue 1 exit. I stopped my car as the car in front me stopped due to the heavy traffic. The car behind me subsequently stopped too. Suddenly, I heard some loud collision from behind that sounded like an accident and next thing I knew, the car behind me had rear ended my vehicle. This was due to the fact that there were a chain collision that occurred at the back causing the car behind me to rear ended my vehicle. I wish to state that ambulance arrived at scene but I am not sure whether is there anyone that is conveyed or anyone that is injured. I am lodging this report for report purposes as my insurance company told me to lodge a traffic accident report.



**SINGAPORE
POLICE FORCE**



T/20210211/2087

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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Report No. T/20210211/2087

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sgt 2 MUHAMMAD SOFWAN BIN AHMAD	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/02/2021 15:01
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp
NP168

	SINGAPORE POLICE FORCE <small>SAPOLISIAKANG KERTAMATI</small>	SN 154
SIGNATURE		