21620001 / CYCLE & CARRIAGE AUTOMOTIVE PTE LTD NOTE & TIME: 02:06:2021 15:05 (SGT) VERSION: 1 (02/06/2021 15:05 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

This Form must be completed by the Policyholder and/or the Authorised Driver

2. This return 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.

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

MACCIDENT STATEMENTH

Date of Submission 02/06/2021 15:05 (SGT) Date of Accident 02/06/2021 11:00 (SGT) **Exact Location of Accident** CTE, Singapore Additional Location Information CTE JUST BEFORE EXIT 7D Country/State of Loss Singapore

IDETAILS OF OWN VEHICLES

SMP5790G

INSURED/POLICYHOLDER Is company? Name Of Registered Owner **ASTON LIN HAOMIN** SXXXX476Z Email Address LIN.ASTON@GMAIL.COM Mobile Phone No (Phone) +65-91701122 Alternative Phone No +65-91701122

VEHICLE PARTICULARS

Vehicle Registration Number

Kia Cerato Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Private car Transmission

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy No Policy Number 1900164131 Cover Note Number

DRIVER

ASTON LIN HAOMIN NRIC No TARREST AND ADMINISTRAÇÃO ON COMPANSA DE C SXXXX476Z

ate Of Birth	02/04/1990
-100	Indoor
A+	17/12/2009
priving experience	11 YEARS AND 6 MONTHS
Tare the committee of the state	Male
Number	(Phone) +65-91701122
Phone Number	+65-91701122
Email Address	LIN.ASTON@GMAIL.COM
Address	21 ANG MO KIO AVENUE 9 #09-04
Address complement	21 ANG MO NO AVENUE 9 #09-04
	569786
Postcode	
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	
The second secon	*
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
GENERAL INFORMATION OF THE ACCIDENT	Andrew State Control of the Control
Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry
and the second s	
OTHER INFORMATION	
TO A THE STATE OF THE PARTY OF THE STATE OF	AN THE PROPERTY OF THE PARTY OF
Was any foreign vehicle involved in the accident?	No
	7
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)	2
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	Yes
PASSENGER 1	
Name	SILVIA YASMIN
Gender	Female
College - Than In-land and In-land	
。	
DETAILS OF POLICE ACTION	
A DESCRIPTION OF THE PROPERTY	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	
1,331,33	
	ELECTION OF THE SECTION OF THE SECTI
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACHMENT	
	and the second control of the second control
ATTACHMENT(S)	
tok - n . Lish tolland Mathewall till alter	Asiat Section (1881) - Asiat Control of
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 11
DETRICO OF OTHER	VEHICLE PROPERTY (III
W. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
Vehicle Registration Number	SMQ9431L
Vehicle Manufacturer	•
Vehicle Model	¥
Vehicle Variant	•
Vehicle Colour	
Vehicle Category	Private car
- Control of the	rayate our
3.6447	

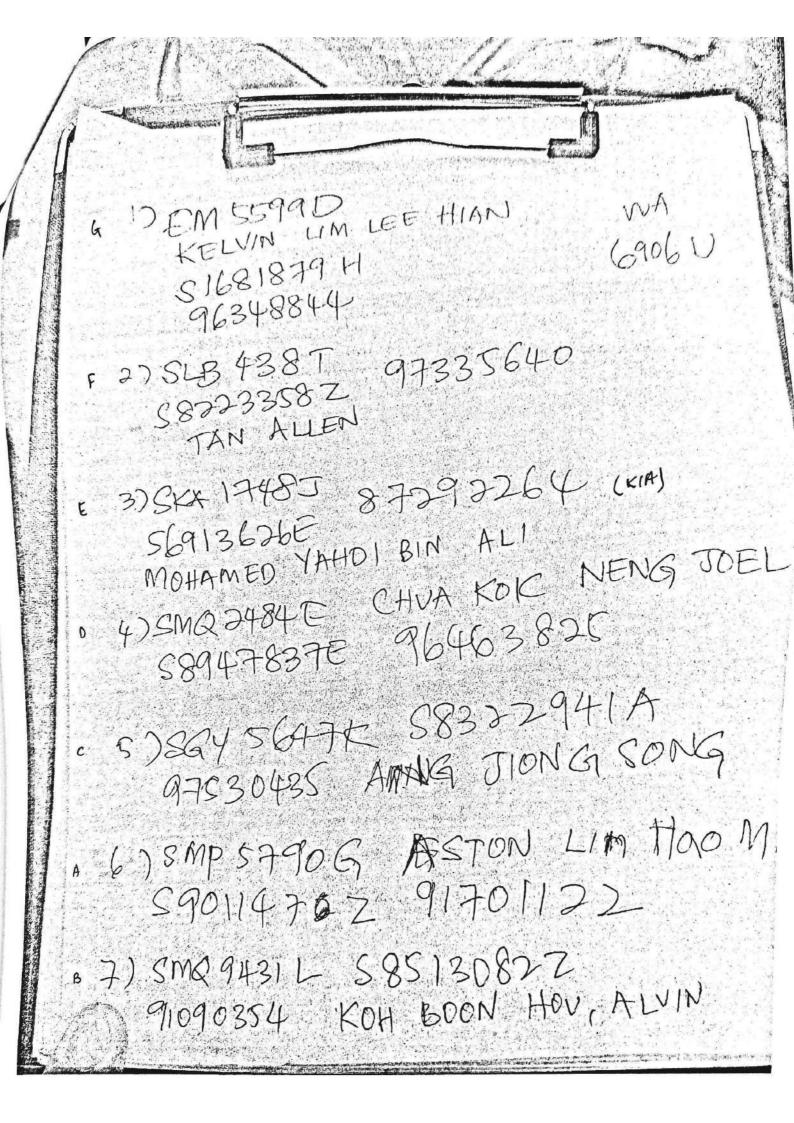
KOH BOON HOU, ALVIN entact Number (Phone) +65-91090354 Address Address complement postcode Insurance Company Name Nature Of Damage Details of property damaged in accident CAR B No. Of Passenger (Including Driver) EDETAILS OF OTHER VEHICLE PROPERTY 2: SGY5647K Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category ANG JIONG SONG the second of the first of the second of the second Name of Driver (Phone) +65-97530435 CONTROL OF CONTROL WANTED ON THE CONTROL OF Contact Number THE RESERVE OF THE PARTY OF THE Address The state of the s Address complement Annual Contract of the terror Postcode The second of the second of the second second second second Insurance Company Name Nature Of Damage Details of property damaged in accident CARC No. Of Passenger (Including Driver) EDETAILS OF OTHER VEHICLE PROPERTY 3 ************************************* SMQ2484E Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant The second recognishment of the second second second second second second Vehicle Colour Vehicle Category Private car CHUA KOK NENG JOEL Name of Driver (Phone) +65-96463825 Contact Number Control of the Contro Address Address complement Postcode Insurance Company Name Control of the second Nature Of Damage Details of property damaged in accident CAR D No. Of Passenger (Including Driver) DETAILS OF OTHER VEHICLE PROPERTY 43 Vehicle Registration Number **SKA1748J** Vehicle Manufacturer and the second s Kia Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver The same of the sa MOHAMED YAHDI BIN ALI Contact Number (Phone) +65-87292264 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident CARE No. Of Passenger (Including Driver)

RIDSTAILS OF OTHER VEHICLE PROPERTY SI

vehicle Registration Number	SLB438T
	-
Vehicle Variant	-
Vahicle Color	Private car
Vehicle Category	TAN ALLEN
Name of Driver	(Phone) +65-97335640
a stact Number	(1 110110) 100 07000040
Landa Virginia de la companio del companio della co	•
Address complement	-
Address complement	_
A CONTRACTOR OF THE CONTRACTOR	
Insurance Company Name	-
Insurance Company Name	₩
Nature Of Damage	2
Details of property damaged in accident	
No. Of Passenger (Including Driver)	
No. Of Passenger (including 2)	

REPORT DETAILS OF OTHER VEHICLE PROPERTY SI

	EM5599D
Vehicle Registration Number	
Vehicle Manufacturer	- 2
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	
	Private car
Vehicle Category	KELVIN LIM LEE HIAN
Name of Driver	(Phone) +65-96348844
Contact Number	(Priorie) 100-500 100 1
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	CAR G
Details of property damaged in desident	



IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 2. This rounting to repudiate policy liability. 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 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)

I understand, acknow ledge, agree and consent that:

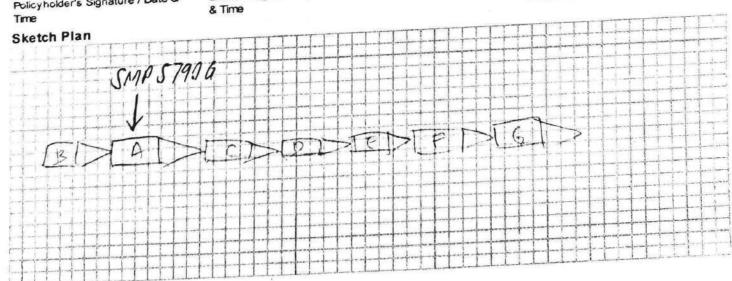
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. packages); and/or
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Personnel





I was diriving on the highway (CTE) when the car in
Front of me I slowed down and e-brade. I was forced to e-brace and my cor crashed into car c per cliagram.
Front of me I slowed down and e-brade. I was forced to
e-brace and my con created into car a per diagram.
Cay B readed below me
TOW IT PROSPER DEVINA MC, &

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel