

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	30/08/2021 17:32 (SGT)
Date of Accident	29/08/2021 16:04 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	P.I.E NEAR B.K.E EXIT 24
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF6316P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEONG CHEE KEONG
NRIC No	S1309980D
Email Address	CALVINLEONGCK@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97385602
Alternative Phone No	+65-97385602

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800123346-01 V1
Cover Note Number	-

DRIVER

Name of Driver	SHAWN WEE BING HAO
NRIC No	S9321989I

Date Of Birth	19/06/1993
Occupation	Indoor
Date Of Driving Pass	11/06/2018
Driving experience	3 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96580559
Alt. Phone Number	-
Email Address	SHAWN_WEE@HOTMAIL.COM
Address	BLK 170 GANGSA ROAD #10-42.
Address complement	-
Postcode	670170
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Raining
Road Surface	Wet

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 vehicle 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

THERE WAS AN ACCIDENT INFRONT (BETWEEN SKN 4416D & SGW 669S).
I IMMEDIATELY APPLIED EMERGENCY BRAKE BUT MY VEHICLE STILL ROLLED FORWARD DUE TO ROAD SURFACE WET AND HIT ONTO THE FRONT CAR (SGW 669S) ONLY.
AFTER THE COLLISION, I CAME OUT TO INSPECT THE SITUATION. I NOTICED THERE WAS A GAP BETWEEN THE FIRST CAR (SKN 4416D) AND THE SECOND CAR (SGW 669S).

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	SGW669S
Vehicle Manufacturer	Audi
Vehicle Model	A5
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	ANG HOCK SOON

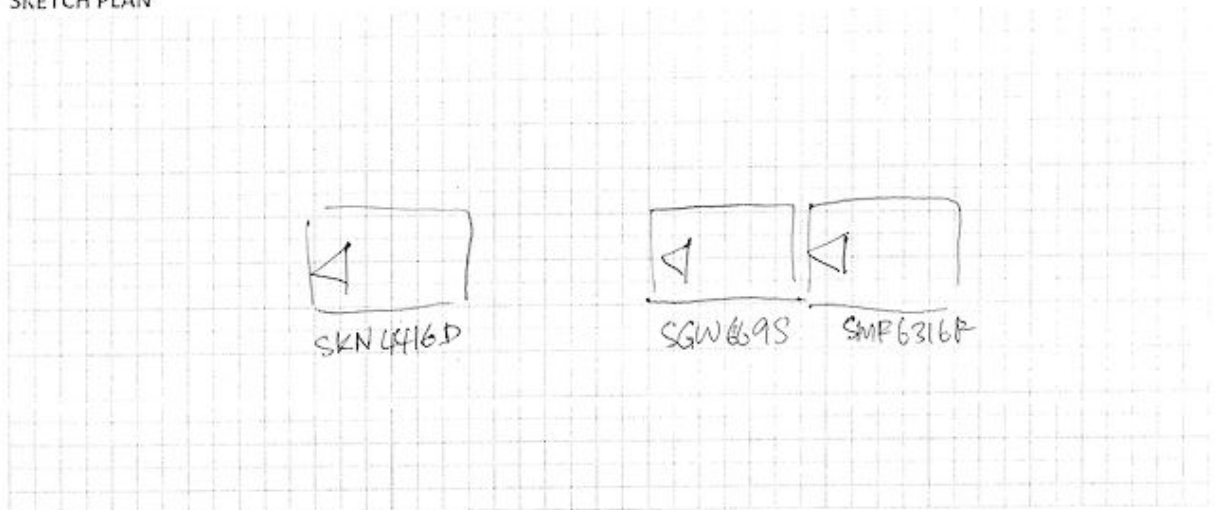
-	S1750510F
Contact Number	(Phone) +65-91711907
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	SABRINA LEONG
Phone	(Phone) +65-81817865
Email	TEHKUCING@GMAIL.COM

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

There was an accident incident (between SKN4416D & SGW669S).

I immediately applied emergency brake, but my vehicle still rolled forward due to road surface wet and hit onto the front car (SGW669S) only.

After the collision I came out to inspect the situation. I noticed there was a gap between the first car (SKN4416D) & the second car (SGW669S).

DECLARATION

I/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: 30/8/21, 1451H

Reporting Centre/Personnel's Signature
Name:
NRIC/FIN No.:



SKETCH PLAN

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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:

Reporting Officer's Signature
Name:
NRIC/FIN No.:

































Exceptional Journeys

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
COMPANY NO. 197701469GCYCLE & CARRIAGE KIA PTE LTD
COMPANY NO. 199405410KCYCLE & CARRIAGE FRANCE PTE. LIMITED
COMPANY NO. 200609327MDIPLOMAT PARTS PTE LIMITED
COMPANY NO. 196400304H**Accident Statement**
☐ Mitsubishi
 ☒ Kia
 ☐ Citroen
 ☐ Others (Please tick accordingly)
Motor Accident Repair Basic Information

Date of Accident	29 / 08 / 2021
Time of Accident (24hr format)	1604 Hrs
Exact Location of Accident	PIE near BKE exit 24

Own Vehicle Details

Vehicle Registration Number	SMF6316P
INSURED/ POLICY HOLDER (OWN VEHICLE)	
Name of Registered Owner	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Company LEONG CHEE KEONG
ID of Registered Owner	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN S1309980D

Vehicle Particulars (Own Vehicle)

Model	KIA CERATO 1.6A
Exact purpose for which vehicle was being used at the time of accident	Personal use
Are you claiming under your own Ins. Policy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3rd Party <input type="checkbox"/> Reporting Only
Vehicle Category	<input checked="" type="checkbox"/> Private Car / <input type="checkbox"/> Comm Veh / <input type="checkbox"/> Goods Veh / <input type="checkbox"/> Motor Trade / <input type="checkbox"/> Government

Insurance Company (Own Vehicle)

Insurance Company	AIG
Type of Coverage	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire and / or Theft
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number / Cover Note Number	1800123346-01 V1

Driver

Name of Driver	Shawn Wee Bing Hao
ID of Driver	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN S9321989I
Date of Birth	11 / 06 / 1993
Occupation	<input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Driving Pass Date	11 / 06 / 2018
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
Mobile Phone No.	96580559
Office / Home / Other Numbers	
Home Address	Gangsa Rd Bk 170 #10-42 - S 670170
Email Address	Shawn-wee@hotmail.com
Was Driver an employee of the Insured's Company	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reason: FRIEND
Does the driver own any other vehicle? If YES, please indicate driver's own car vehicle number and insurance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vehicle No: Insurance:

OWNER/ DRIVER'S SIGNATURE: _____

General Information Of The Accident

Type Of Accident	
Weather Condition	<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Other If Others, please state the condition:
Road Surface	<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Other If Others, please state the condition:
Other Information	
Was anybody injured in the accident?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was any foreign vehicle involved in the accident?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Foreign Vehicle Registration Number	
Foreign Vehicle Category	
Number of vehicles involved in the accident	2
Was there any witness? (Name, Phone, Email)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Sabrina Leong, 81817865, tehkucing@gmail.com
Was there any other vehicle or property damaged?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Was the accident reported to the police?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Click here if not in the above list
Was notice of intended Prosecution given?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, against whom?
I have been approached by unknown person(s) soliciting/offering accident claims assistance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Number of Passengers (Including Driver)	2
Passenger (Name and Gender)	Sabrina Leong, Female
Circumstances of Accident	
Refer attachment	

Third Party Vehicle Detail

Details of Other Vehicle / Property			
Vehicle Registration No.	SGW669S		
Vehicle Make/ Model/ Colour	Audi A5 TFSI, Black		
Details of Property Damaged in Accident			
Vehicle Category	Car		
Name Of Driver	Ang Hack Soon		
Driver's NRIC	<input type="checkbox"/> Co. Reg. No.	<input checked="" type="checkbox"/> NRIC No.	<input type="checkbox"/> Passport No. / FIN
Contact Number	S1750510F 91711907		
Name of Insurance Company			
Nature of Damage	Rear		
Damages to Other Vehicles & Property (Other than Vehicles A & B)	Vehicle Regn No. or Details of Property	Name of the Driver	Contact Number

Details of Injured Person

Name	
Injury Sustained	
Injured person is on which vehicle?	
Were seat belts worn?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

OWNER/ DRIVER'S SIGNATURE:

