

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 01/10/2021 11:11 (SGT)
Date of Accident 01/10/2021 08:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information SOFITEL SENTOSA EXIT CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH101X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN YI LING (CHEN YILING)
NRIC No S8433052C
Email Address YILINGTAN@OUTLOOK.COM
Mobile Phone No (Phone) +65-90101311
Alternative Phone No +65-90101311

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? Yes
Vehicle Category Private car
Transmission Auto
CC 1595

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900002821-02
Cover Note Number -

DRIVER

Name of Driver TOH DAVID (DU DAWEI)
NRIC No S8103883Z

Date Of Birth	09/02/1981
Occupation	Indoor
Date Of Driving Pass	19/12/2003
Driving experience	17 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97899291
Alt. Phone Number	-
Email Address	YILINGTAN@OUTLOOK.COM
Address	BLK 311A CLEMENTI AVE 4 #18-153
Address complement	-
Postcode	121311
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TAN YI LING
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	SHC2537U
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	WONG MENG KOK DAVID
NRIC No	S1793969F
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN**IMPORTANT NOTICE**

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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

01/10/2021
09:00am

Cycle & Carriage Industries Pte Ltd

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

01/10/2021
09:00am

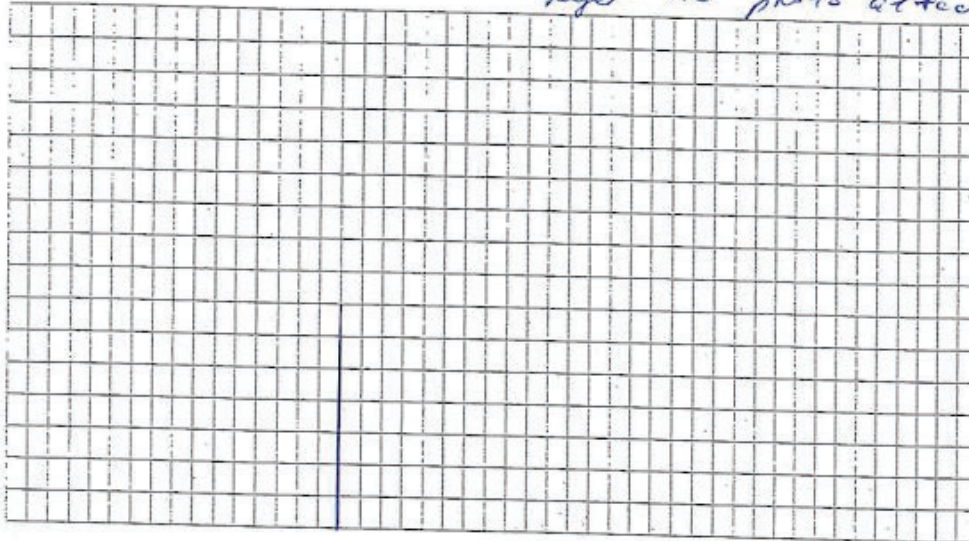
Reporting Centre Personnel's
Name:

Vincent Seah
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
DID: 6771 4491 HP: 8332 0062 Fax: 6872 1272
Email: vincent.seah@cyclecarriage.com.sg

Version 1.3 | Updated 07 Dec 2020

SKETCH PLAN

refer to photo attached



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving very slowly out of a carpark. Before entering the ~~main~~ road, I checked my right for oncoming vehicle. Seeing that there ~~was~~ was no oncoming vehicle, I made a very slow left turn to the road.

In that instance, a taxi, SHC 2537 U, ~~to~~ dashed out from the right at a high speed on a 20 km/h limit road.

The collision caused by the taxi resulted it's both its left-hand passenger doors scratched. On my vehicle, the front bumper, head lights and car plate were visibly damaged and abraded. Photographs and video recording were made, whereby the taxi driver does not deny fault from his part.

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)

Vincent Seah
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Center
DID: 6771 4401 HP: 8332 0062 Fax: 6872 1272
vincent.seah@cyclecarriage.com.sg


Policyholder's Signature
Date & Time

01/10/2021
09:00am

Cycle & Carriage Industries Pte Ltd


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

01/10/2021
09:00am

Reporting Centre Personnel's
Name: