SC1X228A0003-01 / CYCLE & CARRIAGE AUTOMOTIVE PTE LTD ENTRY DATE & TIME: 10/08/2022 16:40 (SGT) SUBMITTED BY: TAN SHIEH YUEN VERSION: 2 (15/08/2022 14:26 (SGT))

### **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 Actual Driver
- 3. Information 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.

  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.

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   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 10/08/2022 16:40 (SGT) Reported by Date of Accident 30/07/2022 10:04 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information JUNCTION OF CTE(SLE) & BUKIT TIMAH ROAD BEFORE KAMPONG JAVA RÒAD Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SND8154A

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner KELVIN TENG WEE CHONG NRIC No S8238468E Email Address STUNT13@HOTMAIL.COM Mobile Phone No (Phone) +65-98198622 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Honda Model Mobilio Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1497

#### **INSURANCE COMPANY**

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7220041064

#### DRIVER

Name of Driver KELVIN TENG WEE CHONG NRIC No S8238468E Date Of Birth 10/11/1982

Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	Indoor 15/08/2003 18 YEARS AND 11 MONTHS Male (Phone) +65-98198622 - STUNT13@HOTMAIL.COM BLK 323 JURONG EAST STREET 31 #04-206 - 600323 Yes - Yes SJS9686T Sompo Insurance Singapore Pte. Ltd.
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's phone number  Translator's email  Original language used in the statement  PASSENGER 1  Name  Gender  PASSENGER 2  Name  Gender	
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACHMENT COLLISION-3RD PARTY ROLLED BACK & HIT ONTO INSURED	D'S CAR (FRONT)
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes Yes

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SMR4225T
Vehicle Manufacturer	Honda
Vehicle Model	Shuttle
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHUA POH SOON
Contact Number	(Phone) +65-98415738
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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.
- 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.
- 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' 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 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' law yers/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 & Time

10/08/2022

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident	
On 30/07/2022 at about 1004Hrs at before juverious of CTECSLE) and B	clut timat
road before Kaupang Java road, I was travelling on the throat lave on the about	
mentioned road and my cor (A) came to a couplete stop while waiting for the	
traffic light. Suddenly, car (B) started to roll backwords. I tried to press.	
to alert him, but it does not stop. Finally, it boug on the bound of my co	
As result, my bout of the cor was damages. I have 2 passengers onto	ad my
can at the point of accident	
(B) SMR4225T	
(A) SND 8154 A	

#### 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

Witnessed by Reporting Centre Personnel

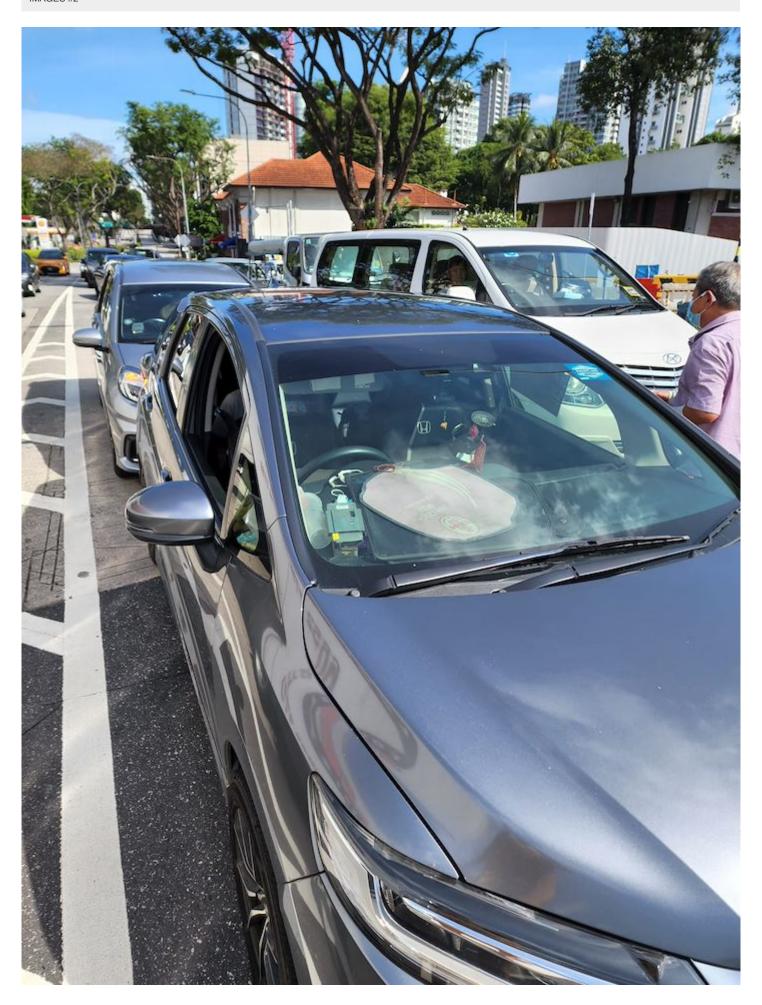


IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

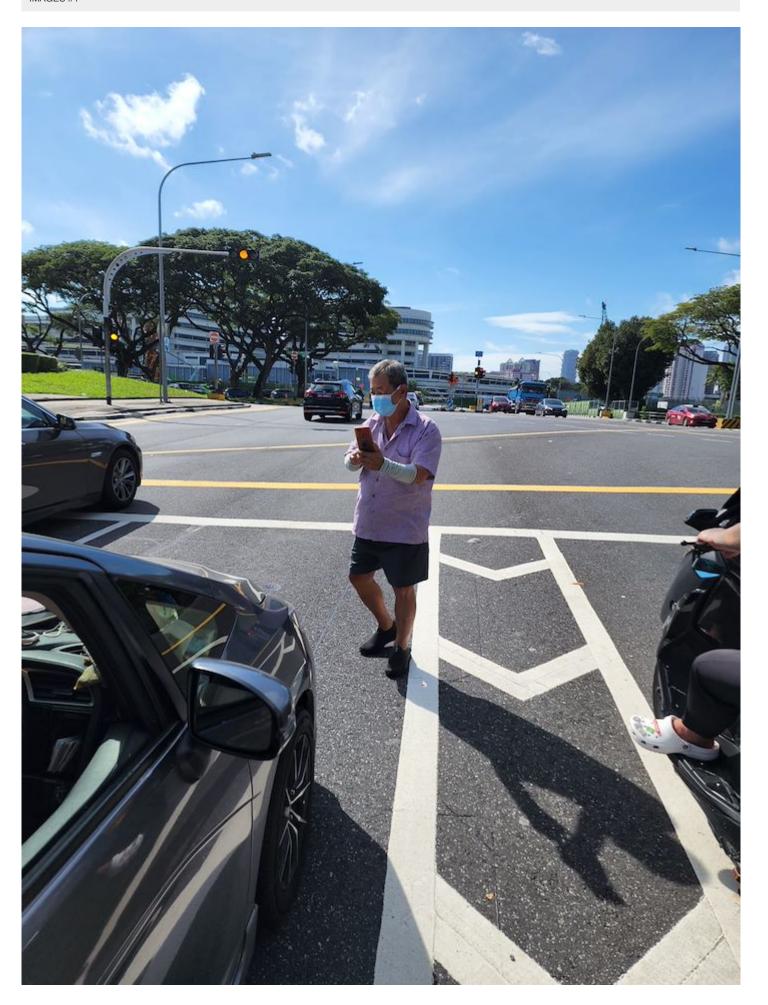
# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SCIX 228 A 0003 \_\_\_\_ Vehicle Registration No: SND 8154 A Name (as shown in NRIC): Kelvin Teng Wee Chong NRIC/FIN/Passport No: (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate Address: \_ Singapore ( ) Contact (Tel):\_\_ Email Address: Date of Accident: 30/07/2022 Insurance Company: (B) ADDITIONAL INFORMATION /AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: 15/18/22 Name: NRIC/FIN No.: Date: 14 08 22

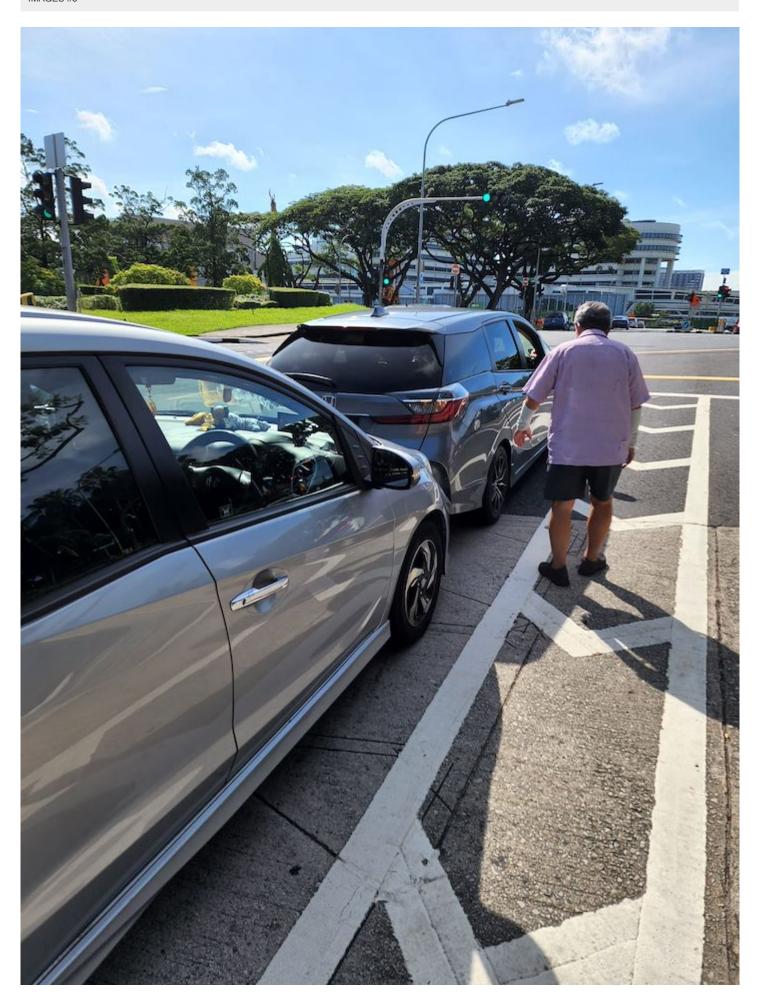
GIARMC Addendum Form

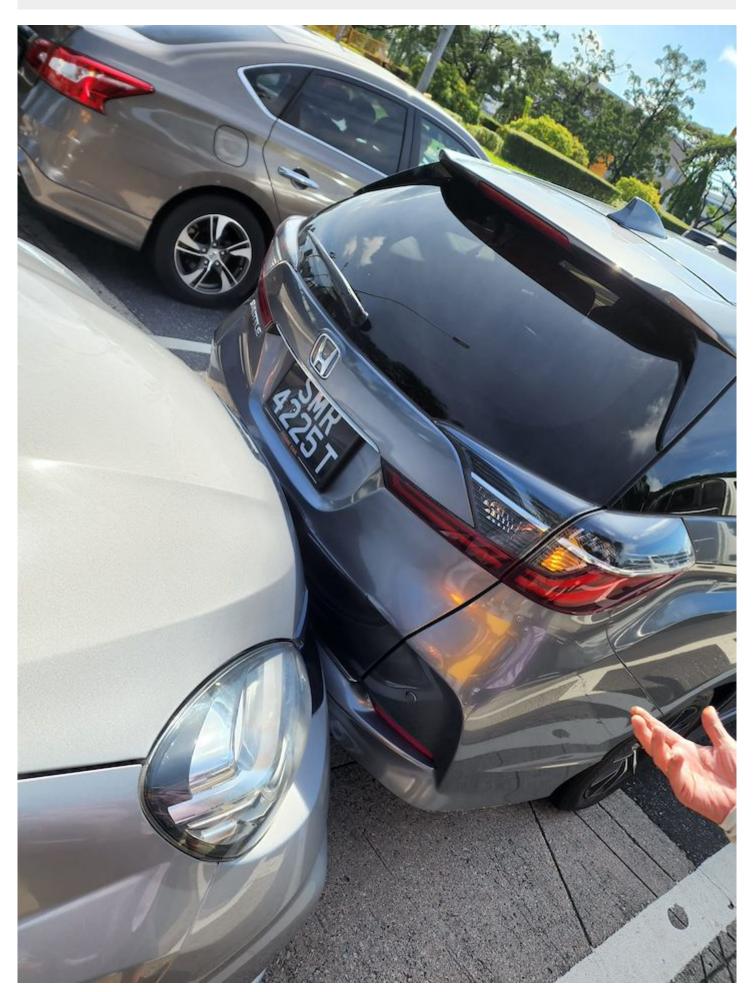


















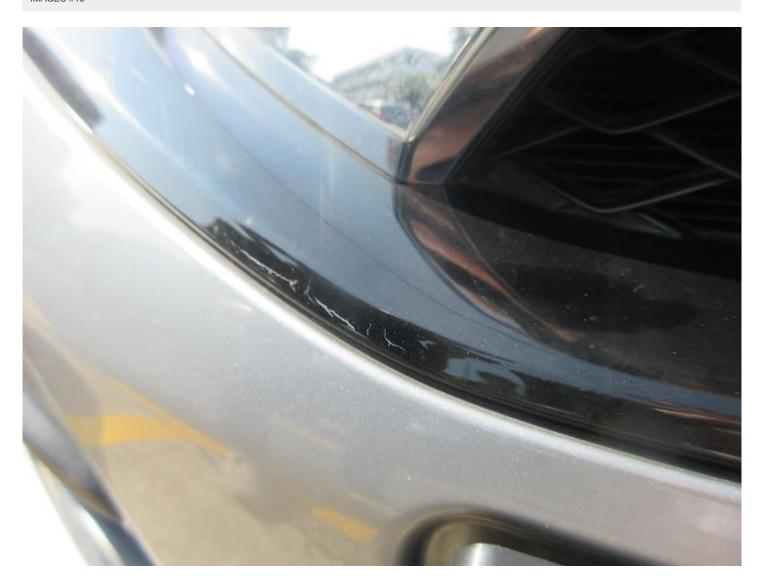




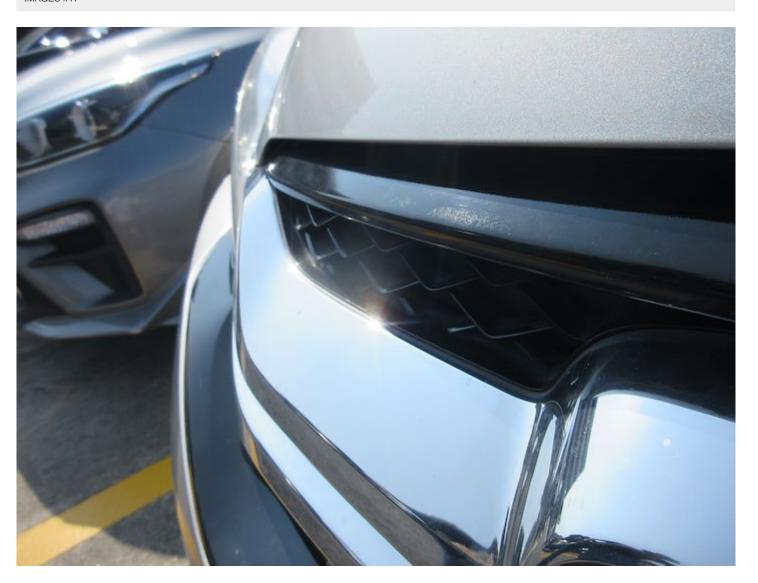














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