

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 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	09/11/2022 18:47 (SGT)
Reported by	Both
Date of Accident	08/11/2022 18:00 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TPE EXIT TO PUNGGOL WAY (RIGHT TURN)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA6895Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YOONG KANG SING
NRIC No	S9142807E
Email Address	AIRLEX@LIVE.COM.SG
Mobile Phone No	(Phone) +65-90231014
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210068316

DRIVER

Name of Driver	YOONG KANG SING
NRIC No	S9142807E
Date Of Birth	25/11/1991
Occupation	Indoor

Date Of Driving Pass	17/07/2014
Driving experience	8 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90231014
Alt. Phone Number	-
Email Address	AIRLEX@LIVE.COM.SG
Address	405A NORTSHORE DRIVE #14-118
Address complement	-
Postcode	821405
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	Collision - Head on collision
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

WHEN TURNING RIGHT, ACCIDENTATELY HIT ONTO THE RIGHT REAR BUMPER OF MAZDA 3 (RED) CAR - SLC 9423X.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC9423X
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	KELVIN NG YI XIANG
Contact Number	(Phone) +65-87208018

Address	-
Address complement	-
Postcode	-
Insurance Company Name	Income Insurance Limited
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

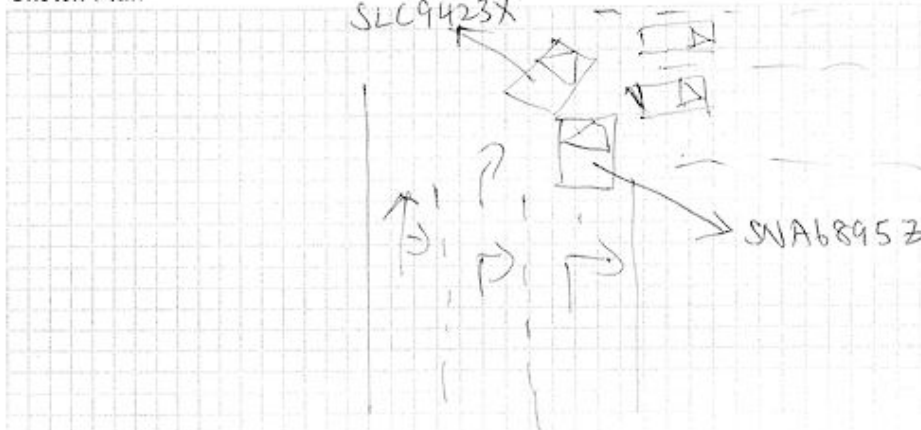
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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.

By 09 Nov 2022 1415pm
Policyholder's Signature / Date & Time

By 09 Nov 2022 1415pm
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
CARRIAGE KAPAL
LK

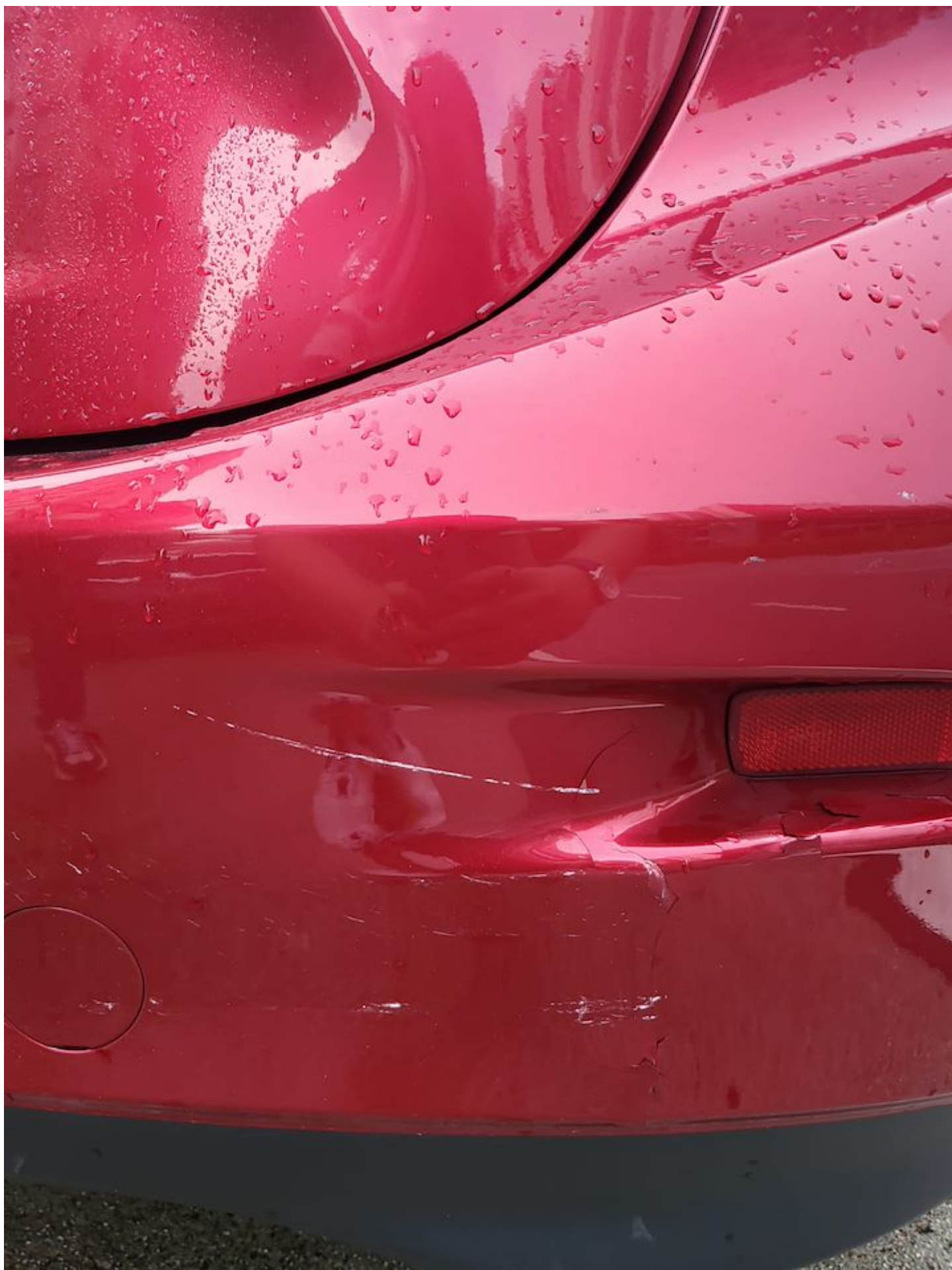
Sketch Plan



















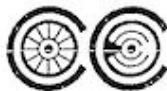












CYCLE & CARRIAGE

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. 200609327M**Accident Statement****Accident Details**

Are you claiming under your own Ins Policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> 3rd Party	<input checked="" type="checkbox"/> Reporting Only
Date of Accident	8 / Nov / 2022		
Time of Accident (24hr format)	18 : 50 hr		
Exact Location of Accident	TPE exit to Punggol Way (right turn)		
Weather Condition	<input type="checkbox"/> Clear	<input checked="" type="checkbox"/> Raining	<input type="checkbox"/> Not In List
Road Surface	<input type="checkbox"/> Dry	<input checked="" type="checkbox"/> Wet	<input type="checkbox"/> Not In List
Was any foreign vehicle involved in accident?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
No. of vehicles involved in the accident	2		
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Was the accident reported to the police?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Was notice of intended Prosecution given?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Own Vehicle Details

Vehicle Registration Number	SNA6895Z		
Vehicle Category	<input checked="" type="checkbox"/> Private Car / <input type="checkbox"/> Comm Veh / <input type="checkbox"/> Good Veh / <input type="checkbox"/> Motorcycle / <input type="checkbox"/> Others		
Vehicle Manufacturer	Mitsubishi / <input checked="" type="checkbox"/> KIA / <input type="checkbox"/> Citroen / <input type="checkbox"/> Maxus / <input type="checkbox"/> Mercedes / <input type="checkbox"/> Others		
Vehicle Model	KIA CERATO EX		
Transmission	<input type="checkbox"/> Manual	<input checked="" type="checkbox"/> Auto	cc <input type="text" value="1591"/>
Exact purpose for which vehicle was being used at time of accident	<input type="checkbox"/> Private Hire	<input type="checkbox"/> Employment	<input checked="" type="checkbox"/> Private Use
Number of passengers (including driver)	1		
Passenger (Name and Gender)	NA		

Own Vehicle Policy

Handling Insurer (Insurance Company)	AIG		
Coverage Type	<input checked="" type="checkbox"/> ACT / <input 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 No / Cover Note No	7210068316		
ID of Registered Owner	<input type="checkbox"/> Co.Reg.No	<input checked="" type="checkbox"/> NRIC No	<input type="checkbox"/> Passport No / Fin
	(S) T/G 9142807E		
Name of Registered Owner	YOUNG KANG SING		
Email Address	freemove123@hotmail.com airlex@live.com.sg		
Mobile No	90231014		

Owner / Driver's Signature : _____

Driver Information			
Is the Driver the Policy Holder	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, only fill up the highlighted part
Name of Driver	KANG KANG SING		
Gender	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	
ID of Driver	<input type="checkbox"/> Co.Reg.No	<input checked="" type="checkbox"/> NRIC No	<input type="checkbox"/> Passport No / Fin
	(S) T/G 9142807E		
Date of Birth	25/11/1991		
Driving Pass Date	17/07/2014		
Contact No	90231014	Alt Contact No (If any)	
Home Address	40SA Northshore Drive #14-118 Singapore 821405		
Email Address			
Occupation	<input checked="" type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor	
Relationship with Owner	Spouse / Child / Sibling / Parent / Relative / Other <u>OWNER</u>		
Does Driver Own other Vehicles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If yes, please fill up the below part
	Vehicle No:	Ins Company:	
Third Party Vehicle or Property			
Was there any other vehicle or property damaged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If no, please leave below part empty
Vehicle Registration No	SLC9423X		
Vehicle Manufacturer / Model / Colour	Mazda 3 Red		
Vehicle Category	<u>Private Car</u> / Comm.Veh / Taxi / Bus / Motorcycle / Others		
Name of Insurance Company	NTUC		
Name of Driver	Kelvin Ng Y. Xiang		
Contact Number	87208018		
	Vehicle Reg No	Name of Driver	Contact No
Damages to Other Vehicles & Property (Other than Vehicles A & B)	—		
	—		
	—		
Injured Persons Details			
Was anybody injured in the accident?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If no, please leave below part empty
Any injured conveyed to hospital by Ambulance?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Name			
Injuries Sustained			
Injured person in which vehicle?			
Were seat belts worn?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Was this injured conveyed to hospital by Ambulance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Witness Details			
Was there any witnesses?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If no, please leave below part empty
(Name, Phone, Email)			
Files			
Are accident photos available for attachment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Was there any video captured?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Owner / Driver's Signature :


Ky 09/11/2014


Describe Circumstances of the Accident

When turning right, accidentally hit onto the right rear bumper of
 Mazda 3 (red) car - SLC 9423X

Declaration

We declare the foregoing particulars are true in every respect.

 09 Nov 2022
 1415pm
 Policyholder's Signature / Date &
 Time

 09 Nov 2022
 1415pm
 Driver's Signature (if driver is not the policyholder) / Date
 & Time


 Witnessed by Reporting Centre
 Personnel