

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	03/02/2023 15:05 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/02/2023 16:40 (SGT)
Exact Location of Accident	30 Dunearn Rd, Singapore 309425
Additional Location Information	LINDEN DRIVE & DUREARN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	S1944TE
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NIKKI LAFONYA RUSSELL
Passport No/FIN	G4511790T
Email Address	russellnl@state.gov
Mobile Phone No	(Phone) +65-81380578
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Forte
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	1600

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220062964

DRIVER

Name of Driver	NIKKI LAFONYA RUSSELL
Passport No/FIN	G4511790T
Date Of Birth	14/03/1979
Occupation	Indoor

Date Of Driving Pass	01/10/2016
Driving experience	6 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81380578
Alt. Phone Number	-
Email Address	russellnl@state.gov
Address	17 WOOLLERTON PARK #04-16 GALLOP GREEN
Address complement	-
Postcode	257536
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 - Change/cross lane
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)	2
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	-

PASSENGER 1

Name	AUSTIN RUSSELL
Gender	Male

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 ATTACHMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC4857H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	Brown
Vehicle Category	Taxi
Name of Driver	LAU LHEE MENG
NRIC No	S1512368J
Contact Number	(Phone) +65-96161202
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	LH SIDE
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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)**

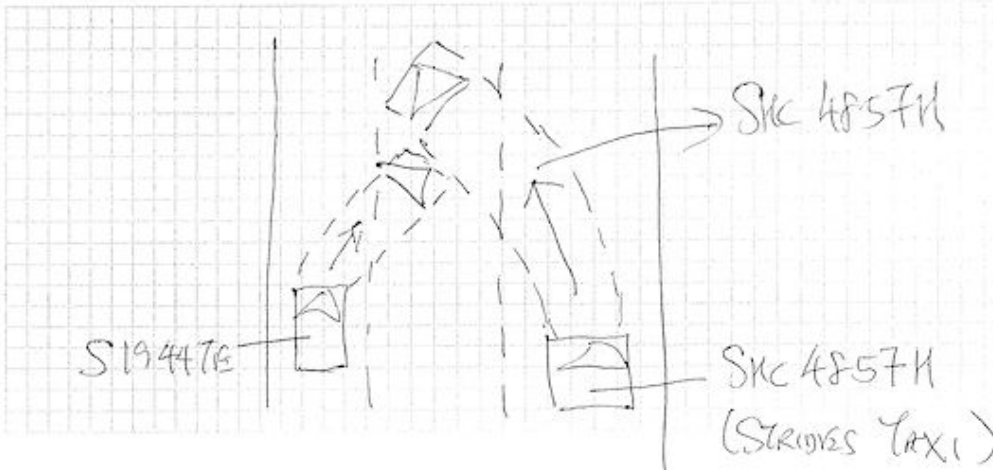
I understand, acknowledge, agree and consent that:

- (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.

Cherik Ruzel
Policyholder's Signature / Date &
Time Feb 2 1402
Sketch Plan C14206

Cherik Ruzel Feb 14/17
Driver's Signature (If driver is not the policyholder) / Date
& Time 03/01/2017 02:14206

Witnessed by Reporting Centre
Personnel

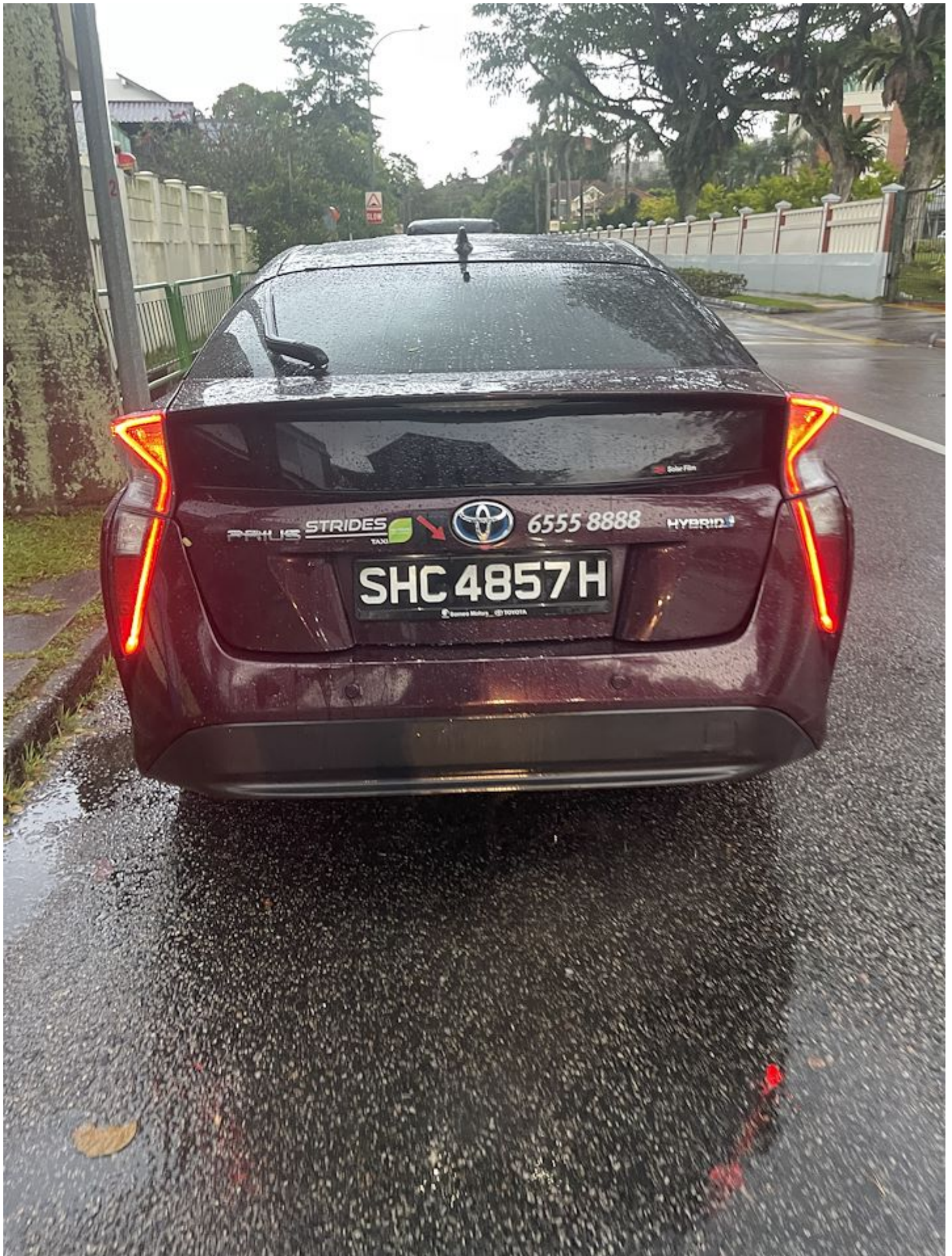




















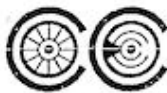












CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
COMPANY NO. 197701469GCYCLE & CARRIAGE KIA PTE LTD
COMPANY NO. 199405410KCYCLE & CARRIAGE FRANCE PTE. LIMITED
COMPANY NO. 200609377MDIPLOMAT PARTS PTE LIMITED
COMPANY NO. 200609377M**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	Feb 12 / 2023		
Time of Accident (24hr format)	16:40 hr		
Exact Location of Accident	Linden Dr + Doreagh Rd		
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	02		
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	S194476		
Vehicle Category	Private Car / Comm Veh / Good Veh / Motorcycle / Others		
Vehicle Manufacturer	Mitsubishi / KIA / Citroen / Maxus / Mercedes / Others		
Vehicle Model	Cerato Forte 1.6 A		
Transmission	<input type="checkbox"/> Manual	<input checked="" type="checkbox"/> Auto	cc 1600
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)	2 - driver + Kid		
Passenger (Name and Gender)	Self NIKKI Russell, 43 Austin Russell, age 6		

Own Vehicle Policy

Handling Insurer (Insurance Company)	HLC		
Coverage Type	ACT / Comprehensive / Third Party / Third Party Fire and / or Theft		
Fleet Policy	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Policy No / Cover Note No	7220062964		
ID of Registered Owner	<input type="checkbox"/> Co.Reg.No	<input type="checkbox"/> NRIC No	<input checked="" type="checkbox"/> Passport No / Fin
	S / T / G G451790T		
Name of Registered Owner	NIKKI Russell		
Email Address	Russelln@a.state.gov		
Mobile No	8138 0598		

Owner / Driver's Signature:

NIKKI Russell
03/02/2023 @ 1420h

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	Nikki Russell		
Gender	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	
ID of Driver	<input type="checkbox"/> Co.Reg.No	<input type="checkbox"/> NRIC No	<input checked="" type="checkbox"/> Passport No / Fin
	S/T/G 648 117907		
Date of Birth	14/03/1979		
Driving Pass Date	01/10/2016		
Contact No	8138 0578	Alt Contact No (If any)	
Home Address	17 Woodlerton Park 257 536		
Email Address	1 = L nikki russelln1@stat.gov		
Occupation	<input checked="" type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor	
Relationship with Owner	Spouse / Child / Sibling / Parent / Relative / Other SELF (amuse)		
Does Driver Own other Vehicles?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please fill up the below part
	Vehicle No:	ins Company: AIG	
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	SHC 4857H		
Vehicle Manufacturer / Model / Colour	TAXI (BRONZ) 1 STRIPES		
Vehicle Category	Private Car / Comm Veh <input checked="" type="checkbox"/> Taxi / Bus / Motorcycle / Others		
Name of Insurance Company			
Name of Driver	LAW LEE MING		
Contact Number	9616 1202		
Damages to Other Vehicles & Property (Other than Vehicles A & B)	Vehicle Reg No	Name of Driver	Contact No
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 checked="" type="checkbox"/> No	
Was this injured conveyed to hospital by Ambulance?	<input type="checkbox"/> Yes	<input checked="" 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 checked="" type="checkbox"/> No	
Was there any video captured?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Owner / Driver's Signature:

Nikki Russell
03/01/2023 @ 1420H

Describe Circumstances of the Accident

Thursday at 4.40, I was driving on BK Tormin Doreen Rd and was in the first lane. It was raining. I was changing lanes to the middle and it was clear until a Stride taxi came from the third (3rd) lane into my spot without ~~no~~ lights or turn signal. The right part of his car came, when I moved over our cars rub at his back and my right front. He dodge over quickly as I was in position and had on my turn light. We stopped and agreed to park on Linden Dr near an all girl High School to exchange contact information

Declaration

We declare the foregoing particulars are true in every respect.

Nikki Russell
Policyholder's Signature / Date &
Time Feb 3 14:20/16

Nikki Russell Feb 3 14/17
Driver's Signature (If driver is not the policyholder) / Date
& Time 03/02/2023 @ 14:20


Witnessed by Reporting Centre
Personnel