

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> 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.

Any false reporting may be referred to the Police for investigation.
 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.
 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

16/08/2024 13:27 (SGT) Date of First Submission Both Policyholder and Actual Driver Reported by Date of Accident 16/08/2024 08:50 (SGT) Exact Location of Accident N Buona Vis Rd, Singapore TOWARDS HOLLAND SLIP RD INTO COMMONWEATH AVE Additional Location Information WEST Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SNH8723L

INSURED/POLICYHOLDER

Is company? No LAI ENG KEAT Name Of Registered Owner NRIC No S1477666D Email Address ENGKEAT.LAI@GMAIL.COM (Phone) +65-96730759 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Camry 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? Vehicle Category

Transmission CC

Vehicle Fuel First Regisration Date

Chassis no Effective Date/Time of Ownership No - Claiming third party Private car

Auto 2500

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number AIG Asia Pacific Insurance Pte. Ltd. 7220141127

DRIVER



Name of Driver LAI ENG KEAT NRIC No S1477666D Date Of Birth 12/07/1961 Occupation Indoor **Driving Pass Date** 19/07/2005 **Driving License Pass Class** 3 **Driving License Validity** Valid Driving experience 19 YEARS AND 1 MONTH Gender Male Mobile Number (Phone) +65-96730759 Alt. Phone Number Email Address ENGKEAT.LAI@GMAIL.COM Address 30 TANAH MERAH KECHIL RD #07-09 Address complement Postcode 465558 Is the driver the policyholder? Yes 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 GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear 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? Yes Was any injured conveyed to hospital by ambulance? No 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 UNKNOWN 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

AS OF ABOVE DATE AND TIME, I WAS DRIVING MY VEHICLE (SNH8723L) ALONG NORTH BUONA VISTA RD TOWARDS HOLLAND RD SLIP RD INTO COMMONWEALTH AVE WEST. I SLOWED DOWN & STOPPED MY VEHICLE BEHIND THE GIVEWAY LINE DUE TO ON COMING TRAFFIC. OUT OF A SUDDEN VEHICLE B (SHC619Y) COLLIDED INTO THE REAR PORTION OF MY VEHICLE

ATTACHMENT(S)

Yes No

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

Vehicle Registration Number SHC5619Y Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver NG WEITONG Contact Number (Phone) +65-97995288 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	LAI ENG KEAT
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	
Approximate Age Years Old	-
Injuries Sustained	7 <del></del>
Injured person in which vehicle?	SNH8723L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	OW PEAK FOONG
Gender	UTA
Phone No	(Phone) +65-96543982
Address	: <del>-</del>
Address Complement	
Post Code	8 <del>8</del>
Approximate Age Years Old	92 <del>85</del>
Injuries Sustained	•
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
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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' 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;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the malling of correspondence, statements, invoices, reports or notices to me, which could involve disciosure 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.



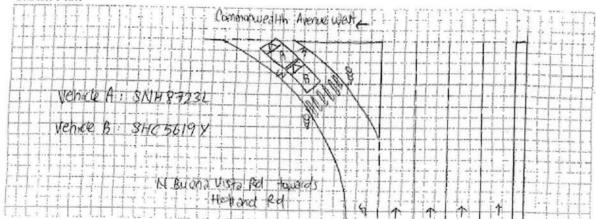
Policyholder's Signature / Date & Time

No.

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

Witnessed by Reporting Centre Personnel

Sketch Plan



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refricte	BC	9HC 5619	(4)	collie	red	into	the	rear	partie	n of	my	rence.
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## Declaration

IWe declare the foregoing particulars are true in every respect.

Polloyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel