

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 First Submission	03/10/2024 15:29 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/10/2024 07:46 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKA12E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANDY GOH ENG LEE
NRIC No	S1730303A
Email Address	ANDYGOLD12@GMAIL.COM
Mobile Phone No	(Phone) +65-96661991
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	EV6
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	0
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220152294

DRIVER

Name of Driver	ANDY GOH ENG LEE
NRIC No	S1730303A
Date Of Birth	04/05/1965
Occupation	Indoor
Driving Pass Date	04/05/1965
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	59 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96661991
Alt. Phone Number	-
Email Address	ANDYGOLD12@GMAIL.COM
Address	71 JALAN BUMBONG
Address complement	-
Postcode	739886
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 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?	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	AUDIE GOH
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: J/20241003/7030

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Reasons for not uploading a video of the accident WITH POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBV9747E
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Motorcycle
 Name of Driver NASRUL HAZWAN BIN SUMARINO
 NRIC No S9807877J
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident VEHICLE B
 No. Of Passenger (Including Driver) -

SKETCH PLAN

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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

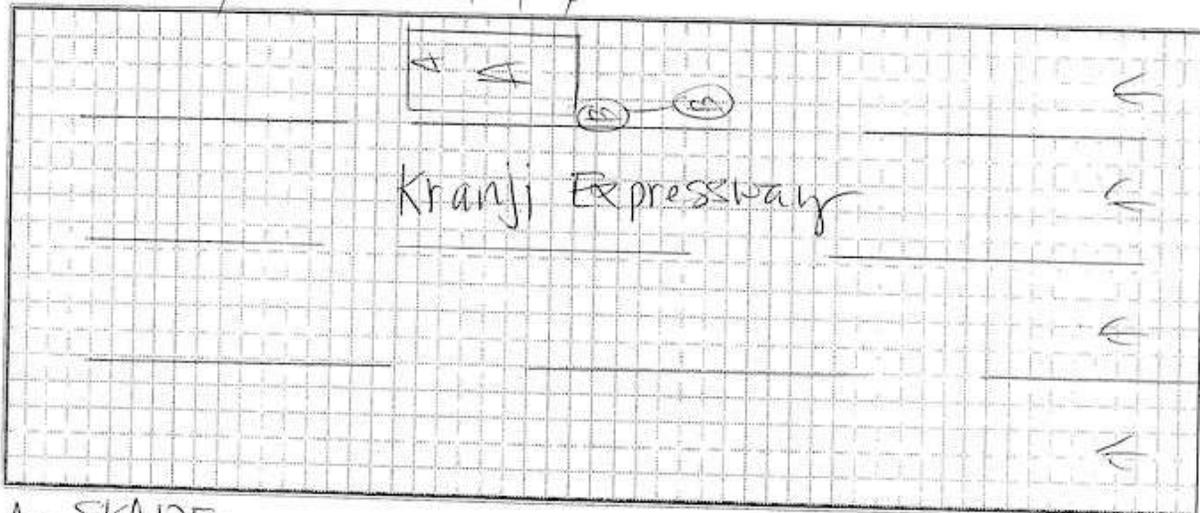
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]
Policyholder's Signature / Date & Time
3/10/20

[Signature]
Driver's Signature (if driver is not the policyholder) / Date & Time
3/10/20

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



A - SKA12E

B - FBV9747E

Describe Circumstance of the Accident

Peter Polinc Report

Declaration

I/We declare the foregoing particulars are true in every respect.

[Signature]
Policyholder's Signature / Date & Time
3/10/20

[Signature]
Driver's Signature (if driver is not the policyholder) / Date & Time
3/10/20

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



J/20241003/7030

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20241003/7030

Subjects Involved			
Victim			
Person Name	ANDY GOH ENG LEE		
ID Type	NRIC NO	ID No.	S1730303A
Gender	Male	Age	59
Nationality	SINGAPORE CITIZEN	Race	Chinese
Language	English	Occupation	Managing director/Chief executive officer
Address	71 Jalan Bumbong SINGAPORE 739886	Mobile No	96661991
Email Address	andygold12@gmail.com	Is Informant A Victim?	Yes
Person Name	ANDY GOH ENG LEE (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/10/2024 11:46
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	