

## 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	21/06/2024 16:24 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/06/2024 09:50 (SGT)
Exact Location of Accident	Near 1 Stevens Rd, Singapore 257813
Additional Location Information	BEFORE JUNCTION BETWEEN SCOTTS RD AND STEVEN RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL1096L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GABRIEL LEE HOCK HENG
NRIC No	S6922247A
Email Address	Gab.friends@gmail.com
Mobile Phone No	(Phone) +65-81123035
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	TOYOTA / WISH 2.0 AUTO
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1987

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220069297-01

### DRIVER

Name of Driver	GABRIEL LEE HOCK HENG
NRIC No	S6922247A
Date Of Birth	23/07/1969
Occupation	Indoor

Driving Pass Date  
Driving experience  
Gender  
Mobile Number  
Alt. Phone Number  
Email Address  
Address  
Address complement  
Postcode  
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

07/01/2006  
18 YEARS AND 5 MONTHS  
Male  
(Phone) +65-81123035  
-  
Gab.friends@gmail.com  
APT BLK 341 WOODLANDS AVENUE 1 #07-613  
-  
730341  
Yes  
No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
Weather Conditions  
Road Surface

Collision - Head to Rear  
Clear  
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 NA  
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 SKETCH PLAN

#### 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 SLQ8040A  
Vehicle Manufacturer -  
Vehicle Model -  
Vehicle Variant -



**SKETCH PLAN**

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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 Traffic Police Department for investigation.
6. This report will be forwarded by the Insurers to 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.

**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 making 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.

Policyholder's Signature / Date & Time

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

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

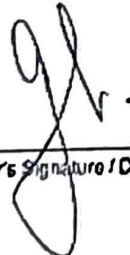
Sketch Plan

**Describe Circumstance of the Accident**

On 21/06/2024 at around 0950 hours, I was driving along Draycott Dr. At the junction between Draycott Dr and Steven Rd, traffic light is red, so I stopped my vehicle. Suddenly I felt an impact from behind, Vehicle B (SLG 8040A) hit onto the rear of my vehicle.

**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

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