# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 20/01/2018 11:08

## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

- 1. 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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policyliability 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	20/01/2018 10:42
Date Of Accident	06/01/2018 15:35
Exact Location Of Accident	NORTH BUONA VISTA RD/HOLLAND DR JUNCTION
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT4788L
Insured/Policyholder	
Name Of Registered Owner	AMOS LEE SOON TON
NRIC No	S7243807H
Email Address	AST.LEE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98228796
Alternative Phone No	Others-67076036
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA CX5 2.5L
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700079938
Cover Note Number	

#### Driver

Name of Driver ANGELA LEONG WEI KIM

NRIC No S7528847F
Date Of Birth 28/09/1975
Occupation INDOOR
Date Of Driving Pass 21/07/2004

Driving Experience 13 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-81282831

Fax Number

Contact Number OTHERS-67076036

EMail Address ANGEKUDDS@GMAIL.COM

113 JALAN JURONG KECHIL Address Postcode Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured **SPOUSE** Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle 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 this accident? NO Number of vehicles involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? NO I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 3 Passenger 1 : ETHAN LEE YITENG Name: Gender: : Male Passenger 2 Name: : ELLIOT LEE YI LIANG Gender: : Male **Details of Police Action** Was the accident reported to the police? NO If Yes, Please state which Police Station Was notice of intended Prosecution given? NO If Yes, against whom? Circumstances of Accident

REFER TO THE ATTACHED SKETCH PLAN.

## Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

#### Sketch Plan

#### SKETCH PLAN

#### INPORTANT NOTICE

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  interested parties.
- By the lodgment 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)
  - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

20/1/18

Driver's Signature

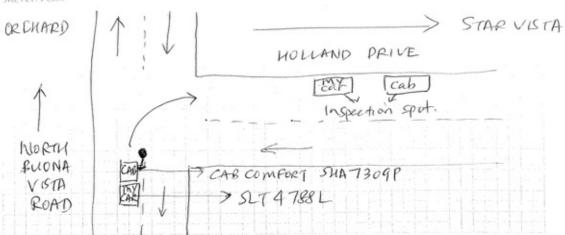
(If driver is not the policyholder)

Date & Time: 20/1/18

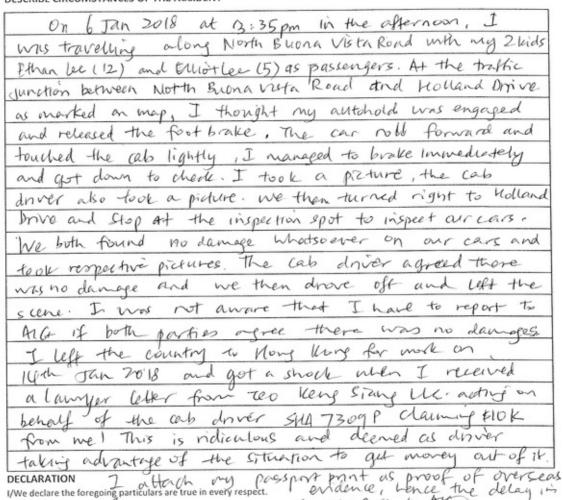
Reporting Centre Personnel's Signature Name: Orthone Chua

NRIC/FIN No .:

S1449251H



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



Policyholder's Signature

Date & Time: 2012n2018

Driver's Signature (If driver is not the policyholder)

Date & Time: 20 Jan 2018 NRIC/FIN No.: S1449251H

Reporting Centre Personnel's Signature Name: Catherine Chia

reporting to the

THIS PASSPORT IS VALID FOR ALL COUNTRIES EXCEPT THE FOLLOWING:

i.:.i



# PASSPORT REPUBLIC OF SINGAPORE

Type Country Code Passport No PA SGP E4548916E Name



è,

ANGELA LEONG WEI KIM

Sex Nationality
F SINGAPORE
Date of birth
Place of birth
Place of birth
Place of birth
SINGAPORE
Date of expiry
14 APR 2014
Modifications
SEE PAGE 2
MINISTRY 0 National ID No S7528847F

Date of expiry 14 JAN 2020

Authority MINISTRY OF HOME AFFAIRS

PASGPLEONG<<ANGELA<WEI<KIM<<<<<<<<< E4548916E5SGP7509281F2001148S7528847F<<<<28

> 訪 非一批准通留至2018年04月14日 Visitor-Permitted to remain until 14 Apr 2018

LEONG, ANGELA WEI KIM

證件號碼 Travel Document Number E4548916E

入埃日期(日-月-年) Arrival Date(dd-mm-yyyy)6 14-01-2018

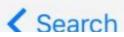
TRAVEL ITINERARY

•••• Singtel 3G 🛠

7:15 PM

Ø 54% ■





2 Messages

# Your booking confirmation RYJT28

Dear Miss Angela Weikim Leong,

You're all set for your trip! This email has all the details of your booking on singaporeair.com, and your e-ticket and receipt are attached. Remember to print these, or be sure you have easy access to them when you travel.





## Itinerary

Flight	Departs	Arrives
1. Singapore	to Hong Kong - Total travel time: 4hrs	Status: Confirmed
SQ 860 Airbus Industrie A380-800	SIN 08:25 14 Jan (Sun) Singapore, Changi Intl, Terminal 3	HKG 12:25 14 Jan (Sun) Hong Kong, Hong Kong, Terminal 1
Singapore Airlines	Flying time: 4hrs	
Cabin class: Econo	Cabin class: Economy (N)	
2. Hong Kon	g to Singapore - Total travel time: 4hrs	Status: Confirmed
SQ 861 Airbus Industrie A350-900 Singapore Airlines	HKG 15:45 19 Jan (Fri) Hong Kong, Hong Kong, Terminal 1	SIN 19:45 19 Jan (Fri) Singapore, Changi Intl
	Flying time: 4hrs	
	Cabin class: Economy (Q)	

## Passenger

> Visa requirements

Flights	Seats	Baggage
1. MISS ANGELA WEIK	KIM LEONG	Membership no: 8833376347
SQ 860 SIN - HKG	No seats selected	Free: 30 kg
SQ 861 HKG - SIN	54K	Free: 30 kg



Leave your worries behind with travel insurance by AIG.

















**SLT4788L** 



SLT4788L

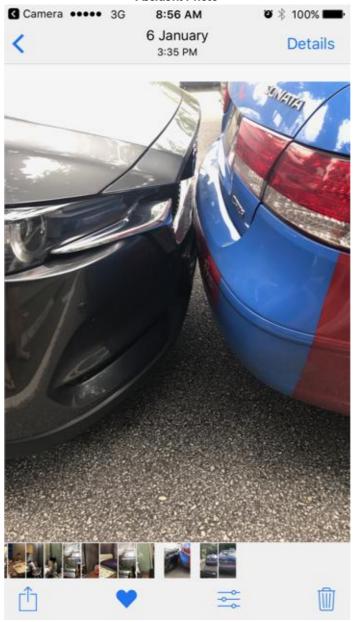




# **Accident Photo**



# **Accident Photo**



# **Accident Photo**

Camera •••• 3G 8:56 AM





6 January 3:37 PM

Details

