

## 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 Authorised 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 ability.
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 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 Report	09/01/2018 15:06
Date Of Accident	30/12/2017 21:30
Exact Location Of Accident	BLK 115A HO CHING ROAD MSCP LEVEL 1 LOT NO. 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ8084A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE LIAN FEI
NRIC No	S7003584G
Email Address	LEELIANFEI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93889898
Alternative Phone No	Others-93889898

### Vehicle Particulars

Manufacturer	BMW
Model	320I AT ABS D/AB 2WD 4DR GAS/D SR
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?	YES
If No, Please state action to be taken	
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	2100305775-05000
Cover Note Number	

### Driver

Name of Driver	LEE LIAN FEI
NRIC No	S7003584G
Date Of Birth	02/02/1970
Occupation	INDOOR
Date Of Driving Pass	12/03/1993
Driving Experience	24 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93889898
Fax Number	
Contact Number	OTHERS-93889898
E-Mail Address	LEELIANFEI@GMAIL.COM

Address  
Postcode

BLK 115 HO CHING ROAD #07-108  
610115

Was driver an employee of the Insured's Company

NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own Vehicle

-

-

-

Insurance Company of Driver's Own Vehicle

-

-

-

#### General Information of the Accident

Type Of Accident

FIRE, EXPLOSION OR LIGHTNING

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)  
soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

#### Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

JURONG NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 158 YUNG LOH ROAD , POSTCODE: 610158 , COUNTRY:  
SINGAPORE

Police Station Contact

TEL NO: 1800-2659999 - FAX NO: 62664987

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

Please refer to police report no. J/20180109/2076.

#### 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

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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.
- (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:
  - (i) 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: - 9 JAN 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Deborah Lai

S7332811Z

← vehicle caught fire →

← Vehicle Caught Fire →

Please refer to Police Report No. J/20180109/2076.

Please refer to Police Report No. J/20180109/2076

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

Policyholder's Signature: [Signature]  
 Date & Time: - 9 JAN 2018

Driver's Signature: \_\_\_\_\_  
 (If driver is not the policyholder)  
 Date & Time: \_\_\_\_\_

Policyholder's Signature  
Date & Time: - 9 JAN 2018

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name: Deborah Lai  
NRIC/FIN No.: S7332811Z

## Police Report