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 <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 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.

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	05/02/2018 12:55
Date Of Accident	03/02/2018 16:30
Exact Location Of Accident	ALONG CLEMENTI AVENUE 2
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCE7U
Insured/Policyholder	
Name Of Registered Owner	LEE SOON LEE
NRIC No	S1194669J
Email Address	LEESOONLEE1@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96926910
Alternative Phone No	OTHERS-90042249
Vehicle Particulars	
Manufacturer	BMW
Model	520I-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	GOING FOR DINNER
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	2100320860-05
Cover Note Number	
Driver	

Name of Driver

NRIC No

S1284959A

Date Of Birth

Occupation

Date Of Driving Pass

LEE MAY KUIM

S1284959A

17/09/1982

Driving Experience 35 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96926910

Fax Number

Contact Number OTHERS-90042249

EMail Address LEESOONLEE1@GMAIL.COM

5 WEST COAST WALK Address

#22-10 127146

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1

Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

1

SJC7868H Vehicle Registration Number Vehicle Make/Model/Colour **HONDA**

Details Of Properties

Vehicle Category PRIVATE CAR CHAN SEK YEONG Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 7. 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) 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
- 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.
- 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.
- 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.

Driver's Signatur

Policyholder's Signature

Date & Time

(If driver is not the policyholder) Date & Time: 5/2/18

Reporting Centre Personnel's Signature,
Name:
NRIC/FIN No.: ROPAL IN MARAN

Sketch Plan #2

	CEMINA DE 5
	SETSESH SCET U my con worky SETSESH Car bumped indo my rear humper (state)
CRIBE CIRCUMSTANCES OF THE A	ACCIDENT At around 4,30pm on Sommay 3/140/2018,
	me to turn lept to clement Ave 5. In front of me,
vene 4-6 cars all worth	go them left. My car was stationary, then
suddenly or can from b	sehred bumped into my vear bumper. A young
Man Mr Chan Sell Yes	my came out of his car SIC 7868H and applying
	- brake in time, thus causing as fant bonnet
	bumper, There were cracks on one rear bumper,
and scrottines	manyer, must the concess some i con warryer,
and Scrotterus	
ECLARATION	to a la access contract
	true in every respect.
Ve declare the foregoing particulars are to	
Ve declare the foregoing particulars are to the foregoing particulars are to the declare the declared the decla	
icyholder's Signature (LESCENCE) Dr. 18 & Time:	le a color/100

Sketch Plan #3

Car SCEU Oma: les somles

Vs

CATE STE78684

CAR STC 7868 H Knocked IMO CIAR SCE 743 rear humper. No injured reported

Insurance QBE, to be settle in insurance.

Date of accident: 321 teb 245,

Car SJC7868H Conched into my stationary car SCZ74 While on the lighthurning lane to Clembert's Are 5 My car bumper was damaged. I don't feel any inplines

Mr Lee's cor rear bumper.

HE. Karrolee

Stony CHAN SEE YOUR



















































