SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- 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 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

	ACCIDENT STATEMENT	
Date Of Report	01/02/2018 22:12	
Date Of Accident	31/01/2018 18:40	
Exact Location Of Accident	TRAFFIC JUNC & LOWER DELTA ROAD & TELOK BIANGAHWAY	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
/ehicle Registration Number	SGH2006X	
nsured/Policyholder		
Name Of Registered Owner	LEE KHENG HOCK	
NRIC No	S1459625I	
Email Address	LEEKHENGHOCK@SINGHEALTH.COM.SG	
Mobile Phone No	(LOCAL) +65-91919434	
Alternative Phone No	OTHERS-91919434	
Vehicle Particulars		
Manufacturer	AUDI	
Model	A5 SB 2.0 TFSI QU	
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE	
Are you claiming under your own insurance policy for repair to your vehicle?	YES	
f 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		
Cover Note Number		
Driver		
Name of Driver	LEE KHENG HOCK	
NRIC No	S1459625I	
Date Of Birth	03/03/1961	
Occupation	INDOOR	
Date Of Driving Pass	31/01/1988	
Driving Experience	30 YEARS AND 0 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-91919434	

OTHERS-91919434

LEEKHENGHOCK@SINGHEALTH.COM.SG

Address

29 KEPPEL BAY VIEW

Postcode

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

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General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

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

MY CAR IS PROCEEDING ACROSS A TRAFFIC JUNC & LOWER DELTA ROAD AND TELOK BIANGAHWAY THE OTHER PARTY WAS ON MY RIGHT WHICH IS A RIGHT TURN LANE HE WAS STUCK BEHIND VEHICLES WAITING TO TURN RIGHT WHILE HE WAS WAITING TO PROCEED STRAIGHT HE SUDDEN CUT IN MY LANE THE LEFT FRONT OF HIS VEHICLE HIT MY RIGHT SIDE DOOR AND WING MIRROW WE PULLED AHEAD AFTER THE TRAFFIC JUNC AND EXCHANGED PRATICULARS

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GX9534Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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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 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:

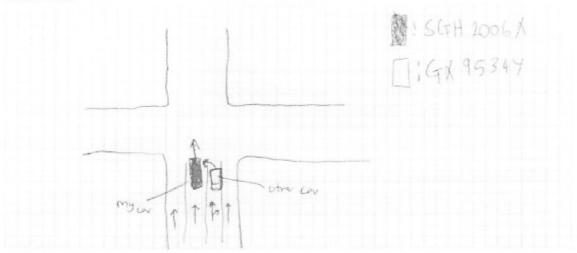
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) 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:
 - 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.

1957

Policyholder's Signature Date & Time: 1/2/2018 Driver's Signature (if driver is not the policyholder) Date & Time Reporting Centre Personnel's Signature Name LIM KOR SKIM

NRIC/FIN NO : CARSSAC BANA

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

-	
1	my car is proceeding parts across or hattie junction of Love
	Detta Road and Telok Blangah Way
	The other party was an my right which is a right turn las
+	He was stuck behind verticles waiting to turn right while
	he was waiting to proceed straight
	He sudden cut into my lane and that. The & Left front
	of his we vehicle hit my Right side door and why min
	I we pulled ahead after the tenthic junction and exchanged
-	
	fetinlas
10010140	
-	
-	

DECLARATION

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

, 1211...

Policyholder's Signature
Date & Time: | | 2 | | 2.618

Oriver's Signature (if driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: Linkle Store NRIC/FIN No.: (2555) Central