

## 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	02/01/2018 15:50
Date Of Accident	31/12/2017 19:45
Exact Location Of Accident	SLIP ROAD OF CLEMENTI ROAD / ULU PANDAN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM2562X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEN LENG LENG TERESA KELLY
NRIC No	S7035842E
Email Address	TERESAKELLY_LEN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97945438
Alternative Phone No	OTHERS-96288680
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	PULSAR-1.2 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100505264-00000
Cover Note Number	
<b>Driver</b>	
Name of Driver	LEN LENG LENG TERESA KELLY
NRIC No	S7035842E
Date Of Birth	15/10/1970
Occupation	INDOOR
Date Of Driving Pass	25/03/1995
Driving Experience	22 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97945438
Fax Number	
Contact Number	OTHERS-96288680
EMail Address	TERESAKELLY_LEN@YAHOO.COM.SG

Address 88 HILLVIEW AVENUE  
#06-04  
Postcode 669590  
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 -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident SIDE SWIPE  
Weather Conditions RAINING  
Road Surface WET

#### Other Information

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 ambulance? NO  
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) 3  
Passenger 1 NAME: : PANG YEW KIM ANDREW  
GENDER: : MALE  
Passenger 2 NAME: : PANG YONG KANG AUGUSTINE  
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

AS PER ATTACHED

#### 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

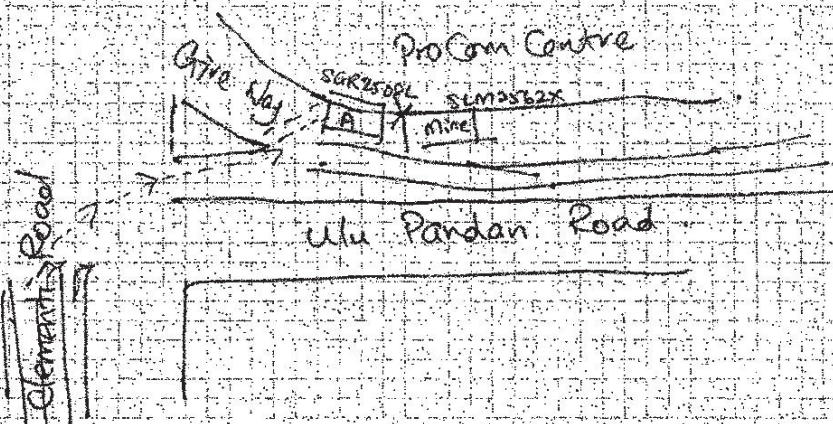
Vehicle Registration Number *SHR208L* SG2508L  
Vehicle Make/Model/Colour MERCEDES A200  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver LIM KAI MEI  
NRIC/Passport Number S9525673B  
Contact Number  
Address  
Postcode

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)



# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31 December 2017, at 7.46 pm, I was driving along Clementi Road, I waited at the traffic junction to turn right into Ulu Pandan Road. I turned right into Ulu Pandan Road and saw the car stopped at the 'Give Way' line. I proceeded to signal left and drove into the left lane into ProCom Centre. I then felt my car being hit at the left rear corner. I was ready to stop, thus my speed was about 20 plus km/h.

The driver of the other vehicle is Lim Kai Mei

SG S9525673B

Vehicle No: SGR 2508L

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

TAN CHONG MOTOR SALES PTE LTD  
813 MARKET STREET, #01-01  
SINGAPORE 058133  
Tel: 6340 7472  
Reporting Centre Personnel's Signature  
Name: NURAIZAH OSMAN  
NRIC/FIN No.:



**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:

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

Reporting Centre Personnel's Signature  
Name: KURAZALI OSMAN  
NRIC/FIN No.: