

## 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 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	02/03/2018 14:06
Date Of Accident	01/03/2018 16:15
Exact Location Of Accident	CHANGI RD (NEAR ESSO STATION)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB5910M
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### Insured/Policyholder

Name Of Registered Owner	RICHARD LEONG PENG KEONG
NRIC No	S0028249I
Email Address	JENNYAPLEONG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97557665
Alternative Phone No	Office-NOPHONE

### Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 SEDAN L SP.6EAT (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
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	
Cover Note Number	

### Driver

Name of Driver	LEONG YONG ANN, BRYNE
NRIC No	S8522810B
Date Of Birth	07/08/1985
Occupation	INDOOR
Date Of Driving Pass	04/06/2007
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97557665
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	NO. 9 JALAN SAYANG
Postcode	418631
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	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)	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

REFER TO ATTACHED STATEMENT

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD9777S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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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#### 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.

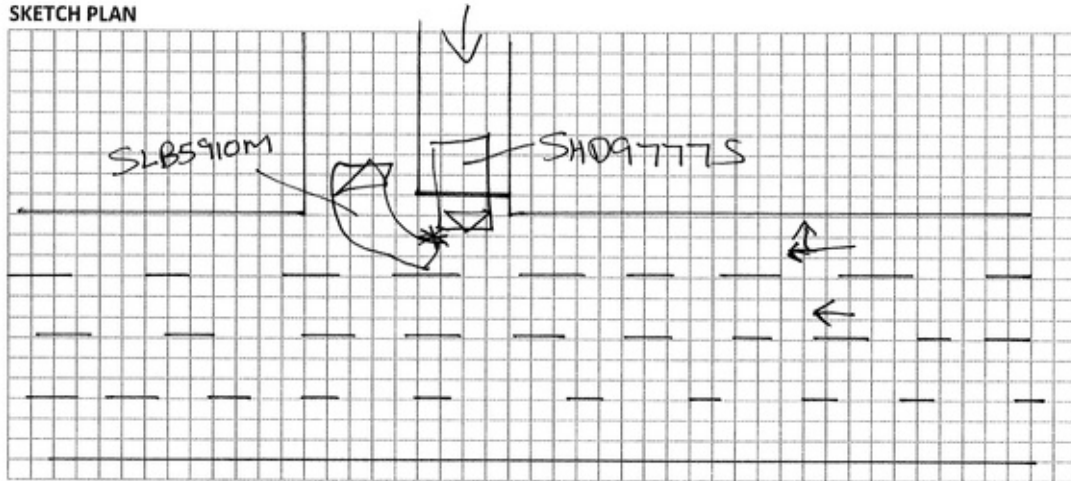
Policyholder's Signature  
Date & Time:

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

**Trans Eurokars Pte Ltd**  
5 Ubi Close  
Singapore 408605  
Tel: 6744 3400 / 6749 4333  
Fax: 6744 0660

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: SLB5910M -

ACCIDENT DATE: 1/3/18

CONTACT NUMBER: 97557665.

ACCIDENT TIME: 4.15PM

EMAIL: jennyap@ong@hotmail.com

LOCATION: CHANGI RD (NEAR ESSO STATION.)

REFER TO ATTACHED STATEMENT

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.

PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

PLEASE STATE: ☐ CLAIM OWN POLICY ☒ CLAIM THIRD PARTY ☐ REPORTING ONLY

## 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:

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

Trans Eurokars Pte Ltd  
5 Ubi Close  
Singapore 408605  
Tel: 6254 3333 / 6749 4333

## Accident Report :

On the 1st of March, 2018, at around 4.15pm, I was turning into the minor Changi Road from Changi Road, at the turn after the Esso Service Station. Whilst turning into the minor Changi Road, a taxi, SH097775, which was on the minor Changi Road moving onto Changi Road, moved and hit into the vehicle I was driving, SLB5910M. We then move to the sides of the lane and exchanged particulars, and took picture

The dashcam on SLB5910M would provide some footage of the situation at the turn and the moment of impact.


Signed

Bryne Leong

585228108



I, Bryne Leong Yong Ann, S8522 8108, hereby allow my  
Father, Richard Leong Peng King, to undertake the necessary actions  
needed to File the Accident Report & Insurance Claim, as well as any other  
documentations necessary, in my absence.

Bryne Leong  
S8522 8108  


HP: 97860017.

Letter of Authorization.



REPUBLIC OF SINGAPORE DRIVING LICENCE

Identification: S8522810B

LEONG YONG ANN, BRYNE  
(LEONG YONG AN)

Birth Date: 07 Aug 1985  
Pass Date: 04 Jun 2007

001504180A




YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

	PASS DATE
Class 3 Motor Cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg	04 Jun 2007

NP 428A

Licence No: S8522810B



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

