

## 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	02/05/2018 10:57
Date Of Accident	01/05/2018 13:45
Exact Location Of Accident	CARPARK AT BLK 332 CLEMENTI AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX2344B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE JIN YI MARK
NRIC No	S9110016I
Email Address	LEEJINYIMARK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97108339
Alternative Phone No	Office-81820363

### Vehicle Particulars

Manufacturer	BMW
Model	640
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	1800034817
Cover Note Number	

### Driver

Name of Driver	LEE SZE HAO
NRIC No	S1612373J
Date Of Birth	12/04/1963
Occupation	INDOOR
Date Of Driving Pass	13/05/1980
Driving Experience	37 YEARS AND 11 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-81820363
Fax Number	
Contact Number	
E-Mail Address	SH@SINGHOLDINGS.COM
Address	3A TREVOSE CRESCENT
Postcode	297723
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
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)	2
Passenger 1	Name: : SOH SHIN YANN SUSAN Gender: : Female

#### 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 ATTACH.

#### 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	SHF390Y
Vehicle Make/Model/Colour	TOYOTA SMRT
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ARUNAJALAM RAMACHANDRA
NRIC/Passport Number	S1229812I

Contact Number	90028368
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT RIGHT
No. Of Passenger (Including Driver)	1

## 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/mall 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:

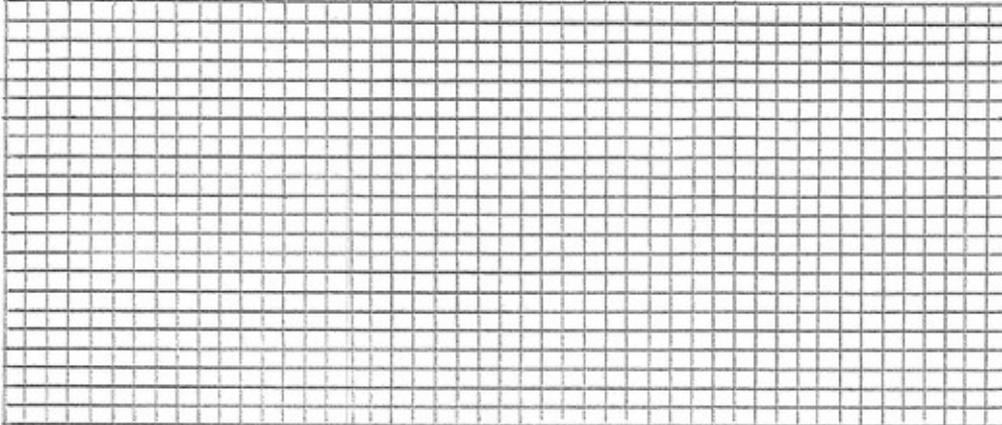


Driver's Signature  
(if driver is not the policyholder)  
Date & Time:



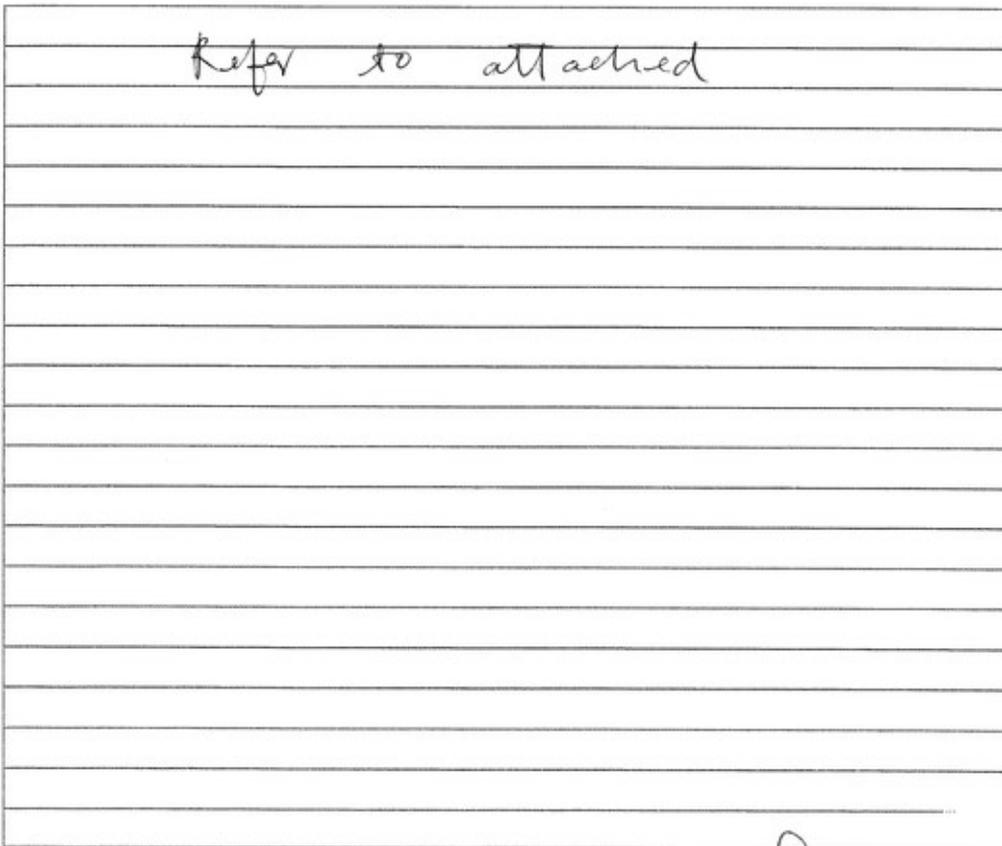
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



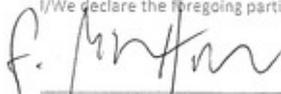
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached



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.:

2/5/10 @ 10026

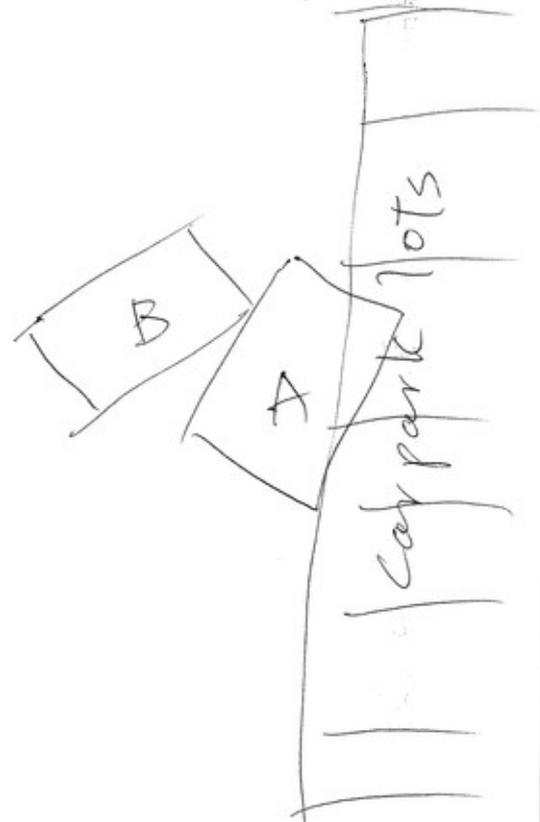
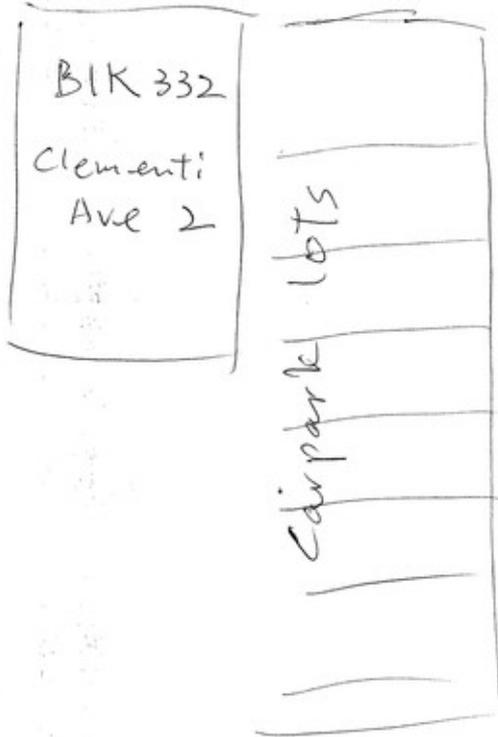
I was driving in the carpark next to Blk 332 at Clementi Ave 2 at around 1.45pm, looking for a parking lot. A taxi with licence plate number SHF 390Y was driving slowly in front of me. It then slowed down and pulled to the left. I believed that he was letting me pass him. Thus, I checked that the road was clear on my right, and that there were no oncoming traffic before I moved on to pass him on his right, with a comfortable space in between us, as the road in the car park was very wide.

As I was passing him on his right, the taxi made a sudden sharp right turn towards my left. Trying to avoid a collision, I quickly swerved to the far right, as the parking lots on the right were empty. However, the taxi had turned out so much to the right from his original position (as can be seen from the photos), that it still hit the left side of my car even as I tried to swerve away from him.

Following the accident, we exchanged particulars. The photo taken at the accident site showed that the taxi has been installed with a dashboard camera. The video from his camera would be able to confirm the accuracy of my statement.

Car A : my Vehicle

Car B : SHF 390Y, Taxi



*Signature*

Driver : Lee Sze Hao  
S1612373/J

2/5/2018, 10:00 am.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



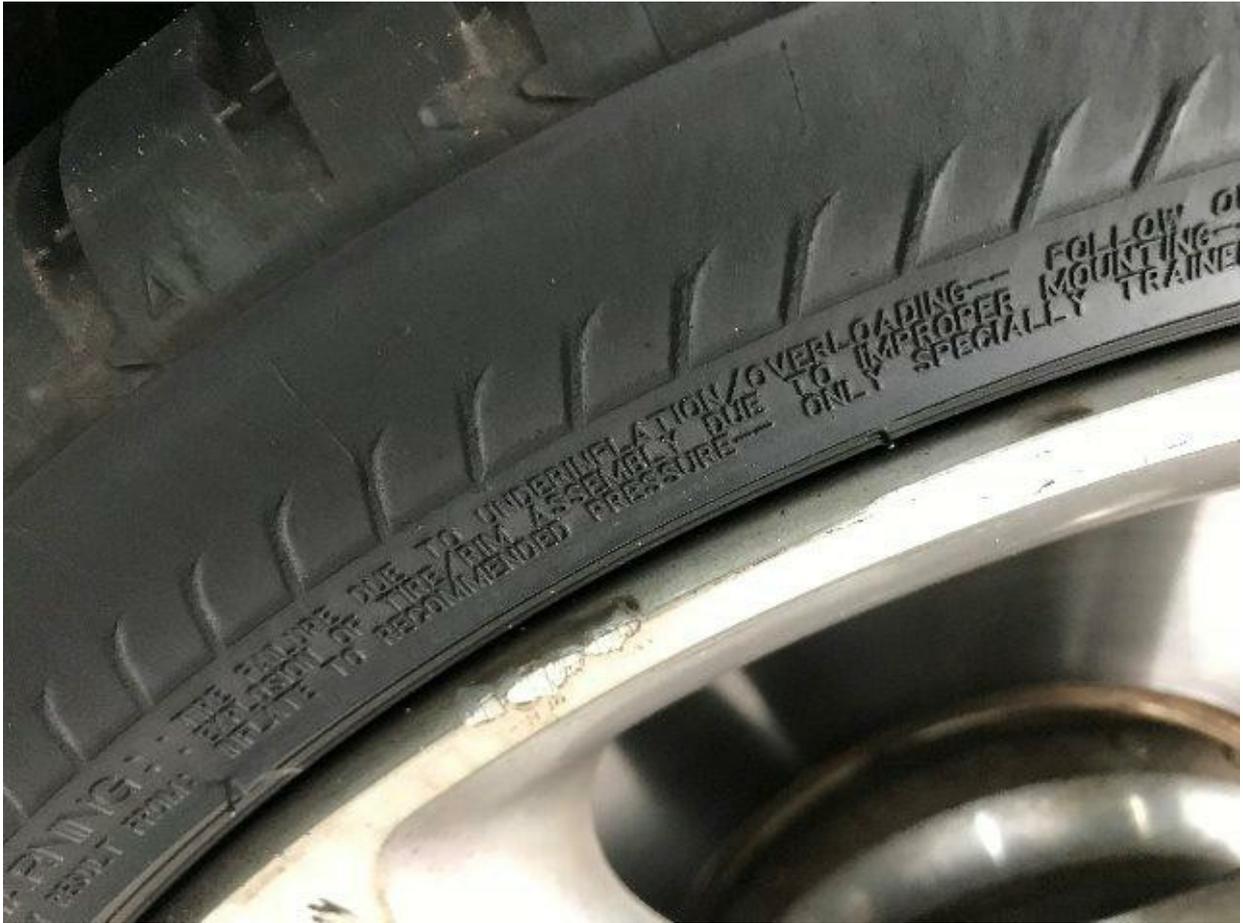
Accident Photo



Police Report



Accident Photo



Accident Photo



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Police Report



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