

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	29/08/2018 10:52
Date Of Accident	28/08/2018 19:30
Exact Location Of Accident	CLEMENTI AVE 6 SLIP RD TO COMMONWEALTH AVE W
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH959L
Insured/Policyholder	
Name Of Registered Owner	LEE CHING HAUR
NRIC No	S7685738E
Email Address	DANNIESLEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91789803
Alternative Phone No	OTHERS-91789803

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER-2.0 PREMIUM (ZSU60) (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10065214R00
Cover Note Number	

Driver

Name of Driver	LEE CHING HAUR
NRIC No	S7685738E
Date Of Birth	07/05/1976
Occupation	INDOOR
Date Of Driving Pass	19/02/2005
Driving Experience	13 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91789803
Fax Number	
Contact Number	OTHERS-91789803
Email Address	DANNIESLEE@GMAIL.COM

Address	26 BUKIT BATOK STREET 52 #02-02
Postcode	659247
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	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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)	2
Passenger 1	NAME: : WONG HUI SAN 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

ON 19:30. I'M DRIVING MY CAR TURNING SLOWLY FROM CLEMENTI AVE 6 TO COMMONWEALTH AVE W. I DRIVE SLOW AND STOP AT SLIP ROAD TO COMMONWEALTH AVE W TO CHECK FOR CLEAR TRAFFIC BEFORE MOVE ON. SUDDENLY MY CAR GOT HIT FROM THE BACK BY CAR (SFY 651 T)

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	SFY651T
Vehicle Make/Model/Colour	AUDI / Q5 / BLUE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH CHYE KIANG
NRIC/Passport Number	S7632716E
Contact Number	90228661
Address	29 JURONG WEST STREET 41 #04-07
Postcode	649411
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:

29/8/2018
10:55 am

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

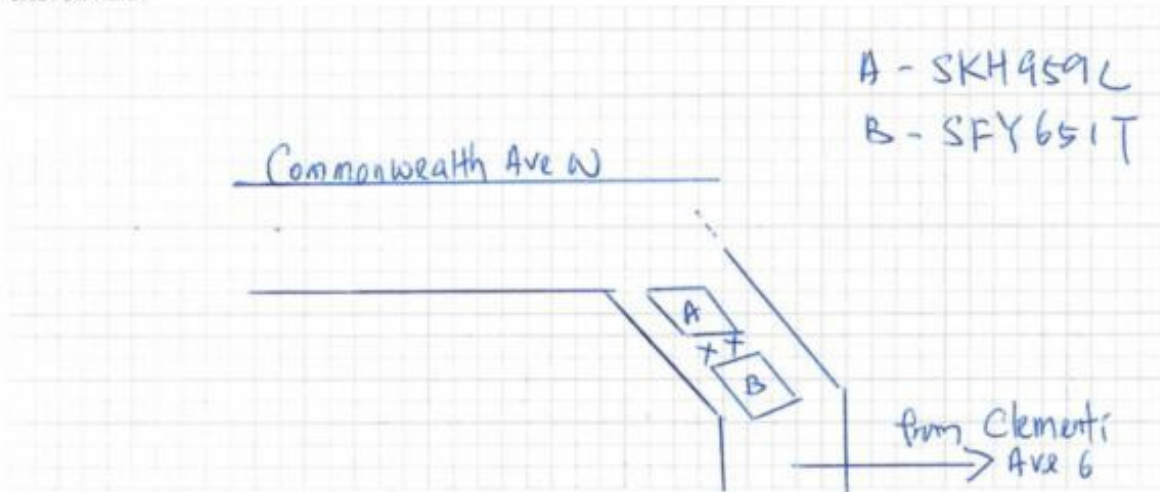
29/8/2018
10:55 am

Reporting Centre Personnel's Signature
Name: *Chang Chee Sing*
NRIC/FIN No.: *G2248170W*



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19:30. I'm driving my car turning slowly from Clementi Ave 6 to Commonwealth Ave W. I drive slow and stop at slip road to Commonwealth Ave W to check for clear traffic before move on. Suddenly, My car got hit from the back by car (SFY651T).

DECLARATION

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

Policyholder's Signature
Date & Time: 29/08/2018
11:10 am

Driver's Signature
(If driver is not the policyholder)
Date & Time: 29/08/2018
11:10 am

Reporting Centre Personnel's Signature
Name: Chang Chee Sing
NRIC/FIN No.: G2248170W

SCENE PHOTO-1



SCENE PHOTO-2



Accident Photo



Accident Photo



Accident Photo



Accident Photo

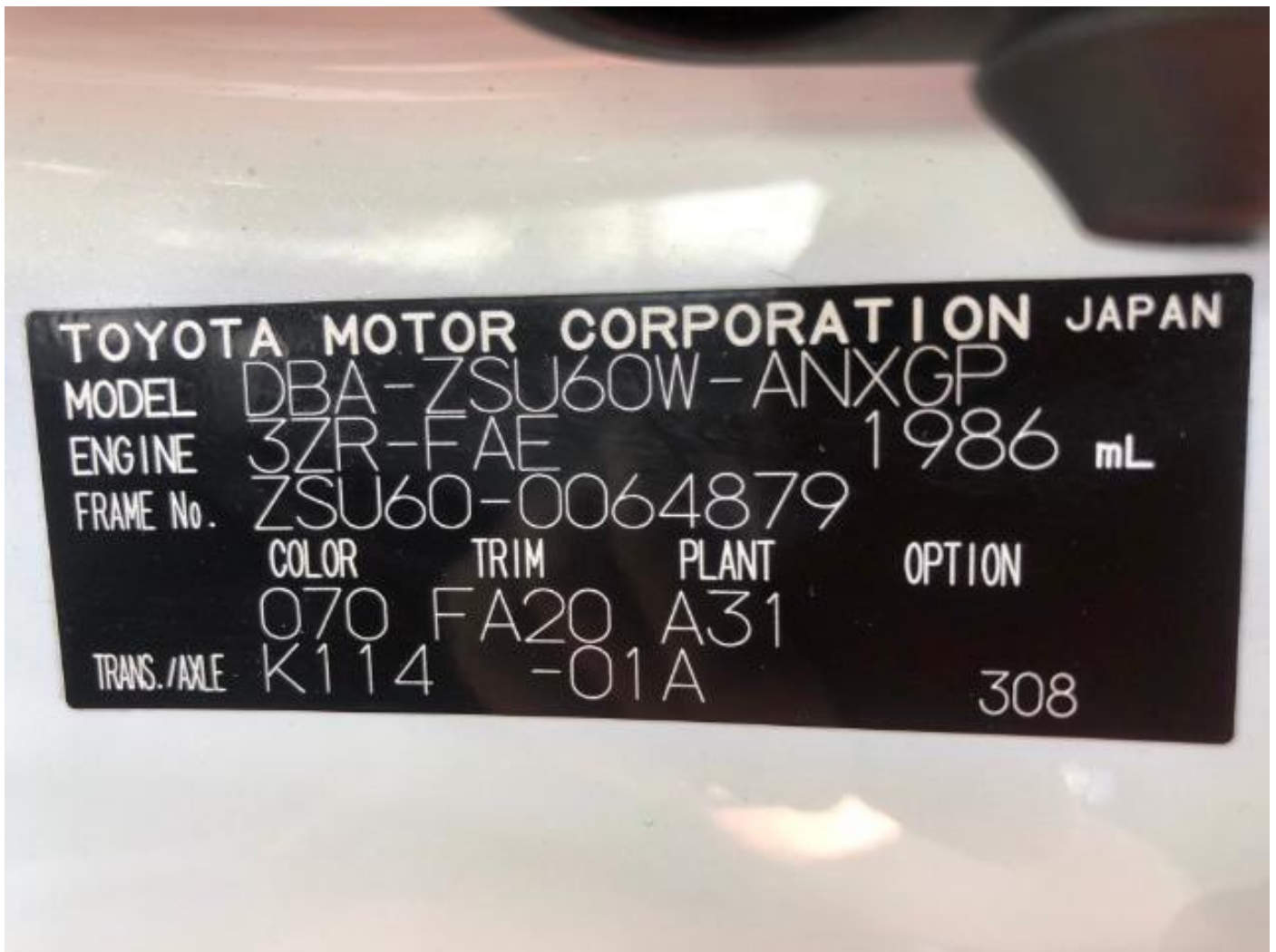


Accident Photo



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