

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 liability.
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	11/01/2019 13:35
Date Of Accident	10/01/2019 19:20
Exact Location Of Accident	PIE TWDS KJE NEAR LAMPPOST 1795
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ300P
Insured/Policyholder	
Name Of Registered Owner	WONG HUI HANNAH (WANG HUI)
NRIC No	S7838158B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98511046
Alternative Phone No	OFFICE-98511046

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180

Exact Purpose for which vehicle was being used at time of accident

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	2100489721-02
Cover Note Number	

Driver

Name of Driver	LEE YONG SIN (LI YONGXIN)
NRIC No	S7530350E
Date Of Birth	10/10/1975
Occupation	INDOOR
Date Of Driving Pass	22/11/2004
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98511046
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	511 CANBERRA DRIVE #04-26
Postcode	768129
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO MOTORCYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT AS PER ATTACHED.

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	FBE9775M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE HAP KOO
NRIC/Passport Number	S2624368H
Contact Number	91448311
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

Describe Circumstances of the Accident

[illegible]

Declaration

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

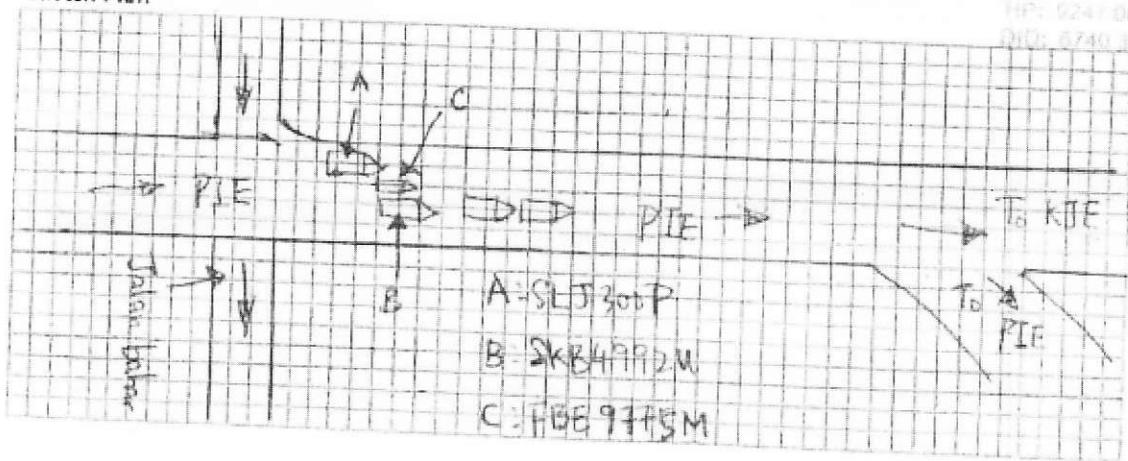
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8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
JERRY LAM
HP: 9247 0070
MO: 9740 3512

Sketch Plan



Accident Sketch Plan

ANNEX I

NOTICE OF REPORTING

This is to confirm that Lee Yong Sin, NRIC: S7530350E, HP: 98511046 has reported to the Police a non-injury traffic accident which occurred at PIE towards KJE, near to lamp post number 1795 on 10/01/2019 at 1920hrs involving the following vehicles:

SLJ300P (Mercedes Benz C180, grey)

FBE9775M (white)

SKB4992U

2. If accident was reported to the Police within 24 hrs of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

On 10/01/2019 at about 1920hrs, while I was travelling on the 2nd lane along PIE towards KJE (near to lamp post 1795), I got involved in an accident involving another motorcycle, FBE9775M.


I was on the 2nd lane when I noticed there was an accident involving one white coloured van GBH5996C and one grey coloured car, SKS4855T on the 3rd lane whereby the grey coloured car collided into the van.

At that time, there was another vehicle, SKB4992U who was on the 3rd lane who wanted to avoid the colliding into the 2 accident vehicles then swerved left to the 2nd lane and hit onto a motorcyclist (FBE9⁷75M) and in turn, the motorcycle then hit onto the right side of my car. After the collision, all parties involved stopped and exchanged particulars. Nobody was injured at that point of time.

Accident Sketch Plan

FBE9775M: Lee Lap Koo S2624368H hp: 91448311

SKB4992U: Raghavan Nair Gopa Kumar S2661431G hp: 97803241

Rank / Name of Issuing officer:  SI Saw Kian Hock

Date: 11/01/2019

Time: 1025hrs

S/D Ref: 46

Police Post/ Unit: BEDOK NORTH NPC

Bedok North NPC
No. 30 Bedok North Road
Singapore 469676
Tel: 1800-2449999

Original - To be issued to informant
Duplicate - to be submitted to Traffic Police