

## 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	07/05/2019 15:40
Date Of Accident	07/05/2019 10:00
Exact Location Of Accident	CARPARK OF CONDO (WATERCOLORS) 23 PASIR RIS LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT4061Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE WEE MENG
NRIC No	S7621778E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97961277
Alternative Phone No	Office-97961277

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PICNIC
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	REPORTING ONLY
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	2100489771
Cover Note Number	

### Driver

Name of Driver	LEE WEE MENG
NRIC No	S7621778E
Date Of Birth	19/07/1976
Occupation	INDOOR
Date Of Driving Pass	08/10/1998
Driving Experience	20 YEARS AND 6 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97961277
Fax Number	
Contact Number	OFFICE-97961277
EMail Address	NOEMAIL
Address	BLK 113 PASIR RIS ST 11 #07-665
Postcode	510113
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 ON COLLISION
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I SLOWLY COME OUT FROM PARKING LOT. SUDDENLY, VEHICLE B FROM MY LEFT CAME AND HIT MY VEHICLE FRONT LH PORTION.

#### 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	SLL1508R
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number  
Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)


## Sketch Plan

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8. Consent under the Personal Data Protection Act (PDPA)

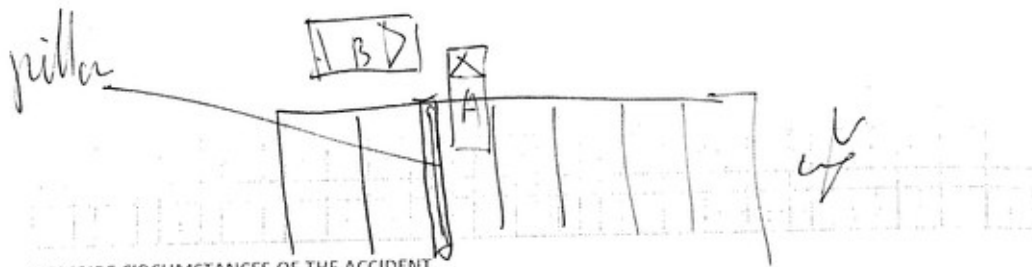
I understand, acknowledge, agree and consent that:

- (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.

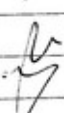
  
Policyholder's Signature  
Date & Time:

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

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




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I slowly come out from parking lot, suddenly  
 Veh B from my left come to hit my Veh  
 front LH position. 

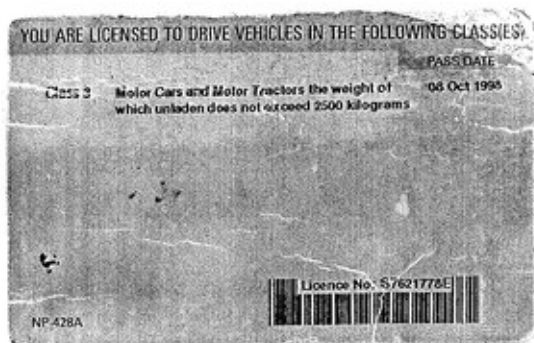
DECLARATION

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.:





# POLICY SCHEDULE

## AUTOPLUS PRIVATE VEHICLE

Policy No. : 2100489771-02  
Period of Insurance : 09 Nov 2018 to 08 Nov 2019

Issued Date : 09 Oct 2018

### ABOUT THE POLICYHOLDER

Name of Policyholder : LEE WEE MENG  
Address : 113 Pasir Ris St 11  
07-665  
SINGAPORE 510113  
Occupation/Nature of Business : Executive/Admin

### ABOUT THE VEHICLE

Registration No. : SJT4061Z  
Chassis No. : JTEGH23B200026966  
Seating Capacity : 5  
Make/Model : TOYOTA PICNIC 2.0  
Hire Purchase Company/Employer's Loan : NA  
Engine Capacity/Tonnage : 1,998.00 CC  
Engine No. : 1AZH360575  
Body Type : Sedan  
First Year of Registration : 2009

### ABOUT THE COVER

Sum Insured : Market Value  
Driver Restriction : NA  
Off Peak Car : No  
Insuring with COE/PAFF : Yes

#### Person or Classes of Persons Entitled to Drive :

- a) The Policyholder  
b) Any other person who is driving on the Policyholder's order or with his/her permission.  
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

#### Limitation as to use

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

#### Other Key Policy Benefits :

Act of God, PA to Authorised Driver / Unnamed Passengers - \$10000, PA Insured - \$50000, Dealer (First 3 years from original registration) \* AIG Authorised Workshops, Key Replacement Cover - \$800, Strike, Riots and Civil Commotions, Loss of Use 1500cc - 1600cc Optional, NCD Protector, In-Car Camera Excess Waiver, Waiver of Excess

### EXCESS

Section 1  
Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2  
Property Damage - \$0

Windscreen : \$100

Named Driver  
LEE WEE MENG - \$600 (Own Damage)

### PREMIUM

Premium : \$ 870.05

GST (7%) : \$ 60.90

Total : \$ 930.95

Your Premium includes the following discount(s):

Safe Driver Discount - 5.00%, Loyalty Discount - 5.00%, No Claim Discount - 50%

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

