

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	06/06/2019 11:24
Date Of Accident	05/06/2019 15:00
Exact Location Of Accident	GUILLEMARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK7987G
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Insured/Policyholder

Name Of Registered Owner	LEE WEE BENG
NRIC No	S1409206D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96348537
Alternative Phone No	Office-96348537

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-1.2 (A)

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?	YES
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If No, Please state action to be taken

Vehicle Category	PRIVATE HIRE
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900024309
Cover Note Number	

Driver

Name of Driver	LEE WEE BENG
NRIC No	S1409206D
Date Of Birth	09/06/1959
Occupation	OUTDOOR
Date Of Driving Pass	12/09/1983
Driving Experience	35 YEARS AND 8 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96348537
Fax Number	
Contact Number	OFFICE-96348537
EMail Address	NOEMAIL
Address	628 JURONG WEST ST 65 #10-396
Postcode	640628
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 - CHANGE/CROSS LANE
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?	
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 SKETCH PLAN

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	SLA3703M
Vehicle Make/Model/Colour	
Details Of Properties	
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

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **seriously** 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 willful misrepresentation or withholding of material facts may allow insurance companies to **rescind 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. The report will be forwarded by the insurers of the CTA 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 lodgment 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 thereafter.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:

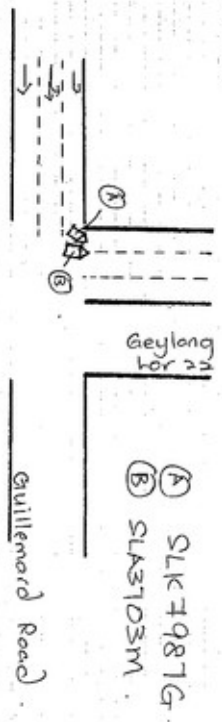
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this [Form] and any other personal information provided by me or possessed by my insurer (collectively the "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 insurer's 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 envelope/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purpose")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurer's lawyers/law firms, may be 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 used 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 to be 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, regulations, 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 _____ Date & Time: _____
(Driver is not the policyholder)

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Guillemond Road making a left turn into Lor 22 Geylang Road.

I was on the extreme left lane (only turning left) and vehicle B was on my right side (turning left and going straight lane).

While making the left turn, vehicle B suddenly cut into my lane while turning and hit onto the right side portion of my vehicle.

I was in my lane all the time and vehicle B made a left turn in a 'acute' manner.

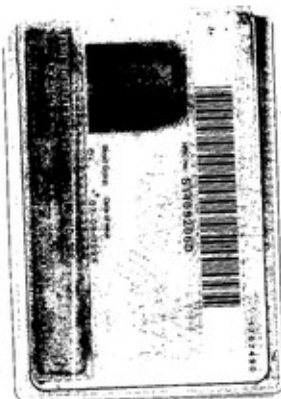
DECLARATION

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

Policyholder's Signature _____ Date & Time: _____

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

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





CERTIFICATE OF INSURANCE

RIDE SHARE PRIVATE VEHICLE

Name of Policyholder : LEE WEE BEING
Period of Insurance : 04 Mar 2019 To 03 Mar 2020
Engine No. : H5A2308147A
Chassis No. : S4NFB4J1U172103

Vehicle No. : SLK7867G
Policy No. : 1900024509
Endorsement No. :
Issued Date : 04 Mar 2019

ABOUT THE COVER

Model/Model : NISSAN Qashqai 1.2 DTC Turbo
Engine Capacity/Tonnage : 1,197/20 CC
Driver Restriction : NA
Off Peak Car : No
Person or Classes of Persons Excluded to Drive :
This policy is issued to the policyholder for use in the specified age condition.
The policyholder is required to be a Singaporean citizen or permanent resident of Singapore.
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The policyholder is required to be a Singaporean citizen or permanent resident of Singapore.

Age Condition

Limitation as to Use :
Use for work, domestic, pleasure purposes and business purposes of any person to whom the vehicle is lent.

Use for the carriage of passengers for hire or reward by any person to whom the vehicle is lent.

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[Signature]

IMPORTANT NOTES

If the vehicle is used for the carriage of passengers for hire or reward, such driver must be named under the policy and insured with an insurable interest in the vehicle. The policyholder must be a Singaporean citizen or permanent resident of Singapore.

Here Purchase Company/Policyholder's Local: Standard Chartered Bank (Singapore) Limited

This policy is issued to the policyholder for use in the specified age condition. The policyholder is required to be a Singaporean citizen or permanent resident of Singapore.

APPROVED REPORTING CENTRE/AUTHORIZED REPAIRERS FOR CLAIMS RELATED REPAIRS

Approved Reporting Centre/Authorized Repairer: (To be filled in by the policyholder)

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Accident Photo



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Accident Photo

