SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 witholding 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 ins ont to the archiving of this ort at the

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	04/06/2019 13:29
Date Of Accident	03/06/2019 20:20
Exact Location Of Accident	TAMPINES AVE 1 U-TURN IN FRONT OF CALTEX
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGQ3658K
Insured/Policyholder	
Name Of Registered Owner	LEE JEE FONG
NRIC No	S1253204J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97850386
Alternative Phone No	Others-97850386
Vehicle Particulars	
Manufacturer	MCLAREN
Model	MAZDA3 1.5L
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	2100492797
Cover Note Number	
Driver	
Name of Driver	LEE JEE FONG
NRIC No	S1253204J
Date Of Birth	07/06/1957
Occupation	INDOOR

01/07/2002

16 YEARS AND 11 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-97850386

Fax Number

Contact Number OTHERS-97850386

EMail Address NOEMAIL

55 TAMPINES AVE 1 Address

#10-02

OWNER

Postcode 529773 Was driver an employee of the Insured's Company NO

Vehicle Registration Number of Driver's Own

If No, Relationship of the Driver with the Insured

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **COLLISION - U-TURN**

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

NO

NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACHED 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 FBH2872X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category **MOTORCYCLE** Name of Driver **DENI SAPUTRA** S9575373F NRIC/Passport Number

Contact Number Address

90101426

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

AXA Insurance Pte Ltd

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 ;
 - processing, handling and/or clealing 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 Pusgoses.
- (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.

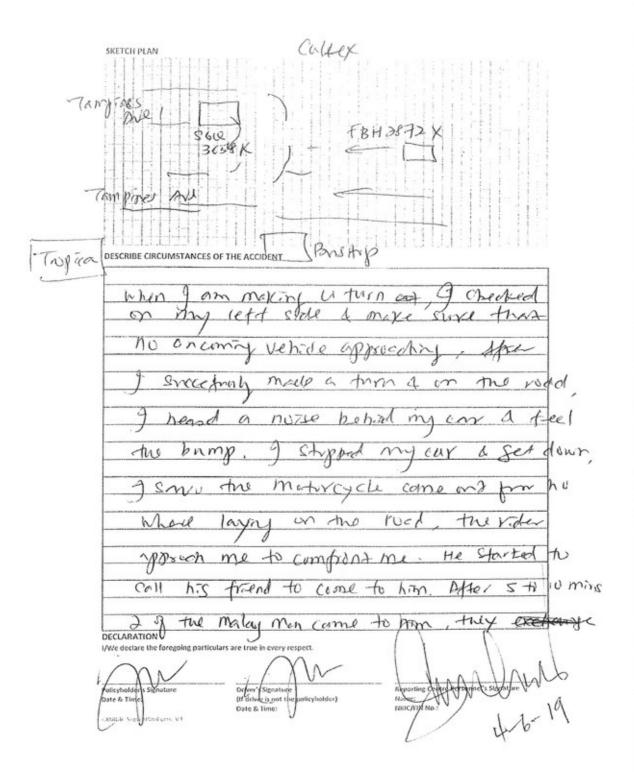
olicyholder's Signature Xate & Time (If driver is not the policyholder)
Date & Time:

Name: Name Folso

hel's signature M

NRIC/FIN NO

Mich. deproved on tel



engaged in conversion, I asked the I man who are they they claimed that they are the viders friends passing by I started to take produces & my own can a the ride's motorbyte after more of after 15 min - Doming a chinese young cample come from nonhece, they parked their can behad my can and went chaight to the Vider, they stanted some conversion. chains his fores I went to me reder & the group of people, to ask the Vide for his IC & worked no. I realized that the rides turn to the cample and writing the insolution. I then acked the chinese compte who are they, they Sid trey are friend of tw vider. & while I take Photo of the rider 1/c, I heard two mon of the Chinese young couple asked the ride to his name a the contact number, I began to doubt that they are not actually torend. HARL 10 mis, 9 not call the tow truck come one! The chiese comple instancted the two trick to for away the ride's mobilitie. It become very Snopicion for James The young con chines Chance couple appeared 20->> mins after the excident and they and not friend of the richer, they called the tow construck & instant he violes what to da.

4/6/2019 12-15pm

SGQ3658K























