### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**Driving Experience** 

Mobile Number

Fax Number
Contact Number

**EMail Address** 

Gender

- 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 <u>truthful and accurate</u> 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 insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	02/08/2019 12:36
Date Of Accident	31/07/2019 21:20
Exact Location Of Accident	GRANGE RD B/F THE ENTRANCE TO CINE-LEISURE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGM8998S
Insured/Policyholder	
Name Of Registered Owner	LEE LAY CHOO
NRIC No	S1463642J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91147328
Alternative Phone No	OTHERS-91147328
Vehicle Particulars	
Manufacturer	MAZDA
Model	CX-5
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800139391
Cover Note Number	
Driver	
Name of Driver	TERENCE LEE GUAN FENG
NRIC No	S9232055C
Date Of Birth	03/09/1992
Occupation	INDOOR
Date Of Driving Pass	19/08/2015

3 YEARS AND 11 MONTHS

(LOCAL) +65-91147328

OTHERS-91147328

MALE

**NOEMAIL** 

27 EASTWOOD DRIVE Address

486556 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

#### **General Information of the Accident**

Type Of Accident **COLLISION - MAJOR/MINOR RD** 

Weather Conditions **CLEAR** Road Surface DRY

#### **Other Information**

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

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**

## PLEASE 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**

SHB8955L Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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#### **Accident Sketch Plan**

#### SKETCH PLAN

### IMPORTANT NOTICE

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- 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.
- The 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.
- 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 aforesaid.
- 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 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)

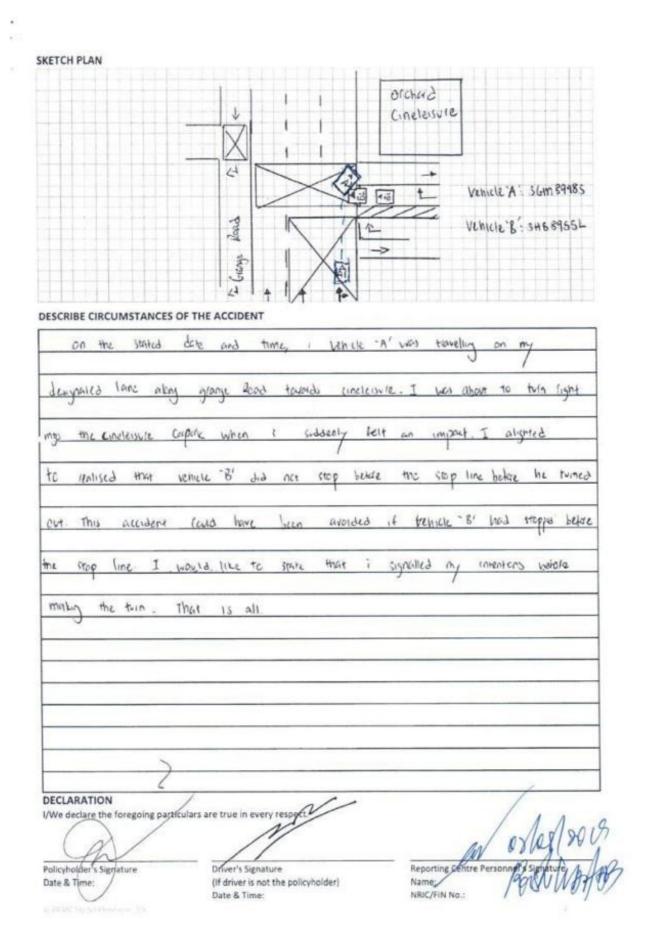
Date & Time:

Reporting Centre Pag

NRIC/FIN No.

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### **Accident Sketch Plan**





















### **Identification Card**





1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000 Report No. G/20190801/7041

Date/Time Report Made 01/08/2019 15:32	Vide Report No.		Station Diary No.	
Name Of Informant TERENCE LEE GUAN FENG	Address 27 EASTWOOD DRIVE SINGAPORE 486558			
ID Type / ID No. NRIC NO / S9232055C	Contact No. Homo/Office: Mobile: 91147328			
Nationality SINGAPORE CITIZEN	Email Address terenceleegf@gmail.com			
Occupation	Sex	Age	Date of Birth	Race
Sales and marketing manager	Male	26	03/09/1992	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 24/07/2019 20:35 - 25/07/2019 21:00	Location Of Incident 27 EASTWOOD DRIVE SINGAPORE 486556			
Brief details.				

Host my wallet which includes my NRIC and \$80 cash and some membership cards at tampines mall shopping centre.

			A STATE OF THE STA
TERENCE LEE GUAN FENG			
NRIC NO	ID No S9232055C Age 26		
Male			26
cer Recording The Re	port:	The in	sture Of Informant: dentity of the person making this t has been authenticated by Pass. No signature is required.
Signature Of Interpreter; Not applicable		Date/Time: 01/08/2019 15:32	
Officer In-Charge Of Case:		Classification Of Case:	
	TERENCE LEE GUNRIC NO Male Cer Recording The Re	TERENCE LEE GUAN FENG NRIC NO ID No Male Age cer Recording The Report:	TERENCE LEE GUAN FENG NRIC NO ID No Male Age  cer Recording The Report: Signs The I report Sings expreter: Dates 01/06

For LKK/NAC Use Only

## **Identification Card**





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190801/7041

Race	Chinese	Language	English	
Occupation	Sales and marketing manager	Address Type	1000000	
Address	27 EASTWOOD DRIVE SINGAPORE 485556	Mobile No	91147328	
ls Informant A Victim?	Yes			
Person Name	TERENCE LEE GUAN FENG (	Informant)		

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/08/2019 15:32
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

For LKK/NAC Use Only



