

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	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 (LI YUANFENG)
NRIC No	S9232055C
Date Of Birth	03/09/1992
Occupation	INDOOR
Date Of Driving Pass	19/08/2015
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91147328
Fax Number	
Contact Number	OTHERS-91147328
EEmail Address	NOEMAIL

Address	27 EASTWOOD DRIVE
Postcode	486556
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) 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

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

Vehicle Registration Number	SHB8955L
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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SKETCH PLAN

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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 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:
- (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.

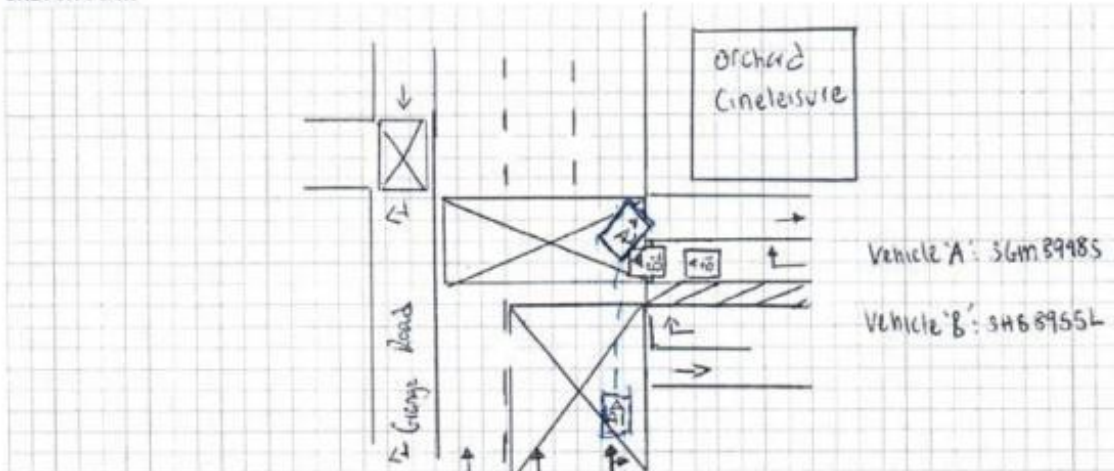
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature:
Name: Roslynn
NRIC/FIN No.: 9201 24 1234 5678

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' was travelling on my
designated lane along Grange Road towards Cinesure. I was about to turn right
into the Cinesure carpark when I suddenly felt an impact. I alerted
to realised that vehicle 'B' did not stop before the stop line before he turned
out. This accident could have been avoided if vehicle 'B' had stopped before
the stop line. I would like to state that I signalled my intentions while
making the turn. That is all.

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.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



**SINGAPORE
POLICE FORCE**



G/20190801/7041

1 of 2

POLICE REPORT (NP299)

Report No. G/20190801/7041

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 01/08/2019 15:32	Video 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. Home/Office:	Mobile: 91147328
Nationality SINGAPORE CITIZEN	Email Address terencelee91@gmail.com	
Occupation Sales and marketing manager	Sex Male	Age 26
Institution/School Name	Date of Birth 03/09/1992	Race Chinese
	Language English	
Date/Time Of Incident 24/07/2019 20:35 - 25/07/2019 21:00	Location Of Incident 27 EASTWOOD DRIVE SINGAPORE 486558	

Brief details.

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

Subjects Involved			
Victim			
Person Name	TERENCE LEE GUAN FENG		
ID Type	NRIC NO	ID No	S9232055C
Gender	Male	Age	26

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this 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

Identification Card



**SINGAPORE
POLICE FORCE**



G/20190801/7041

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190801/7041

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

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

01/08/2019 15:32

Classification Of Case:

For LKK/NAC Use Only

Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

002453330G

TERENCE LEE GUAN FENG
LI YUANFENG

For LKK/NAC Use Only

Birth Date: 03 Sep 1992
Issue Date: 19 Aug 2015

002453330G

SG
100

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE

Class 3 Motor Cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg 19 Aug 2015

For LKK/NAC Use Only

NP 428A

Licence No: S9232055C

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500280 / GST Reg. No.: M400017738

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MA449101231 Vehicle Registration No : SGM 9985

Name (as shown in NRIC) : Thirumala Lakshmi Gurusamy NRIC/FIN/Passport No : _____

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : 91147328

Email Address : _____

Date of Accident : 31/07/2019 Time of Accident : 21:20

Place of Accident : GRANITE ROAD BT THE ENTRANCE TO CHIA LING PARK

Insurance Company : MSU CRP

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DRIVER NAME TO THIRUMALA LAKSHMI GURUSAMY @ LI YUJIA FENG

Policyholder / Driver's Signature
Date: _____

27/08/2019
Reporting Centre Personnel's Signature
Name: ROSE WONG
NRIC/FIN No.: _____
Date: _____