

## 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	14/08/2019 15:23
Date Of Accident	13/08/2019 17:30
Exact Location Of Accident	SLIP RD OF CLEMENTI AVE 2 TURNING INTO CLEMENTI RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME6608C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIA CHEE MENG
NRIC No	S1737303Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97938383
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE-2.5 ELEGANCE MOONROOF (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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA486484/1
Cover Note Number	

### Driver

Name of Driver	LEE EE HIAN
NRIC No	S7182913H
Date Of Birth	20/12/1971
Occupation	OUTDOOR
Date Of Driving Pass	22/07/2009
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94386599
Fax Number	
Contact Number	
Email Address	ALEXLEE1220@OUTLOOK.COM

Address	BLK 82 WHAMPOA DRIVE #12-965
Postcode	320082
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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 TO REAR
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)	2
Passenger 1	NAME: : CHARLIE
	GENDER: : MALE

#### 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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA4047E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YIK JING HUI
NRIC/Passport Number	
Contact Number	9007 2093
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SKETCH PLAN**

**IMPORTANT NOTICE**

VEHICLE NO: SME 6608C  
ACCIDENT DATE: 13/08/2019 at 17:30

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. 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.
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.

**NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.**

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 14/8/19  
11:22am

CHARN'S CUSTOMERS  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No:

Handwritten notes on a lined page:

- Top right: *Clement Pond.*
- Below it: *Joe* (with a checkmark).
- Left side, near the top: *Clement Ave 2*
- Bottom right: *SME 66026*
- Bottom center: *SMA 41047E*

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached statement

### 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: 11/10/12

14/8/19  
11.22am

CHARN'S CUSTOMCRAFT  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_

On 13 August 2019 about 17:30pm, I was driving my vehicle (SME 6608 C) along Clementi Ave 2. While waiting turning into Clementi Road, suddenly vehicle (SMA 4047 E) hit my vehicle from back.

Lee Ee Hian

S7182913H

9438 6599

SME 6608 C

A handwritten signature in black ink, appearing to read 'Lee Ee Hian', with a stylized flourish at the end.



LETTER OF AUTHORITY

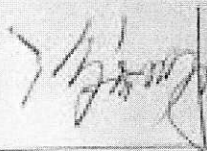
To Whom It May Concern

**LETTER OF AUTHORITY**

Accident Involving: SME 6608-C & SMH 4047-E ON 13/08/2019  
AT/ALONG Slip road of Clementi Ave 2 turning into Clementi Road

I, Chia Chie Meng (NAME) owner/policyholder of vehicle no:  
SME 6608-C authorized Lee Ee Huan (NAME) of  
NRIC/FIN/PASSPORT NO. S1737303 to \*submit the following below:

- ☒ Accident Report
- ☐ Own Damage Claim
- ☐ Third Party Claim
- ☒ Third Party Claim (own workshop)

②   
Signature of Policyholder  
(Company Stamp if applicable)  
S1737303  
NRIC/FIN/PASSPORT NO.

Date 14/08/2019

\*PLEASE TICK ACCORDINGLY