# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 09/10/2019 09:47

#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 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.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	09/10/2019 09:24
Date Of Accident	24/08/2019 10:55
Exact Location Of Accident	ANG MO KIO AVE 3 CTE TOWARDS CITY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL5878U
Insured/Policyholder	
Name Of Registered Owner	BKW RENT A CAR PTE LTD
Co Reg No	200106276D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97868677
Alternative Phone No	Office-67387777
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS-1.6 L (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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994354/100748096
Cover Note Number	
Driver	
Name of Driver	LEE JIA HUI
NRIC No	S9102542F
Date Of Birth	15/01/1991

**INDOOR** 

07/06/2013

6 YEARS AND 2 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97868677

Fax Number

Contact Number OFFICE-67387777

EMail Address NOEMAIL

Address 120 LOWER DELTA ROAD #02-15 CENDEX CENTRE

Postcode 169208

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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?

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

YES

Number of Passengers (Including Driver) 1

#### **Details of Police Action**

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name TIONG BAHRU NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125, POSTCODE: 160128,

COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-2739999 - **FAX NO**: 62785651

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

#### PLEASE REFER TO THE ATTACHED

#### 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

SLZ3329D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category Name of Driver

PRIVATE CAR

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 correctly the details of the accident to speed up the claims process.
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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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

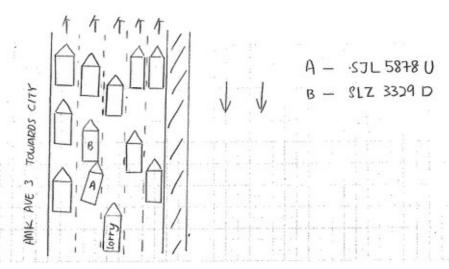
Date'& Time!

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO P	OLICE REPORT N	10. T/20190910/215	8
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DECLARATION

I/We declare the forecoing 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.:





T/20190910/2158

1 of 3 Report No. T/20190910/2158

Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128

Tel No: 1800-2739999

REPORT	OF A	TRAFFIC	ACCIDENT

Date/Tim 10/09/20	e Report I 19 19:26	Made:	Vide Report No.:	Station Diary No.: 48	
Informar	t's Partic	ulars			
Name of LEE JIA I	Informant: IUI		Address: APT BLK 38 BEO CRESCE	NT #05-46 SINGAPORE 160038	
ID Type / ID No.: NRIC NO / S9102542F		42F	Contact No.: Home/Office: Mobile: 91394167		
Nationalit SINGAPO		EN	Email:		
Sex: Female	Age: 28	Date of Birth: 15/01/1991	Type of Informant:		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: HAWKER ASSISTANT			Driving Licence Information: Class:	Date of Expiry:	

General Illion	mation of the Accide			
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 24/08/2019 11:00	Type of Location:
Along Road 1 CENTRAL EX		DWARDS CITY		•
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
	ion:			Anyone conveyed by

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJL5878U	Car				Slightly	2
SLZ3329D	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128 Tel No: 1800-2739999 2 of 3 Report No. T/20190910/2158

CONTINUATION OF REPORT

Driver						
Name	LEE JIA HUI			ID No		S9102542F
Related Vehicle	SJL5878U (Car)			Conta	ct No.	91394167
Hospital/Clinic	NIL		•	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date I			harge	NIL	
No. of Days granted Medical Leave NIL				Degree of Injury NIL		
Driver						
Name	DELVIN GOH TOH TWANG		ID No		S7534263B	
Related Vehicle	SLZ3329D (Car)			Contact No.		83868281
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date			harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

#### Brief Details.

On 24/8/2019, I was travelling along CTE Expressway along Ang Mo Kio Avenue 3 towards City, when I was on Lane 4 switching to Lane 3. Halfway through the switch, I saw that there was a lorry in Lane 3 that was advancing very quickly and in order to avoid collision, I went back into Lane 4.

As a result, the front of my vehicle (SJL5878U) ended up hitting the back of another vehicle infront of me (SLZ3329D).

Initially, the owner the SLZ3329D agreed to settle this privately.

There was no mention of any injuries or serious damages to any property.

We exchanged contact information with each other, and my car rental company (BKW Rental) liaised with the said owner of SLZ3329D subsequently.





T/20190910/2158

3 of 3 Report No. T/20190910/2158

Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128 Tel No: 1800-2739999

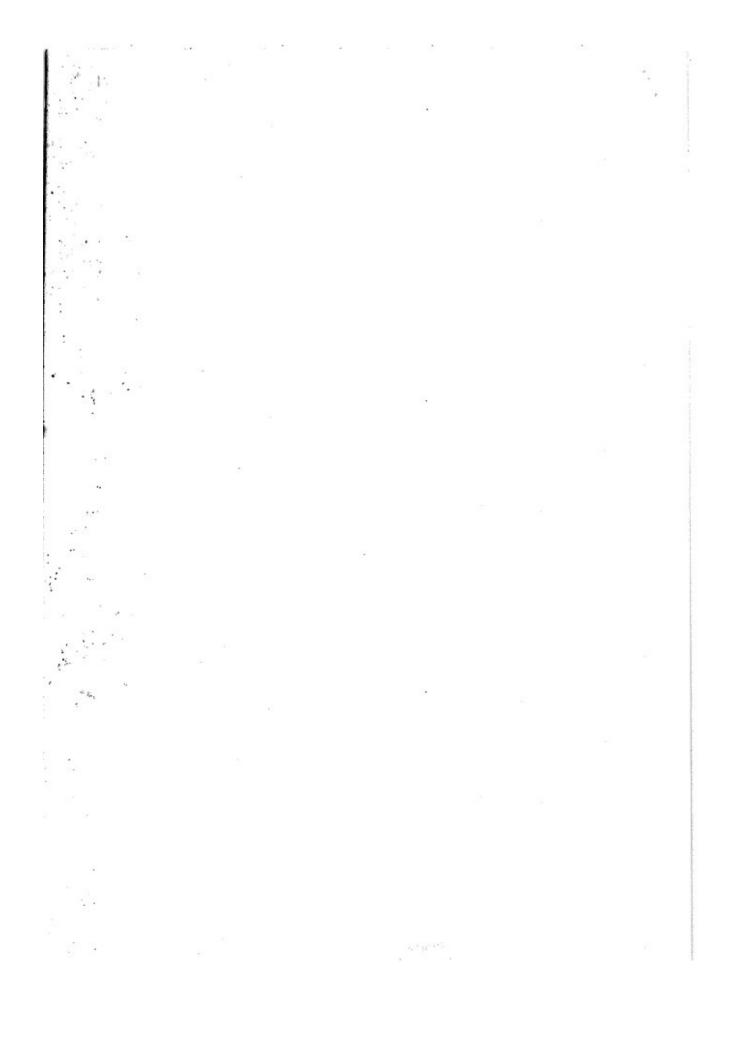
CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Record A / Sgt 2 JAVIER TAN KAI MIN		Signature Of Informant:	
Signature Of Interpreter: Not applicable		Date/Time: 10/09/2019 19:26	
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	1334	Classification Of Case:	
Authentication Stamp NP168	#451.An	Signature Olice Force	



# **Accident Photo**







# **Accident Photo**



