

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	07/10/2019 11:27
Date Of Accident	05/10/2019 09:15
Exact Location Of Accident	JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBG6886K
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Insured/Policyholder

Name Of Registered Owner	MR LEE KWOK HOONG
NRIC No	S1600933D
Email Address	KWOKHOONG.LEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96157890
Alternative Phone No	Office-96157890

Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.4 SEDAN 1.5L SP.6EAT (A)
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	
Cover Note Number	

Driver

Name of Driver	MR LEE KWOK HOONG
NRIC No	S1600933D
Date Of Birth	13/07/1963
Occupation	INDOOR
Date Of Driving Pass	16/07/1990
Driving Experience	29 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96157890
Fax Number	
Contact Number	OFFICE-96157890
E-Mail Address	KWOKHOONG.LEE@GMAIL.COM
Address	BLK 12 DOVER CLOSE EAST #03-202
Postcode	130012
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
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

SEE 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	SKP1654S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GERALD TAN
NRIC/Passport Number	
Contact Number	96712714

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

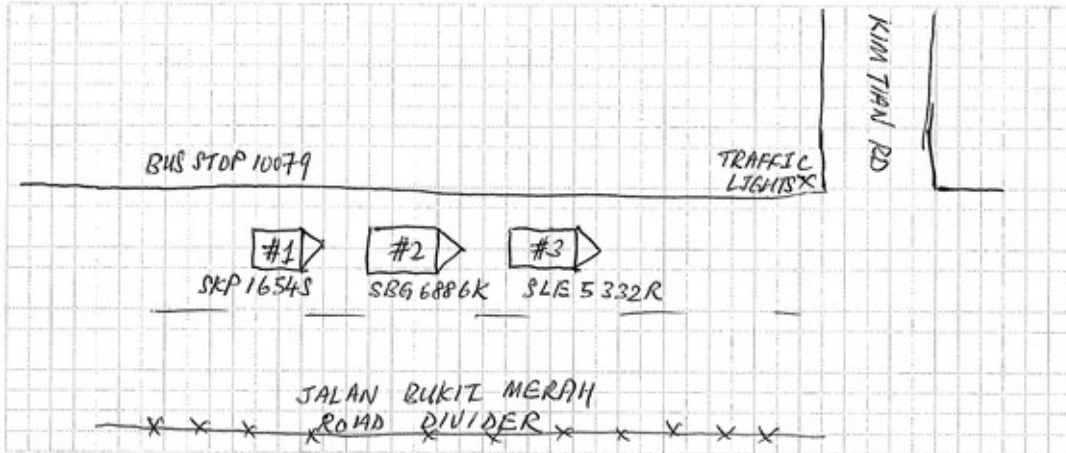
Vehicle Registration Number SLE533R
Vehicle Make/Model/Colour TOYOTA ALTIS
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver PANG TZE WEI
NRIC/Passport Number
Contact Number 96784267
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MR LEE KWOK HOONG
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: SRG 6886K

ACCIDENT DATE: SAT 5 OCT 2019
 CONTACT NUMBER: 96157890
 ACCIDENT TIME: 09:15 A.M.
 EMAIL: KWOK.HOONG.LEE@GMAIL.COM
 LOCATION: JALAN BUKIT MERAH, BETWEEN BUS STOP 10079 AND KIM TIAM ROAD

CAR #2 AND CAR #3 STOPPED BEHIND OTHER VEHICLES AT THE TRAFFIC LIGHTS AT THE ^{JALAN} BUKIT MERAH / KIM TIAM RD JUNCTION. THE TRAFFIC LIGHTS WERE RED.

CAR #1 HIT CAR #2 FROM THE BACK. THAT IMPACT CAUSED CAR #2 TO MOVE FORWARD AND IN TURN HIT CAR #3.

THE THREE DRIVERS TOOK PICTURES OF THEIR CARS AND EXCHANGED CONTACT DETAILS.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.

PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

PLEASE STATE: () CLAIM OWN POLICY (X) CLAIM THIRD PARTY () REPORTING ONLY

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Kwok Hoong Lee x
 Policyholder's Signature

Date & Time: 7 Oct 2019
 9:26am

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

[Signature] 7-10-19
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

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:
 - (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:

7 Oct 2019 9:26 am

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

Reporting Centre Person's Signature
Name:
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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