

## 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	02/12/2019 10:27
Date Of Accident	01/12/2019 00:20
Exact Location Of Accident	MALAYSIA WOODLANDS CHECKPOINT
Country/State of Loss	MALAYSIA/WILAYAH PERSEKUTUAN

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV9336B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIONEL GAN HSIEN WEI
NRIC No	S7822202F
Email Address	LIONELGAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97866542
Alternative Phone No	OFFICE-97866542

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN-1.4 TSI (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	HL ASSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MP308318
Cover Note Number	

### Driver

Name of Driver	LIONEL GAN HSIEN WEI
NRIC No	S7822202F
Date Of Birth	09/08/1978
Occupation	INDOOR
Date Of Driving Pass	19/02/1999
Driving Experience	20 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97866542
Fax Number	
Contact Number	OFFICE-97866542
Email Address	LIONELGAN@GMAIL.COM

Address	BLK 245 TAMPINES STREET 21 #09-317
Postcode	521245
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	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?	
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)	3
Passenger 1	NAME: : FRIEND GENDER: : MALE
Passenger 2	NAME: : FRIEND GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SEE ATTACH POILCE REPORT.

#### 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	SMN5892G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

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ANNEX E

**NOTICE OF REPORTING**

This is to confirm that **LIONEL GAN HSIEN WEI**, NRIC/FIN: **S7822202F**, HP: **97866542** has reported to the Police a non-injury traffic accident which occurred at **MALAYSIA, WOODLANDS CHECKPOINT (ENTERING SINGAPORE)** on **01/12/2019** at **12:19AM** involving the following vehicles:

- a) SKV9336B
- b) SMN5892G

On 01/12/2019 at about 0019hrs, I was driving my personal vehicle (SKV9336B) and was on the woodlands checkpoint from Malaysia (entering Singapore). It was a two lane road and I was on lane number 2. I was stationary at that point of time when I felt an impact from the rear.

One car (SMN5892G) has collided into the right rear portion causing scratches and damages. I spoke to the other driver (Begona Hualde Bilbo / G3249058T / 91464094) and we agreed to settle the matter through insurance.

- c) No one was injured. No police or ambulance was called in. My car does not have any camera/

2. If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap276.

**Rank/Name of Issuing Officer:** SGT 2 SYARAFUDDIN

**Date:** 01/12/2019      **Time:** 1213hrs

**S/D Ref:** eSD 66 dated 01/12/2019

**Police Post / Unit:** Tampines NPC

  
**Tampines NPC**  
No. 6 Tampines Avenue 4  
Singapore 529682  
Tel: 1800-5871999

Original - to be issued to complainant  
Duplicate - to be submitted to Traffic Police

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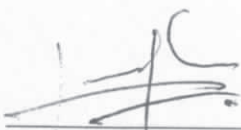
## SKETCH PLAN

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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.



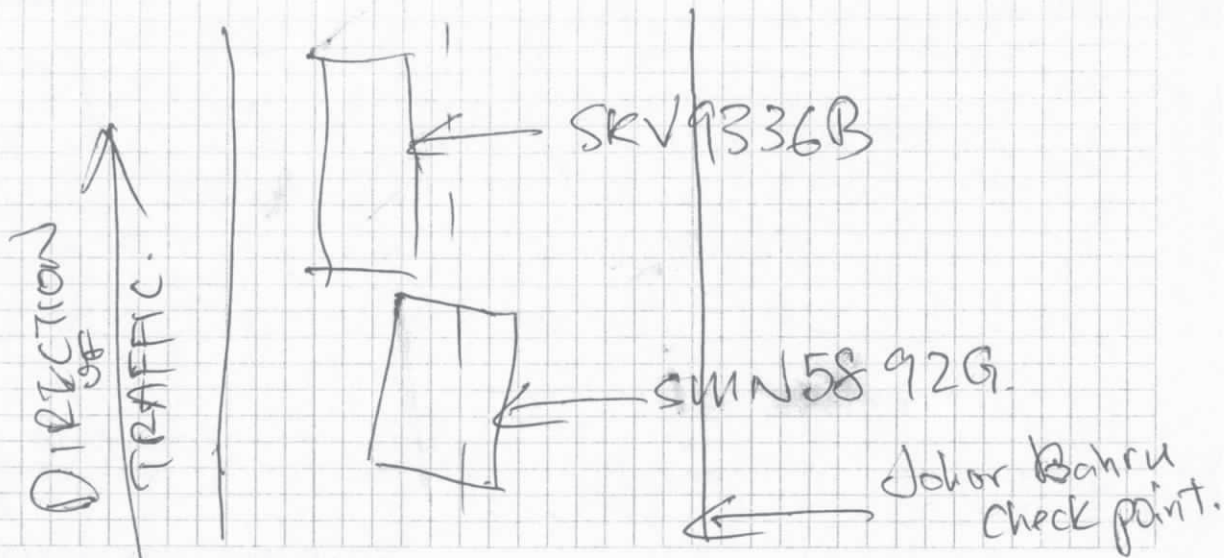
Policyholder's Signature  
Date & Time:



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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please see attached report.

## 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.: