

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	19/12/2019 11:19
Date Of Accident	19/12/2019 06:50
Exact Location Of Accident	CARPARK LEVEL 1B TANJONG PAGAR BLK 3 LOT 312
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD3622G
Insured/Policyholder	
Name Of Registered Owner	BAY LEE MENG PHILIP
NRIC No	S1129310G
Email Address	PHILIPBAY@YAHOO.SG
Mobile Phone No	(LOCAL) +65-98286284
Alternative Phone No	OTHERS-64751511

Vehicle Particulars

Manufacturer	KIA
Model	RIO-1.4 (A)
Exact Purpose for which vehicle was being used at time of accident	OWN 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	2100064578
Cover Note Number	

Driver

Name of Driver	BAY LEE MENG PHILIP
NRIC No	S1129310G
Date Of Birth	27/04/1955
Occupation	INDOOR
Date Of Driving Pass	04/02/1977
Driving Experience	42 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98286284
Fax Number	
Contact Number	OTHERS-64751511
Email Address	PHILIPBAY@YAHOO.SG

Address	BLK 137 RIVERVALE STREET #14-750
Postcode	540137
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	SIDE SWIPE
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

REFER TO ATTACHMENT

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	SMQ23R
Vehicle Make/Model/Colour	MERCEDES/NAVY BLUE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIONEL CHEN
NRIC/Passport Number	
Contact Number	96963080
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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:

19/12/19 10.55am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

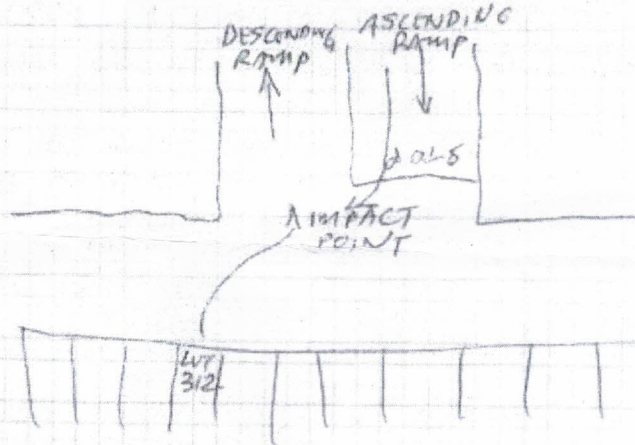
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS I WAS DRIVING DOWN TO THE RAMP OF MSCP BIK 3 TANJONG PAGAR PLAZA, A VEHICLE SM Q 23R DRIVEN BY MR LIONEL CHEN COLLIDED INTO MY VEHICLE SED 3622G. HE DID NOT STOP AT THE ASCENDING STOP LINE OF THE RAMP AND TURN TO HIS RIGHT CAUSING THE ACCIDENT.

MY VEHICLE WAS DAMAGED AT THE RIGHT FRONT SIDE OF THE ENGINE COMPARTMENT. THE COOLANT FROM THE RADIATOR LEAKED OUT.

BOTH MR CHEN AND I WERE NOT INJURED. WE EXCHANGED PARTICULARS.

HIS VEHICLE ALSO SUSTAINED SOME DAMAGE TO THE RIGHT SIDE.

DECLARATION

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

Ben Lee M-9

Policyholder's Signature

Date & Time:

19/12/19 10.40am

Ben Lee M-9

Driver's Signature

(If driver is not the policyholder)

Date & Time:

19/12/19 10.40am

tjh

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: