

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	27/12/2019 15:31
Date Of Accident	26/12/2019 23:05
Exact Location Of Accident	JUNCTION BETWEEN WOODLANDS ST 41 & AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA6689P
Insured/Policyholder	
Name Of Registered Owner	LEE CHIA HSUAN
NRIC No	S8770245F
Email Address	STRANGER.ATOM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90673650
Alternative Phone No	Office-98165316

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 (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?	YES
If No, Please state action to be taken	
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	LEE CHIA LI
NRIC No	S8911797F
Date Of Birth	13/04/1989
Occupation	INDOOR
Date Of Driving Pass	08/01/2008
Driving Experience	11 YEARS AND 11 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-98165316
Fax Number	
Contact Number	
EMail Address	STRANGER.ATOM@GMAIL.COM
Address	BLK 319 ANG MO KIO AVE 1 #06-1485
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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?	
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: : PASSENGER 1 Gender: : Female

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 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

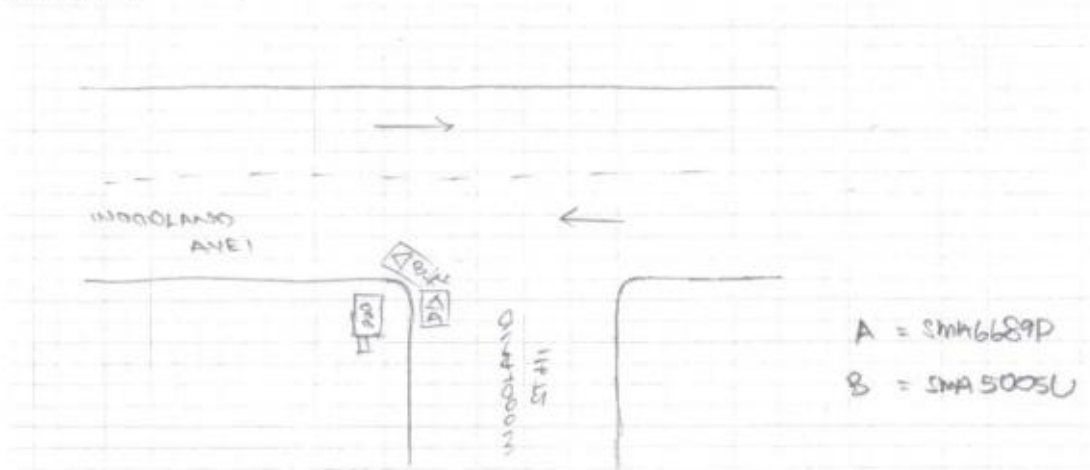
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA5005U
Vehicle Make/Model/Colour	LEXUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KRISHNASAMY RAJA

NRIC/Passport Number	S6882790F
Contact Number	92392493
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was driving along Woodlands Street 41 turning to Woodlands Ave 1, I accidentally hit the front car plate no SMA 5005U. As the traffic light turn green, there were people crossing the road, I was at the stationary position and at brake. I accidentally step on the gas pedal and hit the front car.

DECLARATION

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

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

Accident 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.

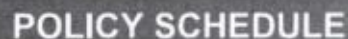
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 29/12/19


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



INSURANCE CERT



Policy No. : 1900103448
Period of Insurance : 18 Jun 2019 to 17 Jun 2020

Issued Date : 04 Jun 2019

Name of Policyholder : LEE CHIA HSUAN
Address : 319 ANG MO KIO AVENUE 1
06-1485
SINGAPORE 560319
Occupation/Nature of Business : Manager/Director/Management - Wholesale and Retail Trade

Registration No. : SMA6689P	Engine Capacity/Tonnage : 1,591.00 CC
Chassis No. : KMHD841CMJU703729	Engine No. : G4FGJU205244
Seating Capacity : 5	First Year of Registration : 2018
Body Type : NA	Body Type : Sedan
Make/Model : HYUNDAI ELANTRA 1.6 GLS	
Hire Purchase Company/Employer's Loan : NA	

Sum Insured	: Market Value	Off Peak Car	: Yes
Driver Restriction	: NA	Insuring with COE/PARF	: Yes

Person or Classes of Persons Entitled to Drive :

a) The Policyholder
b) Any other person who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Other Key Policy Benefits :

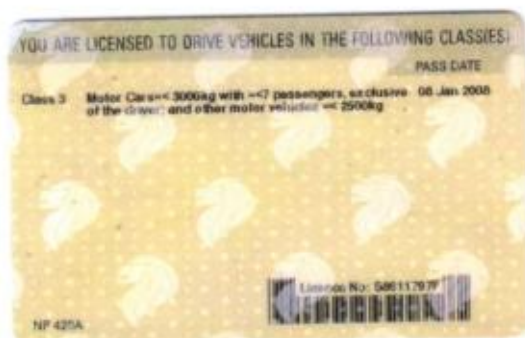
Act of God, Dealer (First 3 years from original registration) + AIG Authorized Workshops, Waiver of Excess, PA to Authorized Driver / Unnamed Passengers- \$10000, PA Insured- \$50000, Key Replacement Cover- \$800, Strike, Riots and Civil Commotions, New For Old (36 months), Loss of Use 1500cc - 1600cc Optional, In-Car Camera Excess Waiver, Solar Film Optional- \$1150

EXCESS	PREMIUM
Section 1 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0	Premium : \$ 1,250.41 GST (7%) : \$ 87.53
Section 3 Property Damage - \$0	
Windscreen : \$100	<hr/> Total : \$ 1,337.94
Named Driver LEE CHIA HSUAN - \$800 (Own Damage)	Your Premium includes the following discount(s): Online Driver Risk Test Disc_3 - 15.00%, No Claim Discount - 10%

Driving License



Identification Card



AUTHORIZATION LETTER

DATE : 27/12/2019

TO : AIG INSURANCE

ATTENTION : PERSON IN CHARGE

Dear Sir/ Madam

Authorization Letter

I, LEE CHIA HOON (NRIC: S8770245F) hereby authorize the driver,
LEE CHIA LI (NRIC: S8911797F) to file report and claim for my
vehicle, SMA 689P, under my insurance policy number 1000103418.

Thank You,



Your Sincerely,

Accident Photo



Accident Photo



Accident Photo

