

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

report correctly the details of the accident to speed up the claims process.  
Form must be completed by the Policyholder and/or the Authorised Driver.  
Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to  
accept policy liability.  
The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.  
Any false reporting may be referred to the Police for investigation.  
This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for  
cliving and that copies of this report will, for a fee, be made available upon application by interested parties.  
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  
presaid.

### ACCIDENT STATEMENT

Date Of Report	13/07/2020 21:36
Date Of Accident	13/07/2020 12:25
Exact Location Of Accident	UPPER CHANGI RD EAST FROM LOYANG AVE TO PIE JURONG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDM7600G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE WEN FEN
NRIC No	SXXXX877D
Email Address	LEEWENFEN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98636089
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED.
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	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10102499R01
Cover Note Number	16/11/2019 TO 15/11/2020

### Driver

Name of Driver	LEE WEN FEN
NRIC No	SXXXX877D
Date Of Birth	13/11/1969
Occupation	INDOOR
Date Of Driving Pass	01/07/1991
Driving Experience	29 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98636089
Fax Number	
Contact Number	OFFICE-NOPHONE
EEmail Address	LEEWENFEN@GMAIL.COM

30AH HOOD ROAD #06-02

328976

Employee of the Insured's Company NO  
Relationship of the Driver with the Insured OWNER  
Registration Number of Driver's Own -  
-  
-  
Insurance Company of Driver's Own Vehicle -  
-  
-

#### General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR  
Weather Conditions DRIZZLING  
Road Surface WET

#### 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 SKETCH PLAN.

#### Attachment(s)

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGJ8490E  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver NUR AQIDAH BINTE ABDUL LATIFF  
NRIC/Passport Number SXXXX824B  
Contact Number 96271781  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**Sketch Plan Pg. 1**  
**SKETCH PLAN**

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5. Any false reporting may be referred to the Police for investigation.
6. 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.
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:

13 July 2020  
1420

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

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

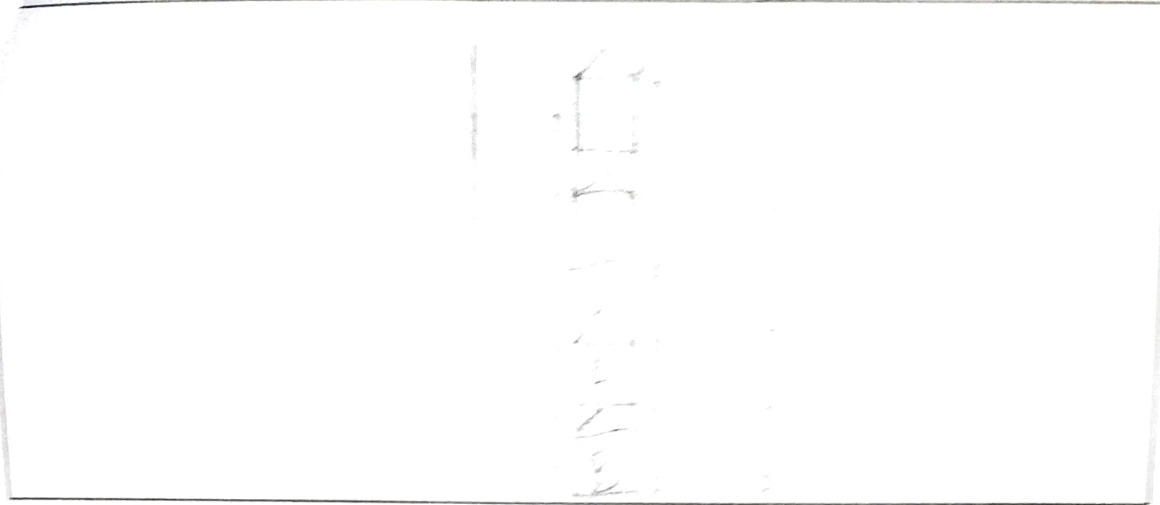


13/07/2020



# Sketch Plan Pg. 2

Accident: 13/7/20 Time: 1225 Location: Upper Changi Rd East + 2nd St  
 Vehicle A: SOM 7600 G Vehicle B: S65 8490 E Vehicle C: P16 Jaro  
 ICH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13 July 20 at 1225, I was heading from Layan G to PIE (Jurong).  
 The traffic light was red at the junction of Upper Changi Road North and Upper Changi Road East. I was in my lane, my vehicle was stationary at that point of time.  
~~S65~~ Vehicle B banged into the rear of Vehicle A (my rear).

☒ Claim OD/TP at Ah Lim Motor    ☐ Claim OD/TP at other workshop    ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :

Email address :

& myself :

Email address :

Note: Please take note that your insurer have 15 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

## DECLARATION

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

Police Officer's Signature  
 Date & Time:

13/7/20 : 1420

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

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

WT / LA / IN / CP / CS / UR / RW