# 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

| aforesaid.   | sent to the archiving of this report at the centre and to copies of the report being made available |
|--|---|
|  | ACCIDENT STATEMENT  |
| Date Of Report   | 17/08/2020 14:19  |
| Date Of Accident   | 15/08/2020 17:45  |
| Exact Location Of Accident   | YISHUN DAMALONG YISHUN AVE 1  |
| Country/State of Loss  | SINGAPORE   |
| ı  | DETAILS OF OWN VEHICLE  |
| Vehicle Registration Number  | SLZ663H   |
| Insured/Policyholder   |   |
| Name Of Registered Owner   | LAU SONG LENG   |
| NRIC No  | SXXXX606Z   |
| Email Address  | LAUSONGLENG@GMAIL.COM   |
| Mobile Phone No  | (LOCAL) +65-81881071  |
| Alternative Phone No   | OTHERS-81881071   |
| Vehicle Particulars  |   |
| Manufacturer   | MITSUBISHI  |
| Model  | ATTRAGE-1.2 CVT (A)   |
| Exact Purpose for which vehicle was being used a time of accident            | PERSONAL TRIP WITH FAMILY   |
| 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 1800042814

Cover Note Number

Driver

Name of Driver

LAU SONG LENG

NRIC No

SXXXX606Z

Date Of Birth

21/02/1990

Occupation

OUTDOOR

Date Of Driving Pass

23/05/2014

Driving Experience 6 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81881071

Fax Number

Contact Number OTHERS-81881071

EMail Address LAUSONGLENG@GMAIL.COM

BLK 318C YISHUN AVENUE 9 #11-150 Address

Postcode 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

YES

3

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : LEE HUI JUAN AGNES

GENDER: : FEMALE

Passenger 2 NAME: : ELISA LAU SU EN

> GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

**SINGAPORE** 

NO

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

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? YES Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SLN4982Z

Vehicle Make/Model/Colour HONDA VEZEL WHITE

**Details Of Properties** 3RD CAR Vehicle Category PRIVATE CAR Name of Driver IMRAN BIN SAMAD

SXXXX126B NRIC/Passport Number Contact Number 88080961

Address Postcode

Insurance Company Name AXA INSURANCE PTE LTD

FRONT BUMPER Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SLL788E

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver TAN WEE KIAT MAX

NRIC/Passport Number

Contact Number 91399297

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

NO

LEE HUI JUAN AGNES Name

Approximate Age

**CHEST & NECK PAIN** Injuries Sustain

Injured person in which vehicle? SLZ663H Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

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  interested parties.
- 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:
  - 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: 17 kg 2020

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

| SKETCH PLAN                                 |  |  |
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| CLARATION<br>e declare the foregoing partie | Address of the Control of the Contro |  |
| A re loregoing partie                       | culars are true in every respect.  | /                                      |
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| yholder's Signature                         | Driver's Signature   |  |
| 17 Aug 2010                                 | (If driver is not the policyholder)  | Reporting Centre Personnel's Signature |

NRIC/FIN No.: