

## 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	29/08/2020 12:51
Date Of Accident	28/08/2020 14:25
Exact Location Of Accident	JALAN BUROH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS5406B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE KENG CHEONG
NRIC No	SXXXX998G
Email Address	RICHARD.LEE@REXY.COM.SG
Mobile Phone No	(LOCAL) +65-96260506
Alternative Phone No	OFFICE-62871368

### Vehicle Particulars

Manufacturer	AUDI
Model	A6 DESIGN 2.0TFSI S
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 KENG CHEONG
NRIC No	SXXXX998G
Date Of Birth	21/11/1959
Occupation	INDOOR
Date Of Driving Pass	19/07/1978
Driving Experience	42 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96260506
Fax Number	
Contact Number	OFFICE-62871368
EEmail Address	RICHARD.LEE@REXY.COM.SG

Address	BLK 239 HOUGANG ST 22 #03-09
Postcode	530239
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	HIT BY FALLEN TREE / OTHER OBJECTS
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : NG KI GENDER: : MALE

#### 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

MY CAR SMS 5406 B MOVING AT JALAN BUROH, SUDDENLY A PIECE OF WOOD FROM LORRY YL 2876 S FLY OUT AND HIT MY CAR CAR LEFT SIDE, AFTER THAT WE STOP AT ROAD SIDE AND EXCHANGE OUR PARTICULARS.

#### 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	YL2876S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTOR TRADE
Name of Driver	ONG SWEE POH
NRIC/Passport Number	SXXXXX716J
Contact Number	
Address	
Postcode	
Insurance Company Name	

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:

29/8/20, 12.01pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

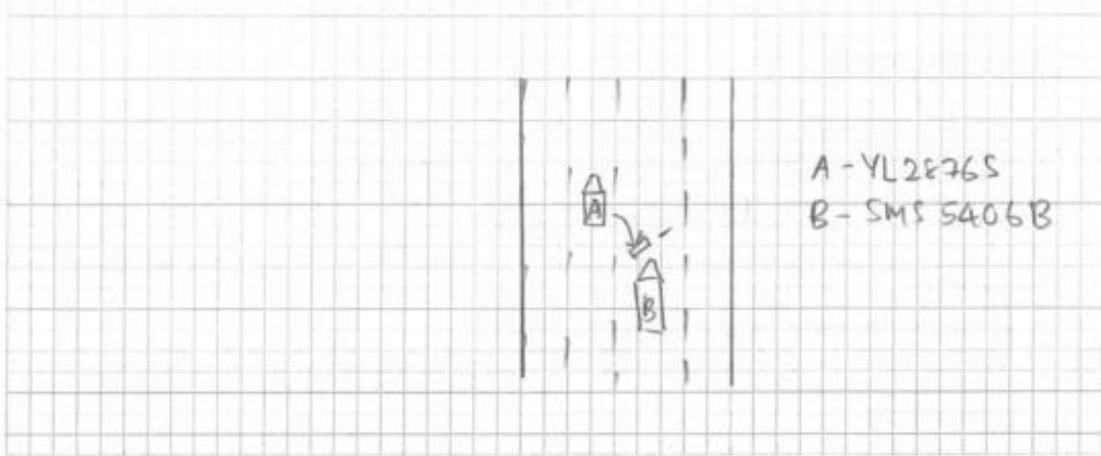
Reporting Centre Personnel's Signature

Name: Terrance Tan

NRIC/FIN No.: 689312985

## Sketch Plan #2

### SKETCH PLAN




### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car SMS 5406 B moving at Jalan  
Buroh, Suddenly a piece of Wood from Lorry  
YL2876S fly but and hit my car Left Side,  
after that we stop at road side and exchange  
our Particulars.

### DECLARATION

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

  
Policyholder's Signature  
Date & Time:  
29/8/20. 12.01pm  
GARMC SketchPlanForm\_V3

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

  
Reporting Centre Personnel's Signature  
Name: Tenzha Tan  
NRIC/FIN No.: 684312985

Accident Photo



Accident Photo



Accident Photo





**Accident Photo**



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**





Accident Photo



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