

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	31/10/2015 11:50
Date Of Accident	13/10/2015 18:30
Exact Location Of Accident	AT BUONA VISTA DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW3161U
Insured/Policyholder	
Name Of Registered Owner	LEE LIAT GUAN
NRIC No	SXXXX759Z
Email Address	JOSELGLEE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97542671
Alternative Phone No	Home-63100843

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS RX400H HYBRID
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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	2100031773
Cover Note Number	

Driver

Name of Driver	LEE LIAT GUAN
NRIC No	SXXXX759Z
Date Of Birth	06/01/1964
Occupation	INDOOR
Date Of Driving Pass	17/03/1986
Driving Experience	29 YEARS AND 6 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97542671
Fax Number	
Contact Number	HOME-63100843
EEmail Address	JOSELGLEE@YAHOO.COM
Address	222 DEPOT ROAD #02-81
Postcode	109705
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	UNKNOWN - ROLL FORWARD AND TOUCH
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	
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)	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

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGN8073E
Vehicle Make/Model/Colour	TOYOTA / ALTIS
Details Of Properties	
Vehicle Category	
Name of Driver	PETER GN HOONG SIONG
NRIC/Passport Number	SXXXX212E
Contact Number	97571507
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.

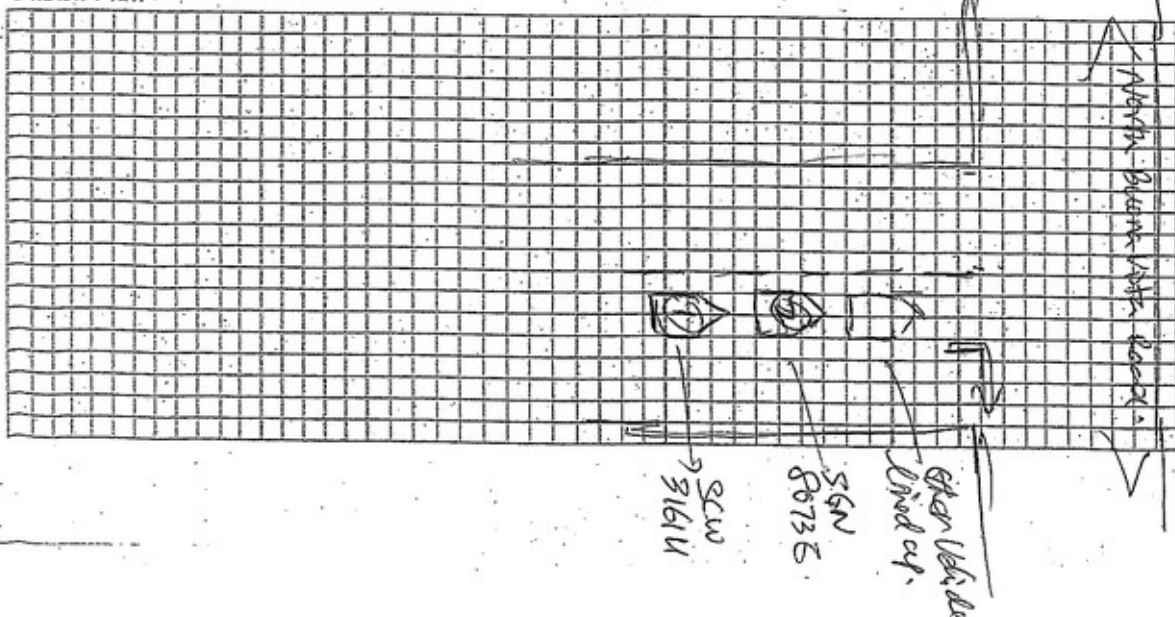
Joseph 31/10/15

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



The minor accident happened on 13/10/15 along Buena Vista Drive around 6:30 pm peak hour traffic. It was bumper to bumper and everyone was waiting at the traffic light junction. My car was about 8-10 car from the traffic junction waiting as the jam was quite bad.

I leaned forward the back & stretched my hand to pick up my document. The next thing I realized was ~~the~~ my vehicle sliding forward. I quickly stepped on my brakes but it was too late and it hit the vehicle SGN J073E in front. This has caused ~~the~~ its bumper to dislodge and a small dent in his bumper. My vehicle suffered no visible dent or damage.

I called AIG Hotline to ask if I need to report the accident as my car suffered no damages which need repair or claim. AIG staff told me I need not make any report.

Subsequently I received a letter from LFK informing me to make my accident report.

Declaration

☒ We declare the foregoing particulars are true in every respect.

Joseph Lee

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

REPUBLIC OF SINGAPORE DRIVING LICENCE


License Number: **S2187759Z**

Name: **LEE LIAT GUAN**

Birth Date: **06 Jan 1964**

Issue Date: **07 Mar 2003**

000209217C



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S2187759Z

Name: **LEE LIAT GUAN**

李烈源


Race: **CHINESE**

Date of birth: **06-01-1964**

Country/Place of birth: **SINGAPORE**

Sex: **M**

5179774




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE


Class 2B	Motorcycles <= 200 CC	28 Oct 2009
Class 2A	Motorcycles between 201 CC and 400 CC	23 Dec 2010
Class 3	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	17 Mar 1986

S2187759Z

S/No. 9000137475

License No: S2187759Z

NP 428A



5179774

NRIC No. S2187759Z

Date of issue: 07-08-2013

222 DEPOT ROAD #02-81
SINGAPORE 109705

S2187759Z

28/12/2013






HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

MX 1

LEXUS AUTO PROTECTOR

CERTIFICATE NO. 2100031773-08000

(The below excess is subject to GST)

OWN DAMAGE EXCESS S\$500.00 (1)

WINDSCREEN EXCESS S\$100.00

(Windscreen excess is waived if the repair is done at Borneo Motor's Workshop)

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

SGW3161U

1) VEHICLE REGISTRATION NO.

Lee Liat Guan

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT

13 Jul 2015

OF INSURANCE FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE

12 Jul 2016

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

SUBJECT TO AGE CONDITION: All Age Condition

a) The Insured.

b) Any other person who is driving on the Insured's order or with his permission.

This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions.

An "Elderly, Young and/or Inexperienced Driver Excess" ("EYIDR") of an additional sum of S\$3,000.00 in addition to the

Policy Excess applies to You and an Authorised Driver (named or unnamed) if You are or the said

Authorised Driver is above the age of 65, below the age of 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE*

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

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

APPROVED REPORTING CENTRES / LEXUS AUTHORISED REPAIRERS

1. Borneo Motors (S) Pte Ltd - 2 Pandan Crescent (Tel: 6631 1388)

APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)

2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63537118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65664501)

4. Ethoz - 30 Bukit Batok Cres (Tel: 66547777) 5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62760887) - For windscreen only

6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 7. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)

8. Nova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)

10. SME Motor - 1 Kaki Bukit Ave 6 Bldg D (Tel: 67476105)

LOSS OF USE Loss of Use 15 Days (1800 - 20000cc) - Refer to policy wordings for details

* NAMED DRIVER NA

HIRE PURCHASE COMPANY NA

EMPLOYER'S LOAN


*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 19 Jun 2015

AIG Asia Pacific Insurance Pte. Ltd.

030211-321
INCHCAPE AUTO LEXUS-LKLJLW
33 LENG KEE ROAD
SINGAPORE 159102



AUTHORISED REPRESENTATIVE

ORIGINAL

IASDHH

C: Rty No: 201003009

Accident Photo



Accident Photo



Accident Photo



Accident Photo



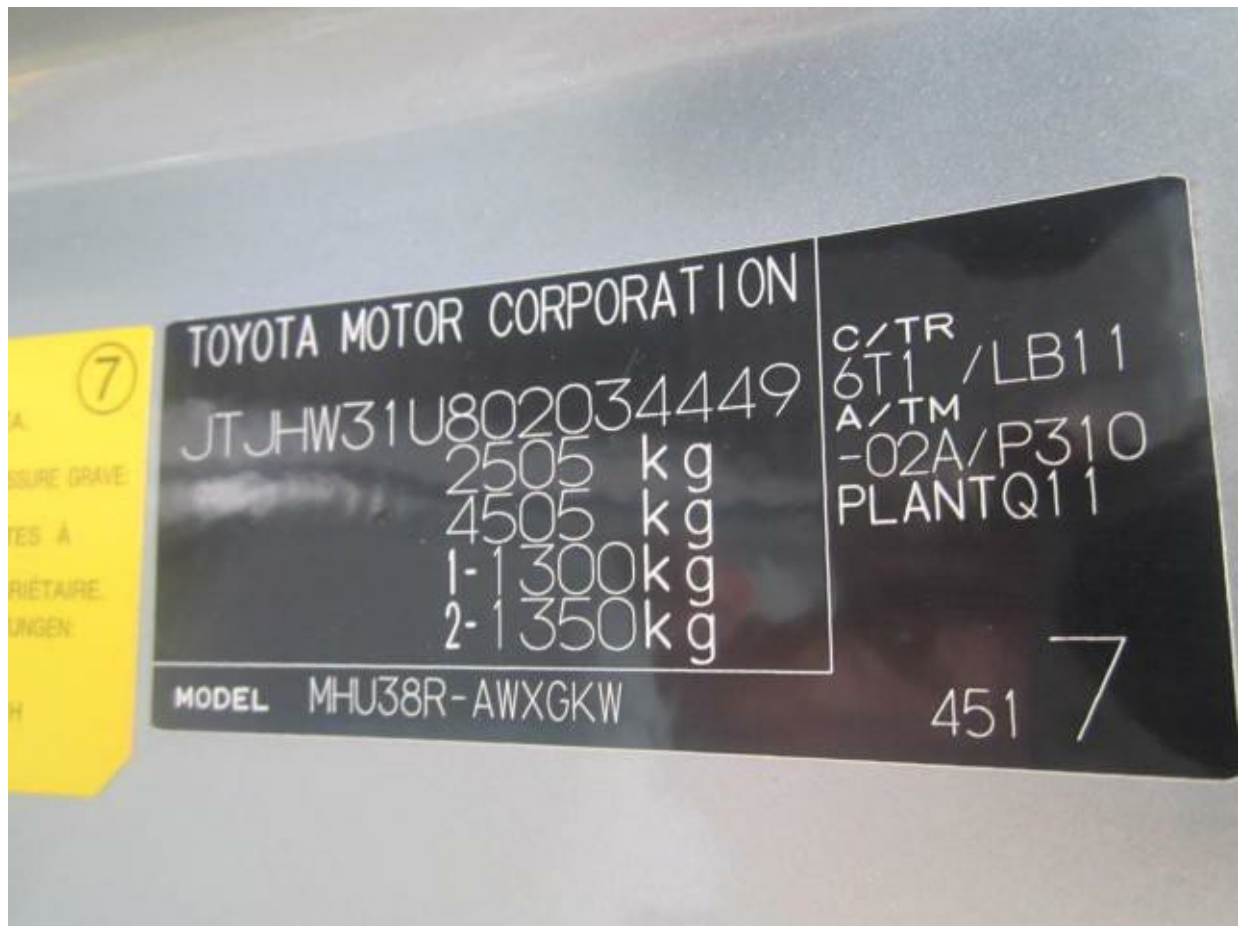
Accident Photo



Accident Photo



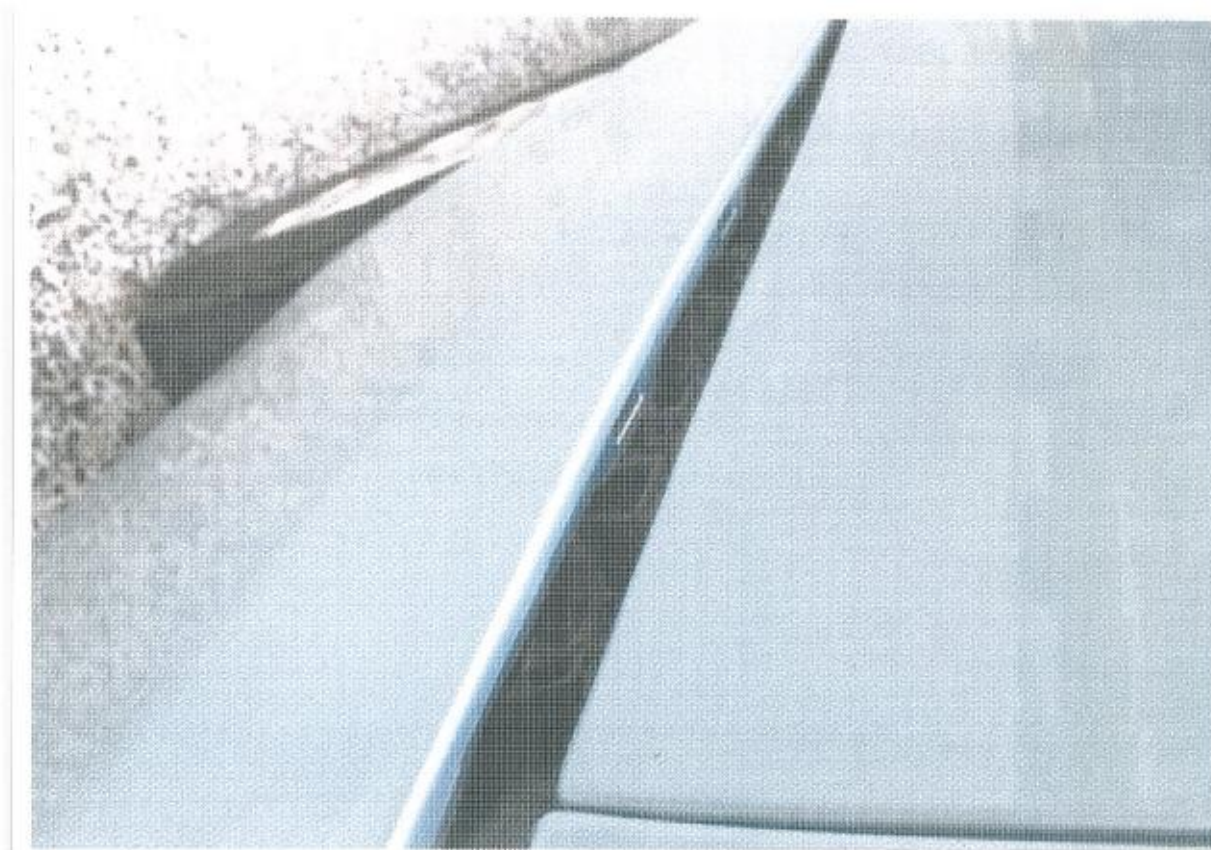
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