

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	09/10/2020 18:22
Date Of Accident	08/10/2020 18:45
Exact Location Of Accident	AYE TOWARDS TUAS BEFORE EXIT 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ6635Y
Insured/Policyholder	
Name Of Registered Owner	CHIONG LIN LEE
NRIC No	SXXXX111E
Email Address	CHIONGLL@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90088812
Alternative Phone No	OTHERS-90088812

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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?	NO
If No, Please state action to be taken	THIRD PARTY
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	2070101066
Cover Note Number	

Driver

Name of Driver	CHIONG LIN LEE
NRIC No	SXXXX111E
Date Of Birth	19/08/1978
Occupation	INDOOR
Date Of Driving Pass	29/07/1998
Driving Experience	22 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90088812
Fax Number	
Contact Number	OTHERS-90088812
Email Address	CHIONGLL@YAHOO.COM

Address	BLK 57 TEBAN GARDENS ROAD #04-469
Postcode	600057
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
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?	YES
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)	2
Passenger 1	NAME: : PAULINE KER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20201009/7016

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBD5135S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHIONG LIN LEE
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SLQ6635Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name PAULINE KER
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SLQ6635Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident 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

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

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

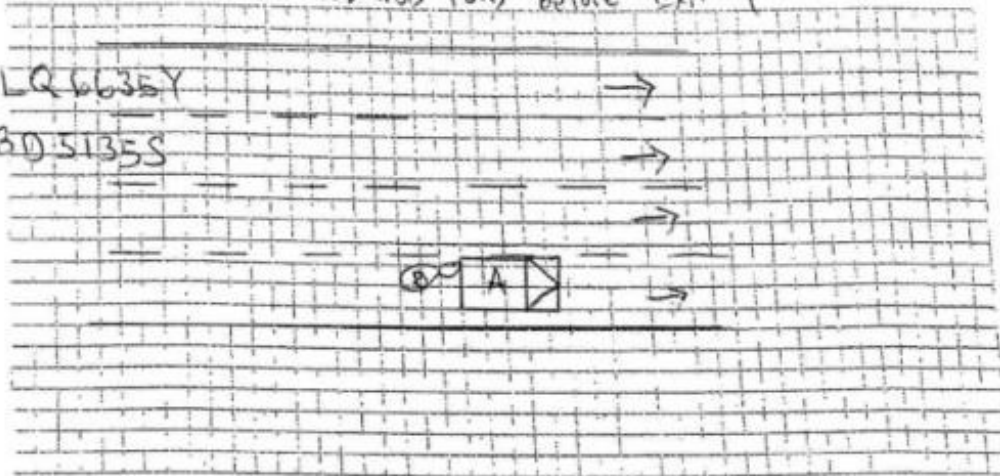
Accident Sketch Plan

SKETCH PLAN

AYE Towards Tuns before Exit 9

Veh A ⇒ SLQ 6635Y

Veh B ⇒ FB0 5135S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report No. D/20201009/7016

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

1 of 2

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 09/10/2020 13:59	Vide Report No.	Station Diary No.		
Name Of Informant CHIONG LIN LEE	Address 57 TEBAN GARDENS ROAD #04-469 SINGAPORE 600057			
ID Type / ID No. NRIC NO / S7825111E	Contact No. Home/Office:	Mobile: 90606076		
Nationality <u>SINGAPORE CITIZEN</u>	Email Address CHIONGLL@YAHOO.COM			
Occupation Private tutor (academic)	Sex Female	Age 42	Date of Birth 19/08/1978	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 08/10/2020 18:45	Location Of Incident AYER RAJAH EXPRESSWAY			

Brief details.

Vide D/20201008/0105

On the above mentioned date and time, I was driving my vehicle SLQ6635Y along AYE(Tuas) lane 1 with 1 passenger (Pauline Ker, S7818965G) on board.

The vehicle in front braked and as such I did the same. My vehicle was stationary for quite a few seconds while waiting for the cars in front to move off when suddenly, I felt a huge impact from the rear of my car.

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	09/10/2020 13:59
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



D/20201009/7016

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20201009/7016

I alighted to realize that FBD5135S had crashed into my vehicle's rear.

My passanger and I are feeling abit unwell and we may be seeking treatment later.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/10/2020 13:59
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

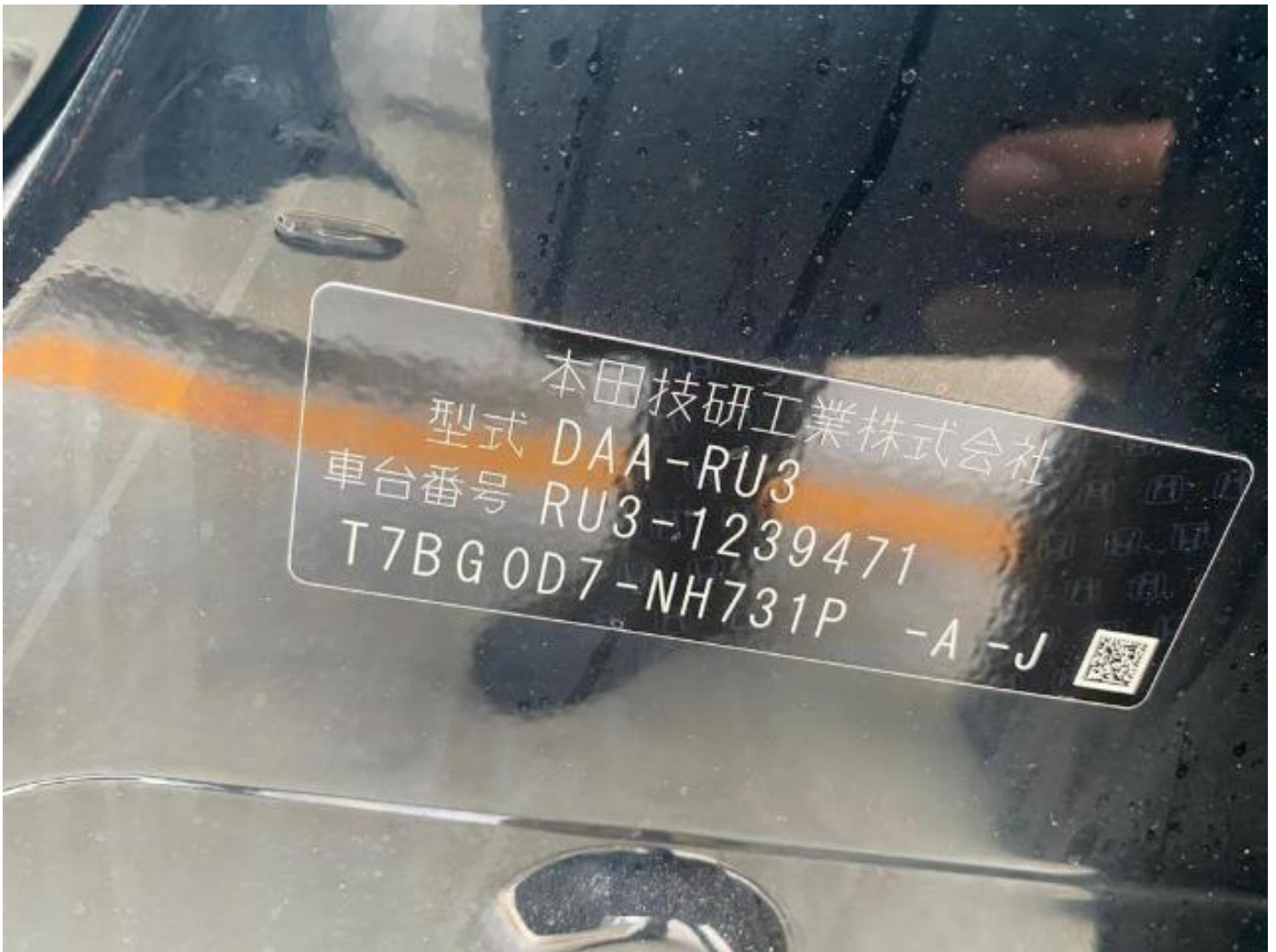
Accident Photo



Accident Photo



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