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.

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	ACCIDENT STATEMENT	
Date Of Report	12/10/2020 14:38	
Date Of Accident	11/10/2020 11:30	
Exact Location Of Accident	LORONG 8 TOA PAYOH HAWKER CENTRE	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SMF9994L	
Insured/Policyholder		
Name Of Registered Owner	LEE KIN HONG THOMAS	
NRIC No	SXXXX439E	
Email Address	THOMASLI@SINGNET.COM.SG	
Mobile Phone No	(LOCAL) +65-97303690	
Alternative Phone No	OFFICE-97303690	
Vehicle Particulars		
Manufacturer	AUDI	
Model	Q5 SPORT 2.0 TFSI QU	
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	1800143049	
Cover Note Number		

Driver

Name of Driver LEE KIN HONG THOMAS

NRIC No SXXXX439E
Date Of Birth 16/07/1965
Occupation INDOOR
Date Of Driving Pass 21/10/1999

Driving Experience 20 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97303690

Fax Number

Contact Number OFFICE-97303690

EMail Address THOMASLI@SINGNET.COM.SG

Address 49 HUME AVE

#03-03

Postcode 598749

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

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General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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? YES

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

NO 5

Number of Passengers (Including Driver)

number of Passengers (including Driver)

NAME: : TAN YEW MEI

GENDER: : FEMALE

Passenger 2

Passenger 1

NAME: : DANIEL LEE

GENDER: : MALE

Passenger 3

NAME: : SHAWN LEE

GENDER: : MALE

Passenger 4

NAME: : KEW THOR YUEN

GENDER: : FEMALE

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

I DROVE INTO THE CARPARK OF HAWKER CENTRE AT LORONG 8 TOA PAYOH AND STOP AT THE SIDE OF THE ROAD TO LET MY PASSENGERS TO ALIGHT. A PICKUP WAS REVERSING AT A DISTANCE. WHEN MY PASSENGERS WERE ALIGHTING THE CAR, THE PICKUP WAS REVERSING VERY CLOSE TO MY CAR. I SOUNDED THE HORN BUT IT WAS TOO LATE. THE PICKUP CRASHED INTO MY CAR.

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

GBG3880X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

TOYOTA DYNA

GOODS VEHICLE

LIN NYAN HTAY

GXXXX813L

92999671

Sketch Plan

SKETCH PLAN

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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 (all 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:
 - 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:

12/10/2020, gam

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: Toy Foot

NRIC/FIN No.: GXXX 948F

GIARMC SketchPlanForm_V3

My Can Stopped Pickup Nis vehicle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I drove into the carpark of hawker centre It corong 8 Tog Payoh and stop at the side of the road to let my presengers to alight. A pickup was reversing at a distance. When my presengers were alighting the car, the pickup was reversing very close to my car. I sounded the horn but it was too late. The pickup crashed into my car.	
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The pickup crashed into my car.	I sounded the horn but it was too late.
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DECLARATION

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

Policyholder's Signature

Policyholder's Signature Date & Time:

9 am 12/10/2020

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

Reporting Centre Personnel's Signature
Name: Gry Favy
NRIC/FIN No.: GAXXX943E



























