

## 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 Submission .....	01/12/2020 14:42 (SGT)
Date of Accident .....	30/11/2020 18:20 (SGT)
Exact Location of Accident .....	Near 95 Whampoa Dr, Singapore 320095
Additional Location Information .....	CTE BEFORE 7C/7D EXIT AREA
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMV2946M
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LEE TECK WAI(LI DEWEI)
NRIC No .....	SXXXX194A
Email Address .....	LEETECKWAI1980@GMAIL.COM
Mobile Phone No .....	(Phone) +65-82223814
Alternative Phone No .....	+65-82223814

#### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	A4
Variant .....	-
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
Vehicle Category .....	Private car

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	2070128139
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	LEE TECK WAI(LI DEWEI)
NRIC No .....	SXXXX194A
Date Of Birth .....	17/11/1980
Occupation .....	Indoor

Date Of Driving Pass .....	08/10/2018
Driving experience .....	2 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-82223814
Alt. Phone Number .....	+65-82223814
Email Address .....	LEETECKWAI1980@GMAIL.COM
Address .....	23 GHIM MOH LINK
Address complement .....	#02-222
Postcode .....	271023
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 30 NOV 2020, AT 1820 I WAS DRIVING ALONG CTE AT LANE 1. CAR 1 SKX 5895 U WAS ABOUT 2 CARS APART FROM MY CAR. THEREAFTER CAR 1 SLOWED DOWN SIGNIFICANTLY AND I BRAKED BUT REAR ENDED CAR 1 AND CAR 1 REAR ENDED CAR 2(SJK 9258 M). NOTE THAT I WAS TRAVELLING AT 80-90KM/HR (WITHIN SPEED LIMIT). AT THE TIME OF INCIDENT, NO OBVIOUS INJURY WAS OBSERVED ON EITHER OF THE CAR OWNERS. WE TOOK PHOTO OF EACH OTHER'S CAR AND ID, EXCHANGE CONTACTS AND DROVE THE CAR AWAY FROM THE ACCIDENT SCENE (AETOS OFFICER WAS ON SITE AND ADVISED US TO DRIVE OFF)

#### 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 .....	SKX5895U
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Civic
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-

Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SJK9258M
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Jazz
Vehicle Variant .....	-
Vehicle Colour .....	Red
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-


**SKETCH PLAN**

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- 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.
- 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 insured(s) who have insured vehicle(s) involved in this accident (all insured(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: 01 DEC 2020  
0945

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

Reporting Centre Personnel's Signature  
Name: GIN Remy  
NRIC/FIN No.: S6911844 BE

GIA/IMC SketchPlanForm\_V3

**SKETCH PLAN**

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 30 Nov 2020, at 1820 I was driving along CTE of lane 3. Car 1 SKX 5845U was about 2 cars ahead from my car. Thereafter Car 1 slowed down significantly and I braked but rear ended Car 1 and Car 1 rear ended Car 2 (J3K 9258M). Note that I was travelling at 80-90 km/hr (within speed limit).

At the time of incident, no obvious injury was observed on either of the car owners. We took photo of each other's car, exchange contacts and drove the car away from the accident scene (Accident officer was on site and advised us to drive off).

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

Policyholder's Signature: [Signature]  
Date & Time: 01 DEC 2020 0945  
(DRP/ACC/Event/PlanForm\_2.0)

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

Reporting Centre Personnel's Signature: [Signature]  
Name: Tim Poy  
NRIC/PPN No: 5650992E















