

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 21/12/2020 15:36 (SGT)
Date of Accident 19/12/2020 15:00 (SGT)
Exact Location of Accident 111 Clementi Rd, Singapore 129792
Additional Location Information SLIP ROAD AT ZEBRA CROSSING FROM KENT VALE TO CLEMENTI RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLF8285T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE PENG CHUAN
NRIC No S1443434H
Email Address LMKSSALON@GMAIL.COM
Mobile Phone No (Phone) +65-97973376
Alternative Phone No (Home) +65-97973376

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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? No - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100481322-03
Cover Note Number -

DRIVER

Name of Driver LEE PENG CHUAN
NRIC No S1443434H
Date Of Birth 15/03/1960

Occupation	Indoor
Date Of Driving Pass	14/10/1980
Driving experience	40 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97973376
Alt. Phone Number	(Home) +65-97973376
Email Address	LMKSSALON@GMAIL.COM
Address	BLK 327 HOUGANG AVE 5
Address complement	#01-164
Postcode	530327
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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 19/12/2020 AT CLEMENTI ROAD, WHEN I WAS DRIVING MY CAR (CAR PLATE NO: SLF 8285 T) FRONT KENT VALE ESTATE OUT TO CLEMENTI ROAD AT THE SLIP ROAD. WHEN I SAW NO CAR COMING, ALONG CLEMENTI ROAD AND I DECIDED TO GO OFF. SUDDENLY THE CAR INFRONT OF ME (CAR PLATE NO : SBP 8138 B) STOPPED AGAIN AND THE ACCIDENT OCCURED.

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	SBP8138B
Vehicle Manufacturer	Toyota
Vehicle Model	Alphard
Vehicle Variant	-
Vehicle Colour	Black
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**IMPORTANT NOTICE**

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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.

LEE PENB CHUAN
Policyholder's Signature
Date & Time: 21/12/20

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


Reporting Centre Personnel's Signature
Name: Reynold Tay Sing Wei
NRIC/FIN No.: GXXXXXX

GIA/IMC SketchPlanForm_V3

~~On~~ On 19/12/2020 at Clementi Road, When I was driving my car (car plate no: SLT 828JT) from Kent Vale Estate out to Clementi Road At the slip road When I saw no car coming along Clementi road and I decided to go off suddenly the car in front of me (car plate no: SBP 8138 B) stopped again and the accident occurred.

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

Policyholder's Signature _____
Date & Time: 21/12/20

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



Reporting Centre Personnel's Signature
Name: Raymond Ting Sing Wei
NRIC/FIN No.: 62222102

















































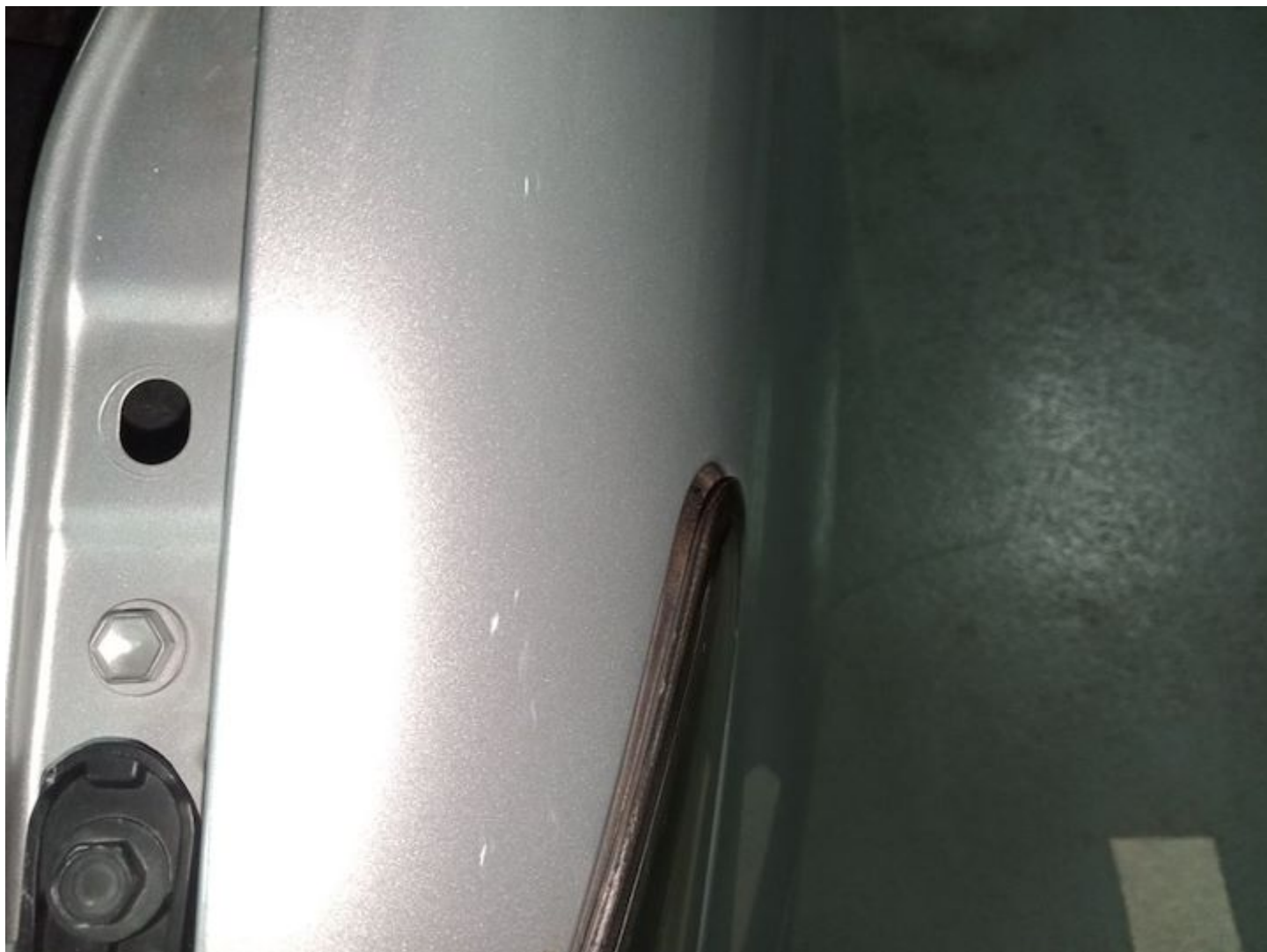




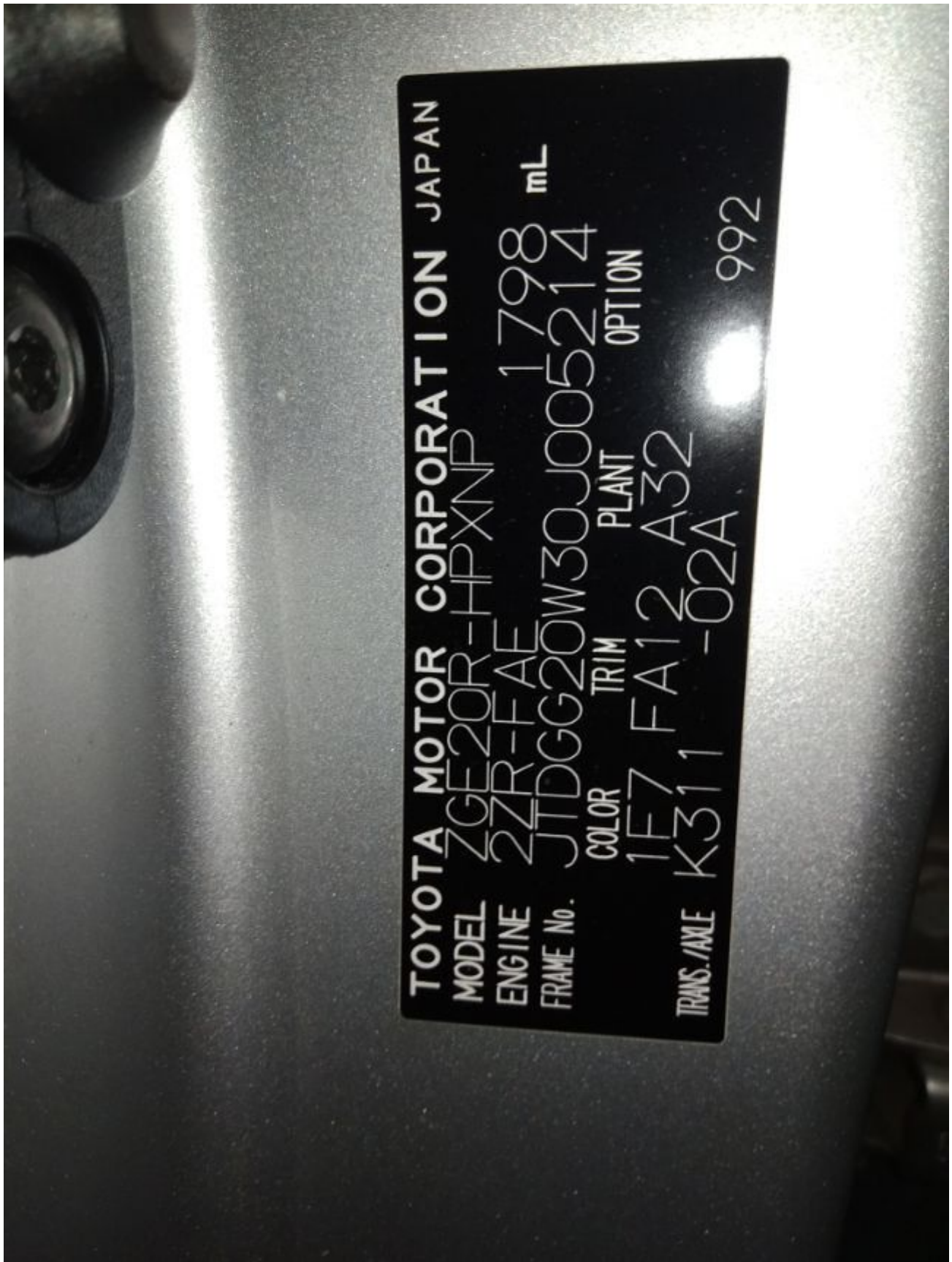












TOYOTA MOTOR CORPORATION JAPAN

MODEL

ZGE20R-HPXNP

ENGINE

2ZR-FAE

FRAME No.

JTDGG20W30J005214

COLOR

1F7 FA12 A32

TRANS./AXLE

K311

-02A

TRIM

PLANT

992

1798

mL

OPTION



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S56550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

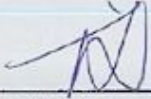
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SP0P20CL001 Vehicle Registration No: SLF 8285T
 Name (as shown in NRIC) : Lee Peng Chuan NRIC/FIN/Passport No : SXXXX434H
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : BK 327 Hougang AV5 5 #01-164 Singapore (530327)
 Contact (Tel) : _____ Mobile No. : 97973376
 Email Address : Lmicsalon@gmail.com
 Date of Accident : 19/12/2020 Time of Accident : 15:00
 Place of Accident : Silo Road at Zebra Crossing From Kent Vale to Clementi Rd.
 Insurance Company : AG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Change the 18/12/2020 date of accident to 19/12/2020


 Policyholder / Driver's Signature
 Date: 23/12/2020


 Reporting Centre Personnel's Signature
 Name: Raymond Jing Sing Wei
 NRIC/FIN No.: GXXXX10X
 Date: 23/12/2020

GIARMC addendumform_v3