

# 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 ..... 14/01/2021 18:01 (SGT)  
Date of Accident ..... 31/12/2020 18:14 (SGT)  
Exact Location of Accident ..... 333A Orchard Rd, Singapore 238897  
Additional Location Information ..... MANDARIN GALLERY  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJQ1368A

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEE KOK HWEE  
NRIC No ..... S1743868I  
Email Address ..... ED.LEE1708@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-90075252  
Alternative Phone No ..... +65-90075252

### VEHICLE PARTICULARS

Manufacturer ..... Lexus  
Model ..... Nx200t  
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 ..... -  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEE KOK HWEE  
NRIC No ..... S1743868I  
Date Of Birth ..... 08/10/1966  
Occupation ..... Indoor

Date Of Driving Pass .....	09/12/2002
Driving experience .....	18 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-90075252
Alt. Phone Number .....	+65-90075252
Email Address .....	ED.LEE1708@GMAIL.COM
Address .....	15 MOUNT SINAI RISE
Address complement .....	#07-02
Postcode .....	276906
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 .....	DRIZZLING
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	SIM SIOK HIANG
Gender .....	Female

#### 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

PLEASE REFER TO THE SKETCH PLAN

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLF3232D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
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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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.
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.

<p><i>[Signature]</i>          Policyholder's Signature / Date &amp; Time</p>	<p><i>[Signature]</i>          Driver's Signature (If driver is not the policyholder) / Date &amp; Time</p>	<p><i>[Signature]</i>          Witnessed by Reporting Centre Personnel</p>
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**Sketch Plan**

A - SJQ 1368A  
 B - SLF 3232D  
 C - UNKNOWN

## Describe Circumstances of the Accident

LICENSE PLATE: SJQ 1368A	ACCIDENT DATE & TIME: 31 DEC 2020, 18.11H HRS.
CONTACT NUMBER: 90075252	E-MAIL ADDRESS: ed.lee1708@gmail.com
LOCATION: MANDARIN GALLERY.	

On the above date and time, I was driving out of Mandarin GALLERY drop off point toward the main Road. There was an unknown car signaling to turn into the building Car park. At that time my car had moving slightly out to the main Road. In order to avoid a collision with a very tight corner, I put off an emergency brake and then reversed my car slightly, as the car B followed my car too closely, I hit my car into the Car B front portion.

After that I went out to access if there was any damage to our cars. There wasn't any apparent damage to both of our cars. I left my phone number with the Car B driver and drove off.

The same evening, the Car B driver sent me a message with attached photos to claim that his car was damaged. Quote "The photo can't see but the car plate and bumper is kind of bend into the car" unQuote.

When I replied him the next day. Quote "the photos couldn't see any damaged at all. My car didn't has any damaged at all. How do you want to resolve this matter." unQuote. He didn't reply me.

On 14 Jan 2021, I received a letter of third party claim and I made a report of the accident at AIC report Centre - Nova automotive Pte Ltd, address 1008 Bukit Merah Lane 3 #01-04 106/08 S(159722).

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN

OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

Please state:

☐ Claim Own Policy

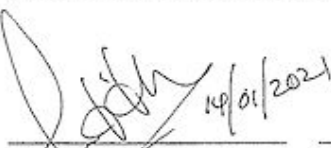
☐ Claim Third Party

☐ Claim OD/TP at other workshop

☒ Reporting Only

## Declaration

We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature / Date & Time  
 17.17 hrs

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

  
 Witnessed by Reporting Centre Personnel





















