

## 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	01/07/2021 17:35 (SGT)
Date of Accident	30/06/2021 16:30 (SGT)
Exact Location of Accident	8 Old Upper Thomson Rd, Singapore 573868
Additional Location Information	IN FRONT OF CONDO ADANA
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV9983J
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE YIN FONG,ANNA
NRIC No	SXXXX844D
Email Address	ANNAYF_LEE@YAHOO.COM
Mobile Phone No	(Phone) +65-98789780
Alternative Phone No	+65-98789780

### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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
Transmission	Auto
CC	999

### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070153875
Cover Note Number	-

### DRIVER

Name of Driver	OW KAI SIANG BRANDON
NRIC No	TXXXX275H

Date Of Birth	15/11/2001
Occupation	Indoor
Date Of Driving Pass	01/07/2021
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98789780
Alt. Phone Number	-
Email Address	ANNAYF_LEE@YAHOO.COM
Address	186 BISHAN ST13
Address complement	#08-351
Postcode	570186
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	TEYEN TAN
Gender	Male

#### PASSENGER 2

Name	SEAN GOH
Gender	Male

#### PASSENGER 3

Name	ANDREA TOH
Gender	Male

#### 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 ATTACHED STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TRAFFIC POLICE
Was there any audio recorded?	No



## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	LAMPPOST
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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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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.

*[Signature]* 30/6/21

Policyholder's Signature / Date & Time

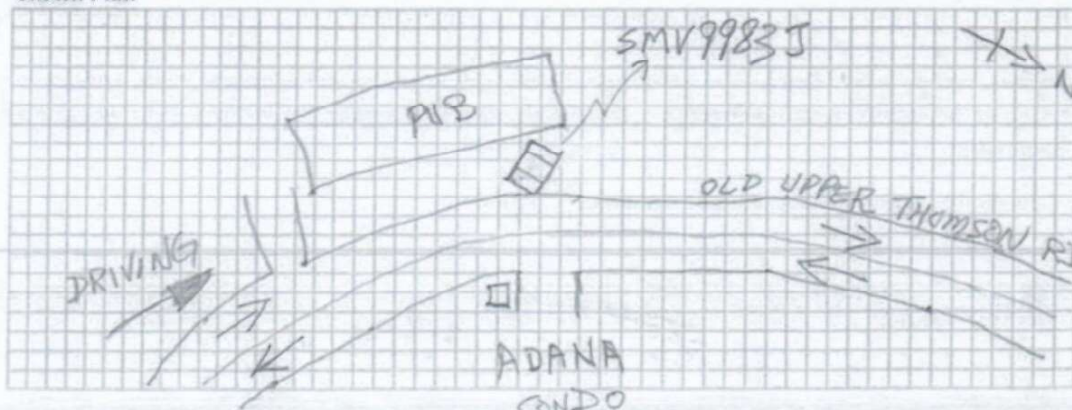
*[Signature]* 30/6/21

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



Witnessed by Reporting Centre Personnel

### Sketch Plan







Describe Circumstances of the Accident


Please Refer to the attached Statement

Declaration

We declare the foregoing particulars are true in every respect.

 30/0/21  
Policyholder's Signature / Date & Time

 30/6/21  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

## Describe Circumstances:

On Wed, 30 June 2021, about 4 am while I was sleeping, I was woken up by a call from my second son Brandon Ow. He called to inform me that he had taken my car key and drove my car without my permission, and crashed into a small drain at old upper thomson road. Immediately, I requested my husband George Ow to attend at the site while I stayed at home as I was feeling rather shaken. Both of us were not aware and didn't give our consent to allow Brandon to drive the car because he doesn't have the license. Neither has this happened before.

George reached the site at about 4.30 am by taxi. TP were seen at site and carried out their interview with Brandon and inspection at site. TP was in-charge when George arrived. Brandon has admitted his wrong doing that he drove the car without our consent and declared the event to the TP. At about 6 am, the car was towed away by TP. He was charged under "Bond and Bail Bond", attached, and is currently on bail. Please refer to the TP for details.

Both myself and George were shocked with the event and hereby declaring our innocence to this event. We only learnt about the details of what had happened after George arrived at the site. At any time, I/we have not permitted Brandon to use my car.

George made an accident report at the Premium Automobiles office at about 8.30 am. Hereby filing this claim as attached.

TP Report #: F/20210630/0063