

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 06/01/2022 15:46 (SGT)
Date of Accident 06/01/2022 11:35 (SGT)
Exact Location of Accident Senoko Dr, Singapore
Additional Location Information THE JUNCTION OF SENOKO DRIVE & ATTAP VALLEY ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFD228T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE KAY CHAI
NRIC No SXXXX166H
Email Address KC_LEE@LIANSOON.COM.SG
Mobile Phone No (Phone) +65-96758681
Alternative Phone No (Office) +65-65509166

VEHICLE PARTICULARS

Manufacturer Audi
Model Rs5
Variant RS5 COUPE 2.9 TFSI QU TIP
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 2900

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900045219-02
Cover Note Number -

DRIVER

Name of Driver LEE KAY CHAI
NRIC No SXXXX166H

Date Of Birth	14/07/1964
Occupation	Indoor
Date Of Driving Pass	12/04/1982
Driving experience	39 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96758681
Alt. Phone Number	(Office) +65-65509166
Email Address	KC_LEE@LIANSOON.COM.SG
Address	2 SPRINGLEAF RISE
Address complement	-
Postcode	787982
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 vehicle 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

1. DRIVE ALONG SENOKO DRIVE AND TURNING LEFT INTO ATTAP VALLEY ROAD.
2. CAR SLH 7687 M STOPPED AT JUNCTION AND SLOWLY MOVING INTO ATTAP VALLEY ROAD . (TURN LEFT)
3. I ALSO DRIVE TO TURN LEFT ONTO ATTAP VALLEY ROAD AND HIT THE BACK OF CAR SLH 7687 M.
4. NO PERSON INJURY.

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	SLH7687M
Vehicle Manufacturer	Honda
Vehicle Model	Shuttle
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DURASINGAM R PALANIVEL
Contact Number	(Phone) +65-97690510

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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.

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

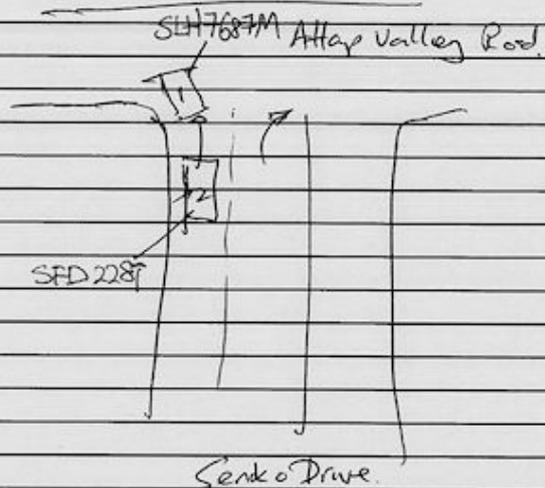
6/1/2022 @ 1400

Sketch Plan

Please refer below sketch & accident statement

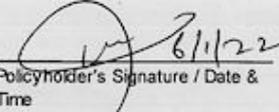
Describe Circumstances of the Accident

1. Drive along Senko Drive and turning left into Attap Valley Road
2. Car SLH 7687M stopped at junction and slowly moving into attap valley road. (turn left)
3. I also drive to turn left into attap valley road and hit the back of Car SLH 7687M.
4. No person injury.



Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time

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


 Witnessed by Reporting Centre Personnel
 6/1/2022 @ 1400



















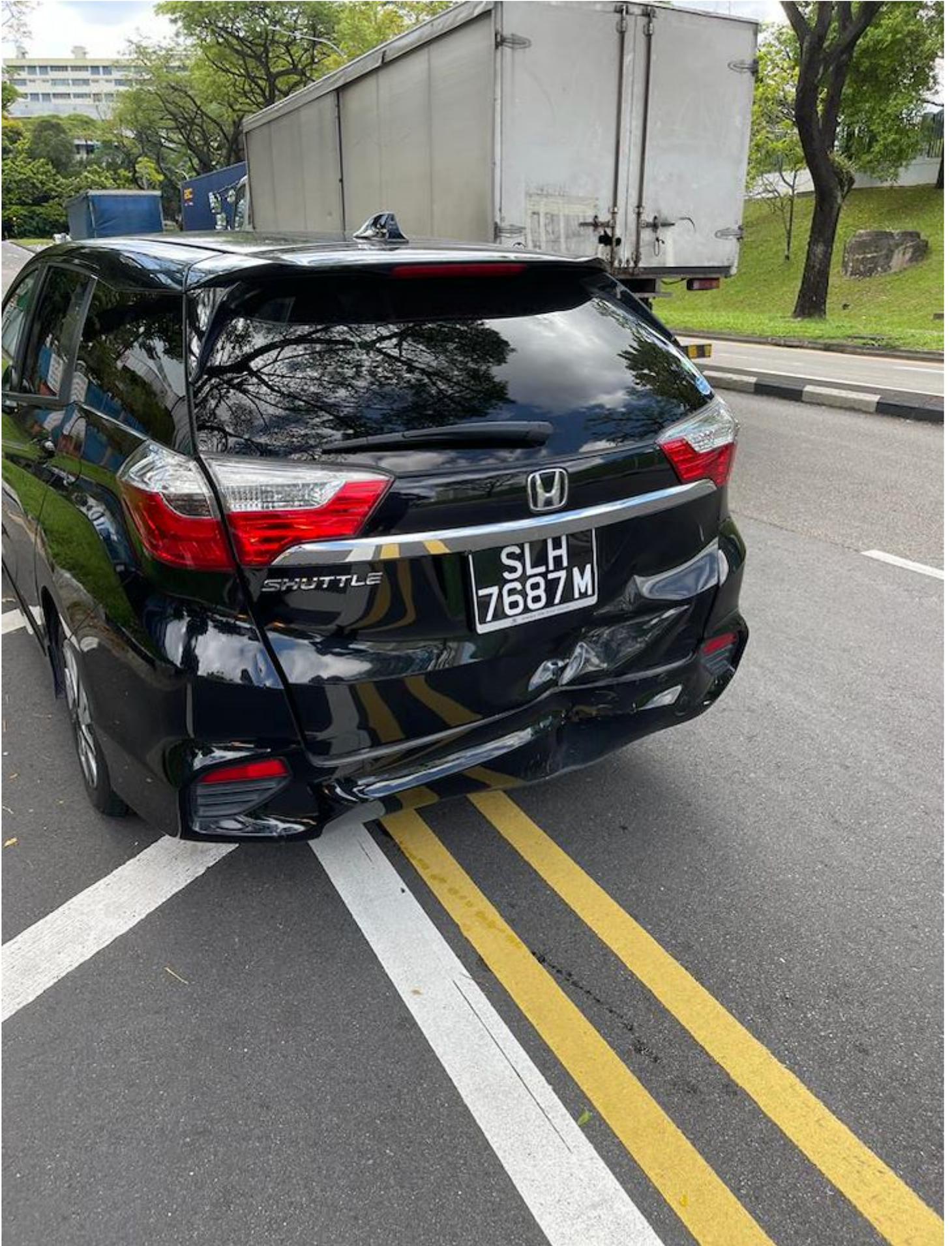


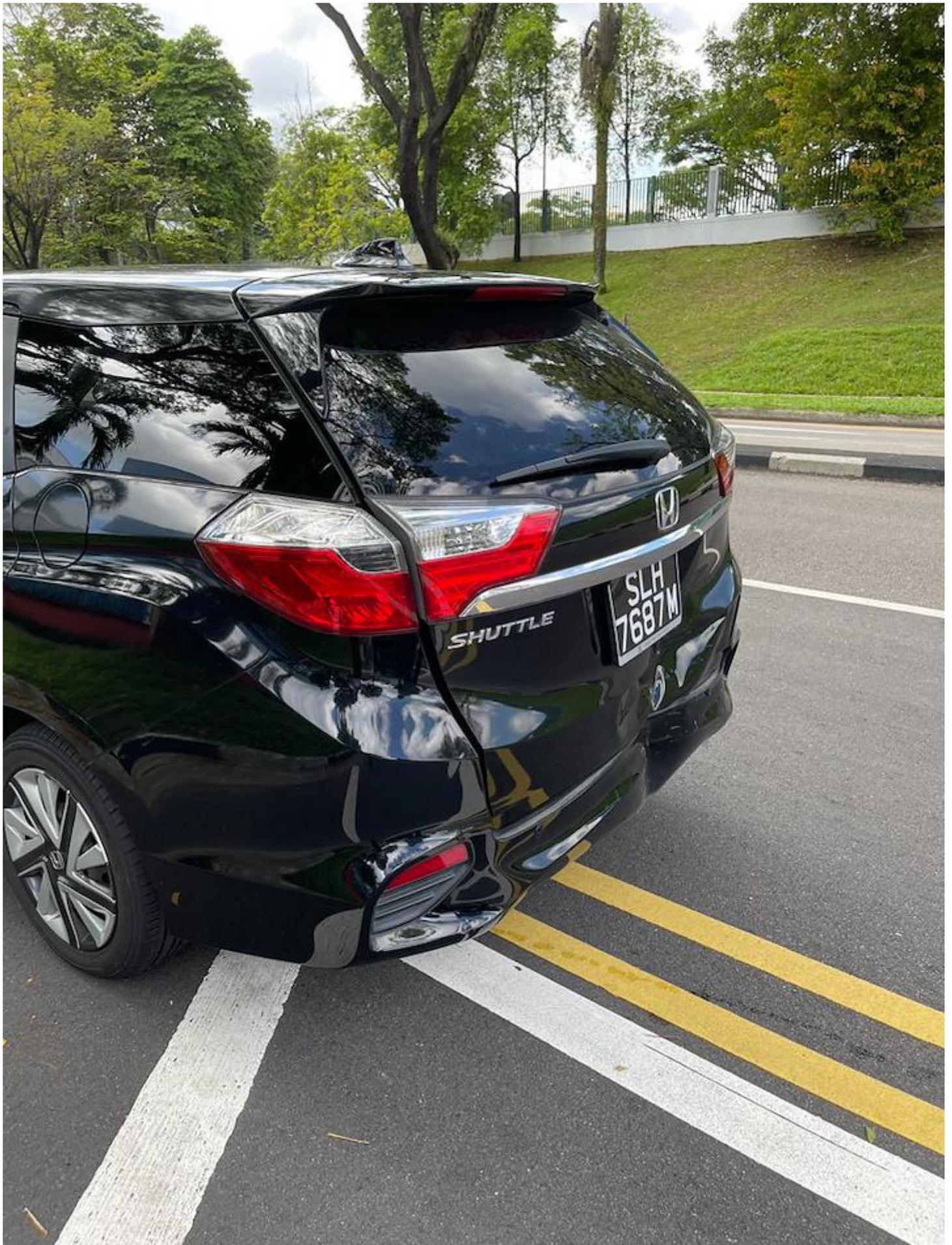


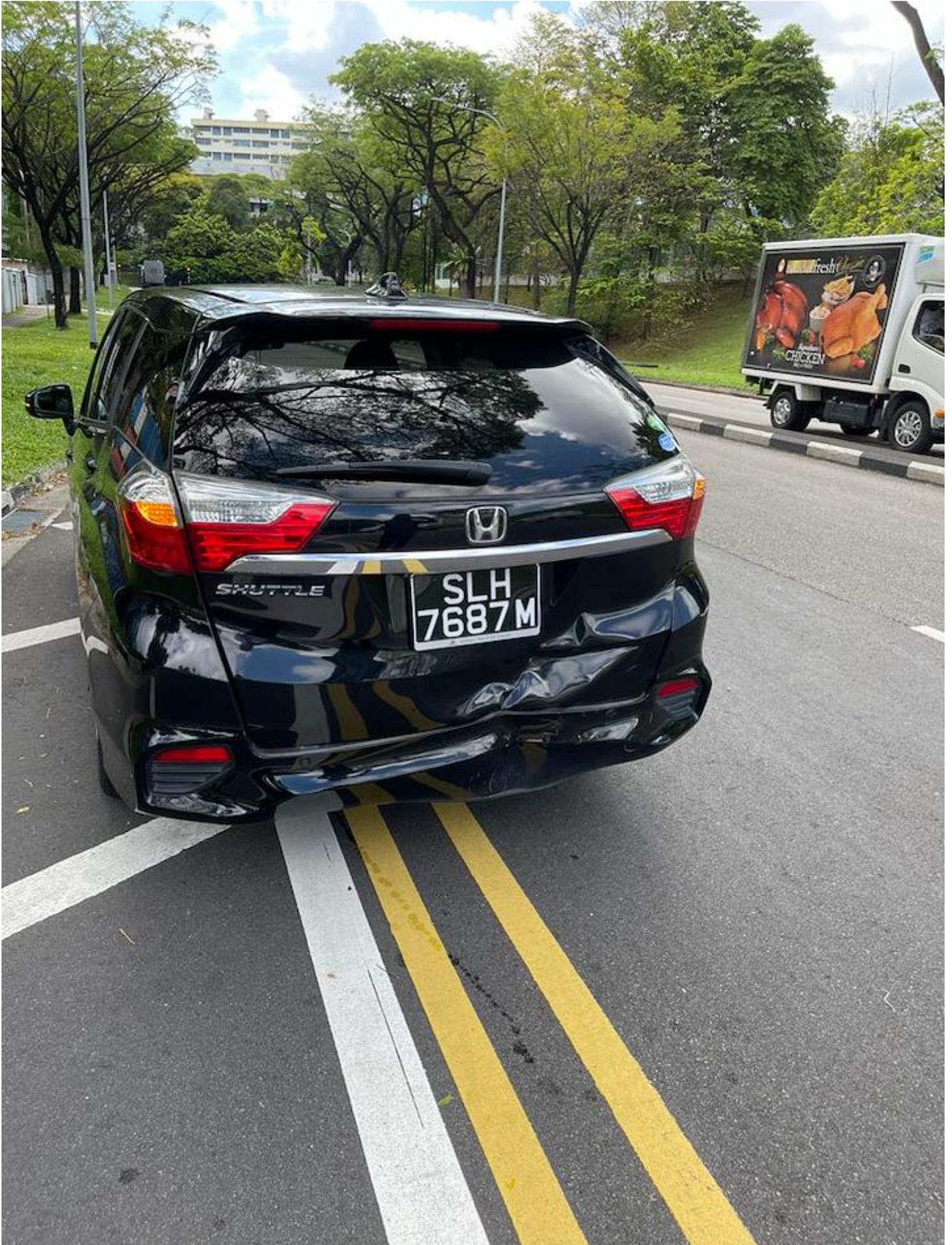














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66550020G / GST Reg. No.: M400017735

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:

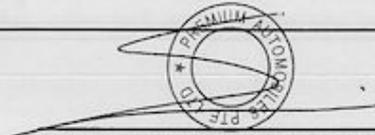
Original Report No : SP0R22160005 Vehicle Registration No: SFD228T
 Name(as shown in NRIC) : LEE KAY CHAI NRIC/FIN/Passport No : SXXXX166H
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 2 SPRINGLEAF RISE Singapore(787982)
 Contact (Tel) : 96758681 Mobile No. : _____
 Email Address : KC_LEE@LIANSOON.COM.SG
 Date of Accident : 06/01/2022 Time of Accident : 11:35
 Place of Accident : THE JUNCTION OF SENOKO DRIVE & ATTAP VALLEY ROAD
 Insurance Company: AIG Asia Pacific Insurance Pte. Ltd.

(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:

TO UPLOAD THE CORRECT SKETH PLAN 1 & 2

Policyholder / Driver's Signature
 Date:


 Reporting Centre Personnel's Signature
 Name: WONG KHONG SEHA, GEORGE
 NRIC/FIN No.: GXXXX143X
 Date: 6/12/2021