

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 Actual 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 08/08/2022 16:33 (SGT)
Reported by Both
Date of Accident 05/08/2022 13:48 (SGT)
Exact Location of Accident Jalan Bukit Merah, Singapore
Additional Location Information ALONG JALAN BUKIT MERAH FILTERING ROAD TOCTE
TOWARDS OPPOSITE BLK 132 TIONG BAHRU
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS6939K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE CHONG HUA
NRIC No SXXXXX507E
Email Address PETERLEE0035@GMAIL.COM
Mobile Phone No (Phone) +65-96249011
Alternative Phone No +65-96249011

VEHICLE PARTICULARS

Manufacturer Audi
Model A3
Variant SEDAN 1.0 TFSI
Exact purpose for which vehicle was being used at time of
accident -
Are you claiming under your own insurance policy for repair to
your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 999

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number 1700058421-04

DRIVER

Name of Driver LEE CHONG HUA
NRIC No SXXXXX507E
Date Of Birth 04/10/1968

Occupation	Indoor
Date Of Driving Pass	05/04/1986
Driving experience	36 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96249011
Alt. Phone Number	+65-96249011
Email Address	PETERLEE0035@GMAIL.COM
Address	5 PINE CLOSE
Address complement	#16-141
Postcode	391005
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 5/8/2022 @1348HRS, I WAS TRAVELING IN MY CAR SLS6939K ALONG JALAN BUKIT MERAH AND OPPOSITE OF BLK 123. WHEN I WAS FILTERING INTO THE LEFT SIDE OF THE ROAD TOWARDS CTE CITY AND TOWARDS TIONG BAHRU EXIT, I SLOWED DOWN TO LET THE VEHICLE ON THE MAJOR ROAD PASS BY AS THEY HAVE THE RIGHT OF WAY. SUDDENLY, THE MOTORCYCLE FBT9005Z DID NOT MAINTAIN A SAFE DISTANCE AND KNOCKED ONTO MY CAR REAR. AS A RESULT OF THE REAR KNOCK BYT THE MOTORCYCLE, MY CAR BUMPER WAS KNOCKED AND THE SENSOR MAY BE AFFECTED WITH THE REAR BUMPER. THATS ALL AND NOBODY WAS INJURED.

NOTE: I WOULD LIKE TO CLAIM DAMAGES AND LOSS OF CAR USE IF MY CAR NEED TO BE REPAIRED FROM THE OTHER PARTY NOT MAINTAINING A SAFE DISTANCE.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBT9005Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	India International Insurance Pte Ltd
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.



LEE CHONG HUA

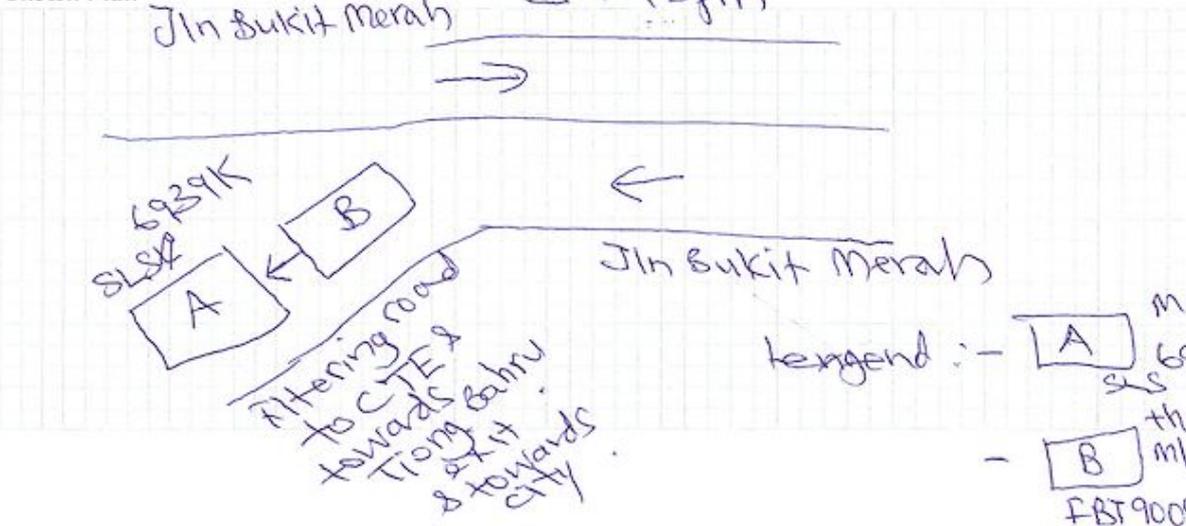
[Handwritten Signature]

Policyholder's Signature / Date & Time

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

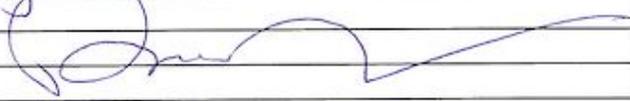
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 5/8/2022 @ 1348 hrs, I was travelling in my car SLS 6939K along Jalan Bukit Merah opposite of Blk 123. when I was ~~filter~~ filtering into the left side of the road towards GTE city & towards Tiong Bahru ex H, I slow^{ed} down to let the vehicles on the major road pass by as they have the right of way. Suddenly, the m/cycle FBT 90052 did not maintain a safe distance and knocked onto my car rear. As a result of the rear knock by the m/cycle, my car bumper was knocked and the sensor may be affected with the rear bumper. That's all & nobody was injured.



Note: I would like to claim damages & stop of car use if my car need to be repaired from the other party for not maintaining a safe distance.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

LEE CHONG HUA
 Driver's Signature (If driver is not the policyholder) / Date & Time
 5/8/2022 e,
 5.05pm



Witnessed by Reporting Centre Personnel





















































