

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	05/09/2022 19:02 (SGT)
Reported by	Both
Date of Accident	03/09/2022 22:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SERANGOON NORTH BLK 108 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG7738E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE ENG CHEE
NRIC No	SXXXX211H
Email Address	zephchan96@gmail.com
Mobile Phone No	(Phone) +65-93367832
Alternative Phone No	-

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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	2100485052-04

DRIVER

Name of Driver	LEE ENG CHEE
NRIC No	SXXXX211H
Date Of Birth	14/01/1952
Occupation	Indoor

Date Of Driving Pass	05/05/2003
Driving experience	19 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93367832
Alt. Phone Number	-
Email Address	zephchan96@gmail.com
Address	BLK 776 PASIR RIS ST 71
Address complement	#12-404
Postcode	510776
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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

PLS REFER TO THE ATTACHED STATEMENT

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	SLB9228Z
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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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' law yers/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' law yers/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 law yers/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	 05/09/22 Witnessed by Reporting Centre Personnel
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Sketch Plan

SERANGOON NORTH BLK 108 CARPARK

SLG7738E
SLB9228Z

NO SKETCH PLAN AVAILABLE

Describe Circumstances of the Accident

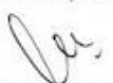
I (SLG7738E) WAS PARKED ALONG SERANGOON NORTH BLK 108 CARPARK. I WAS NOT IN MY VEHICLE AT THE TIME OF THE ACCIDENT. AFTER I CAME BACK DOWN TO MY VEHICLE, I FOUND A NOTE WRITTEN BY VEHICLE B'S (SLB9228Z) DRIVER ADMITTING THAT HE HIT THE FRONT LEFT PORTION OF MY VEHICLE.

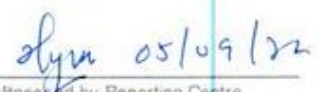
Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date & Time


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

 05/09/22
Witnessed by Reporting Centre Personnel

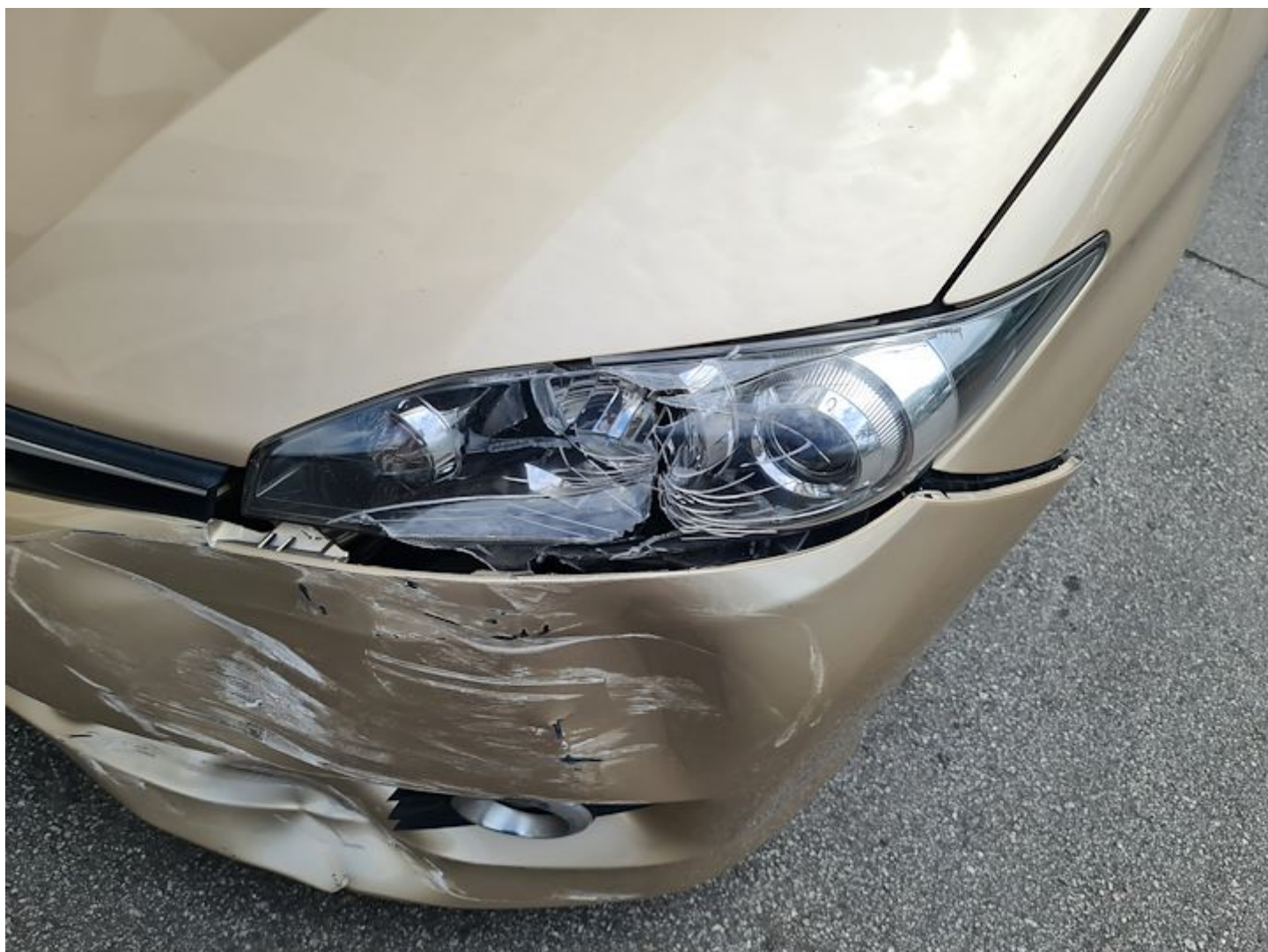




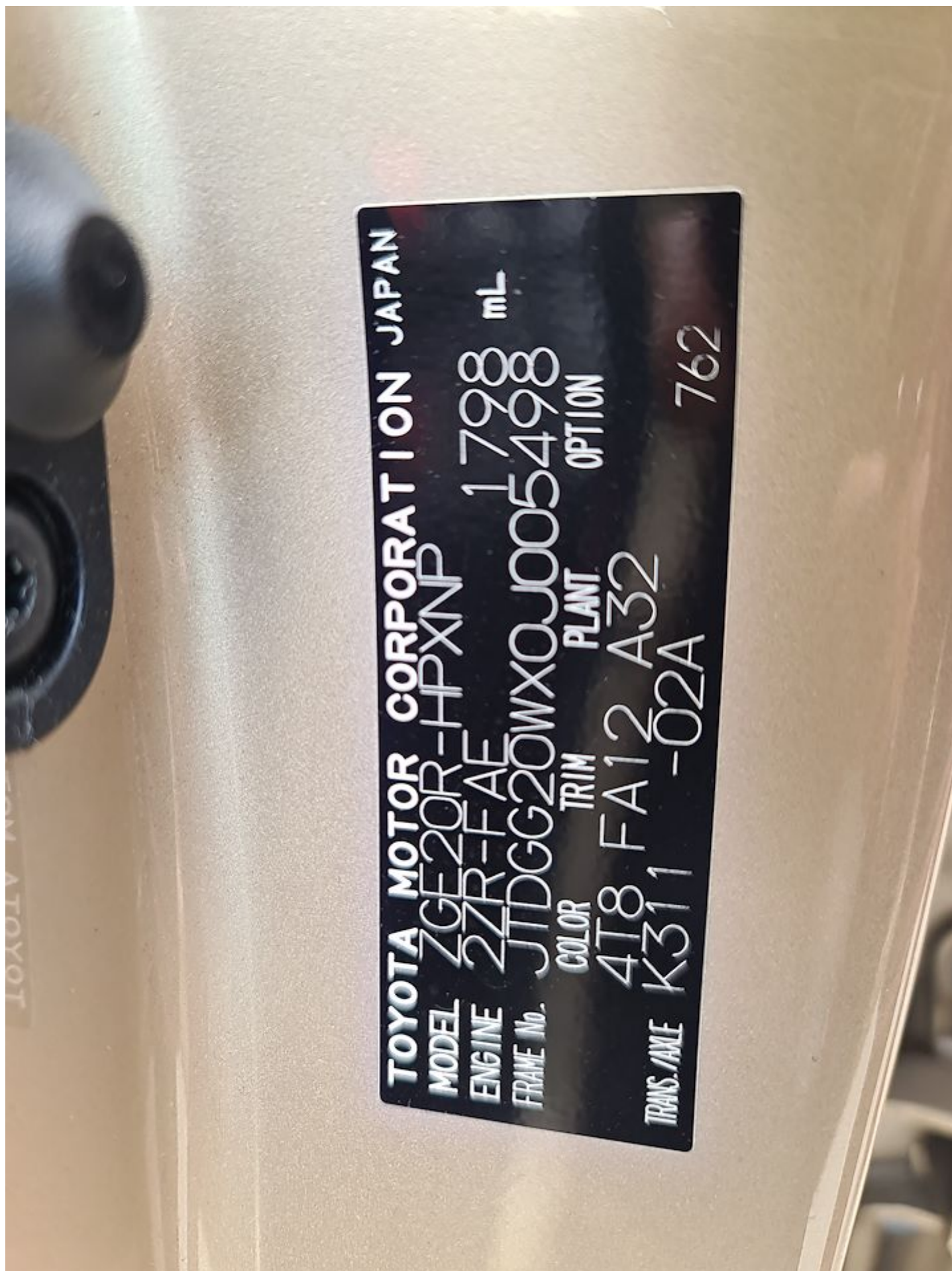
















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN092295000E Vehicle Registration No: SLG7738E
 Name (as shown in NRIC): LEE ENG CHEE NRIC/FIN/Passport No: S2017211H
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 776 PASIR RIS ST 71 #12-404 Singapore (510776)
 Contact (Tel): _____ Mobile No.: 93367832
 Email Address: ZEPHCHAN96@GMAIL.COM
 Date of Accident: 3/9/2022 Time of Accident: 2240
 Place of Accident: CARPARK AT SERANGOON NORTH AVE 1, BLK 106
 Insurance Company: AIG

(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:

- AMEND ACCIDENT DATE AND TIME TO 03/09/2022 2240HRS


 Policyholder / Driver's Signature
 Date:

 15/09/22
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: