

# 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 .....	03/07/2023 11:53 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	30/06/2023 18:25 (SGT)
Exact Location of Accident .....	Republic Blvd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMD8492K
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SIAU WEI TAO
NRIC No .....	SXXXX657A
Email Address .....	optionsgarage@hotmail.com
Mobile Phone No .....	(Phone) +65-92968553
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Outlander
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 .....	1998

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	1800104590-03

### DRIVER

Name of Driver .....	LEE ANGIE
NRIC No .....	SXXXX407E
Date Of Birth .....	18/12/1984
Occupation .....	Indoor

Date Of Driving Pass .....	11/04/2006
Driving experience .....	17 YEARS AND 2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91524988
Alt. Phone Number .....	-
Email Address .....	optionsgarage@hotmail.com
Address .....	BLK 181 BEDOK NORTH ROAD #15-18
Address complement .....	-
Postcode .....	460181
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	FAMILY MEMBER
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	5
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 .....	-

#### PASSENGER 1

Name .....	LEE TECK BENG
Gender .....	Male

#### PASSENGER 2

Name .....	LEW KIEW CHIN
Gender .....	Female

#### PASSENGER 3

Name .....	LIAM SIAU LUO XUAN
Gender .....	Male

#### PASSENGER 4

Name .....	RYAN SIAU LUO EN
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 SKETCH PLAN

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 ..... SHB4544R  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Taxi  
 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) ..... -

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person ..... LEE ANGIE  
 Gender ..... Female  
 Phone No ..... (Phone) +65-91524988  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... SMD8492K  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

#### INJURED 2

Name of injured person ..... LEE TECK BENG  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... SMD8492K  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

#### INJURED 3

Name of injured person ..... LEW KIEW CHIN  
 Gender ..... Female  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... SMD8492K  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

## INJURED 4

Name of injured person .....	LIAM SIAU LUO XUAN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMD8492K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## INJURED 5

Name of injured person .....	RYAN SIAU LUO EN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMD8492K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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**6. 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

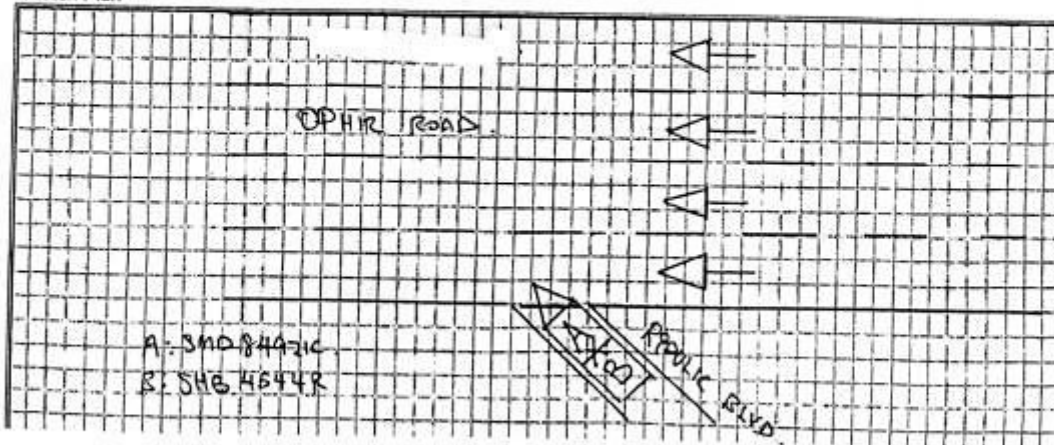
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

 03/07/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**



Scanned with CamScanner

Describe Circumstance of the Accident

- ① I, LEE ANGIE WAS THE DRIVER BEARING SMD 8492K
- ② TOTAL OF 5 PASSENGER INCLUDED DRIVER AT THE POINT OF ACCIDENT.
- ③ VEHICLE "A" WAS STATIONARY BEFORE THE STOP LINE.
- ④ VEHICLE "B" COLLIDED ONTO VEHICLE "A" REAR.
- ⑤ VEHICLE "A" LEE ANGIE (F) (DRIVER), LEE KIEW CHIN (M), LEE KIEW CHIN (F), LIAM SIAU LIO XUAN (M), RYAN SIAU LIO EN (M) WENT TO CONSULT A DOCTOR AT HEARTLAND HEALTH (59 NEW UPPER CHANGI ROAD #01-126E S461059 AND ALL WAS GIVEN 2 DAYS OF MC FOR PAIN AND INJURIES.

Declaration

I/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

 03/07/2023  
Witnessed by Reporting Centre Personnel

Scanned with CamScanner

















