

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 ability.
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 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 Report	07/11/2017 17:29
Date Of Accident	03/11/2017 22:30
Exact Location Of Accident	PAYA LEBAR TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS1666D
Insured/Policyholder	
Name Of Registered Owner	LAKEVIEW INVESTMENTS PTE LTD
Co Reg No	200701891C
Email Address	DAIXIN@LAKEVIEW.COM.SG
Mobile Phone No	(LOCAL) +65-96527776
Alternative Phone No	OFFICE-96527776

Vehicle Particulars

Manufacturer	AUDI
Model	A6-3.0 TFSI QUATTRO S-LINE (C7) (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100278565-05000
Cover Note Number	

Driver

Name of Driver	DAI XIN
Passport No/FIN	G6270011X
Date Of Birth	01/07/1981
Occupation	INDOOR
Date Of Driving Pass	12/05/2014
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96527776
Fax Number	
Contact Number	OFFICE-96527776
EEmail Address	DAIXIN@LAKEVIEW.COM.SG

Address	101 THOMSON ROAD #28-05 UNITED SQUARE
Postcode	307591
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I was driving from Paya Lebar towards PIE . It was raining a taxi in front of my car make a stop and i could not stop in time and collided with the taxi .

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	SHD1295T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. This report is **currently** the initial report of the accident to be sent to the RAC (RAC 101).
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation and/or divulging of false information may constitute a breach of policy and may **repudiate policy liability**.
4. The statement and signature of the Policyholder and/or Authorized Driver is required to complete this report and is on the part of the insured company.
5. **Any false reporting may be referred to the Police for investigation**.
6. This report will be forwarded by the insurers of the G.A. Roadside Management Centre (established by the General Insurance Association of Singapore (GIA)) to the relevant third party claim adjusters as a supporting document for their claim.
7. By the submission of this report to the insurers, you hereby consent to the archiving of this report at the relevant insurer's premises for the report being made available to the relevant third parties.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand and acknowledge, agree and represent that:

- (a) My insurer may share part of the General Insurance Association of Singapore ("GIA") may be permitted to collect, store, disclose and/or process personal data/personal information set out in this form, and any other personal information provided by me or accessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to my insurer, who is a licensed vehicle (or movement) accident (or movement) claim adjuster, who may use the vehicle(s) involved in the accident shall be used solely referred to as the "Insurers", the insurance laws in law firms, the Monetary Authority of Singapore and any relevant government agency/department, in relation to the processing of the personal data.
- (b) processing, transferring and/or use with any claim, including the settlement of the claim and any recovery, in connection with respect to the claim;
- (c) investigating the accident and/or my claims;
- (d) carrying out and/or dealing with any other claim corresponding to any enquiry or claim;
- (e) when it is being my insurer to pay for missing or other independent statements, reviews, reports or notices to me, which could involve disclosure of details, personal data about me to third parties to carry out the same, as well as the external cover of envelopes (mail packages) and for;
- (f) complying with applicable law in administrative processing, handling and/or dealing with my claim, collectively the "Purposes";
- (g) as Insured(s) who have insured vehicle(s) involved in this accident and the Insurers, lawyer, law firms, may be permitted to collect, store, disclose and/or process my Personal Information for one or more of the above purposes; and
- (h) my Personal Information may, from time to time, be used by any of the Insurers and/or GIA to third parties, or to be provided to agents, included in their lawyer/law firms, which may be used outside of Singapore, for one or more of the above purposes;
- (i) my Personal Information was also be collected and used by Insurers, law firms, for the purpose of fraud detection, investigation and management in present and all future claims;
- (j) the information so collected under (a) - (i) above may be shared, disclosed
- (k) to all Insurers and/or any other third parties that are involved in evaluating, investigating, controlling, investigating, fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated above;
- (l) for complying with requirements, to attend any regulations, law enforcement orders.

Signature of Policyholder
(If Driver is not the Policyholder)
Date: _____

Signature of Driver
(If Driver is not the Policyholder)
Date: _____

Signature of Reporting Centre
(If Driver is not the Policyholder)
Date: _____

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

We declare the foregoing statements are true and correctly stated.



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Granting the following:
 (1) $\text{Pr}(\text{H}) = 0.5$ and $\text{Pr}(\text{H}^c) = 0.5$
 (2) $\text{Pr}(E|\text{H}) = 0.9$ and $\text{Pr}(E|\text{H}^c) = 0.1$
 (3) $\text{Pr}(E^c|\text{H}) = 0.1$ and $\text{Pr}(E^c|\text{H}^c) = 0.9$


$$\begin{aligned} \mathbb{E}[\langle \mathbf{f}_t, \mathbf{f}_t \rangle] &\leq \mathbb{E}[\langle \mathbf{f}_t, \mathbf{f}_t \rangle] + \mathbb{E}[\langle \mathbf{f}_t, \mathbf{f}_t \rangle] + \mathbb{E}[\langle \mathbf{f}_t, \mathbf{f}_t \rangle] + \mathbb{E}[\langle \mathbf{f}_t, \mathbf{f}_t \rangle] + \mathbb{E}[\langle \mathbf{f}_t, \mathbf{f}_t \rangle] \\ &\leq \mathbb{E}[\langle \mathbf{f}_t, \mathbf{f}_t \rangle] + \mathbb{E}[\langle \mathbf{f}_t, \mathbf{f}_t \rangle] + \mathbb{E}[\langle \mathbf{f}_t, \mathbf{f}_t \rangle] + \mathbb{E}[\langle \mathbf{f}_t, \mathbf{f}_t \rangle] + \mathbb{E}[\langle \mathbf{f}_t, \mathbf{f}_t \rangle] \\ &\leq \mathbb{E}[\langle \mathbf{f}_t, \mathbf{f}_t \rangle] + \mathbb{E}[\langle \mathbf{f}_t, \mathbf{f}_t \rangle] + \mathbb{E}[\langle \mathbf{f}_t, \mathbf{f}_t \rangle] + \mathbb{E}[\langle \mathbf{f}_t, \mathbf{f}_t \rangle] + \mathbb{E}[\langle \mathbf{f}_t, \mathbf{f}_t \rangle] \end{aligned}$$