

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	10/11/2017 11:03
Date Of Accident	09/11/2017 21:30
Exact Location Of Accident	PIE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLF3611T
Insured/Policyholder	
Name Of Registered Owner	LION CITY RENTALS PTE LTD
Co Reg No	201504621K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-31584255
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 (A)
Exact Purpose for which vehicle was being used at time of accident	SMOVE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995174
Cove Note Number	
Driver	
Name of Driver	YONG TECK YEONG
NRIC No	S7210624E
Date Of Birth	24/03/1972
Occupation	OUTDOOR
Date Of Driving Pass	11/08/1992
Driving Experience	25 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR

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) 2

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name JURONG EAST NEIGHBOURHOOD POLICE CENTRE

Police Station Address **ROAD:** NO. 92 BOON LAY WAY , **POSTCODE:** 609962 , **COUNTRY:** SINGAPORE

Police Station Contact **TEL NO:** 1800-8999999 - **FAX NO:** 66655791

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT

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 YM5470D

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver WONG SIEW YU

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SH9112J

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

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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

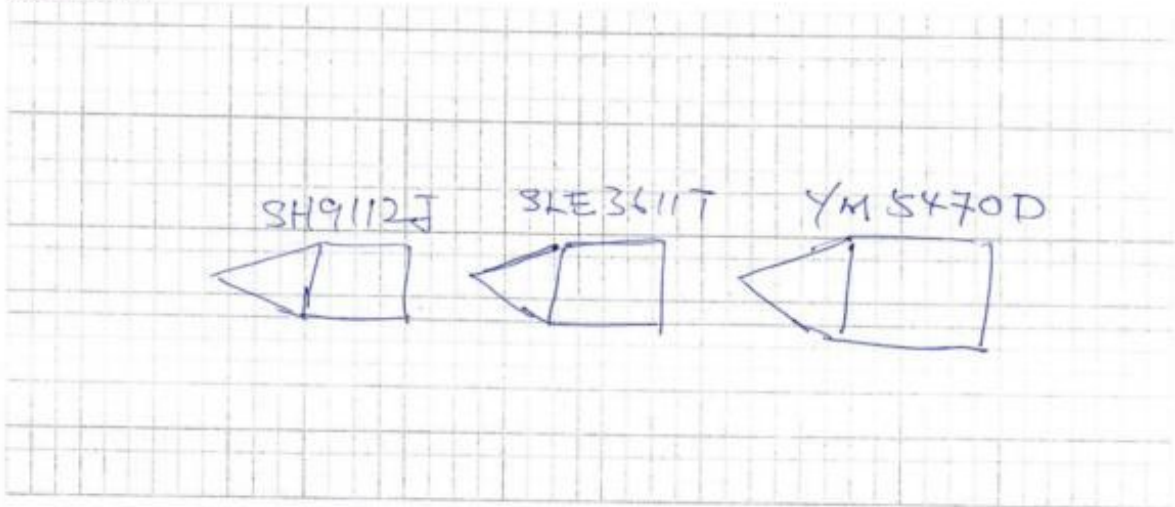


Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Along PIE towards Tuas near BKE

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:



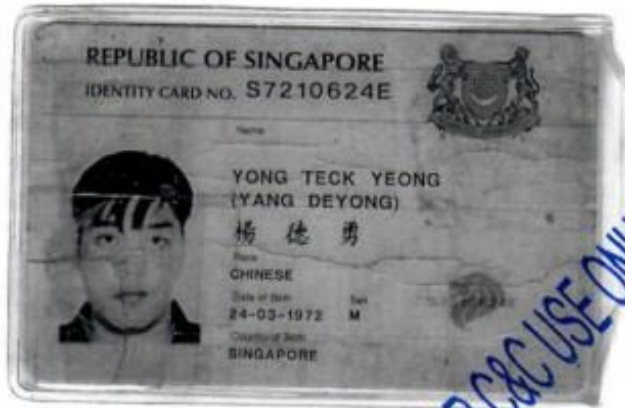
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

[Handwritten signature]

Sketch Plan #3



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

Annex D

NOTICE OF REPORTING

This is to confirm that Yong Teck Yong, NRIC/FIN
S721062415, has reported to the Police a non-injury traffic accident which
occurred at Along PIE towards Tress near BKE exit

on 09/11/17 at 2:30hrs (pm) involving the following vehicles:

SLF3611T (Silver Mitsubishi)
Ym5470D (Blue Mitsubishi L200)
SH9125 (Comfort Taxi)

2. If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt P40002. Noel Zamulari

Date: 09/11/17 Time: 2:30hrs

S/D Ref: 101

Police Post/Unit: Along exit. Hqs

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police East

Neighbourhood Police Centre

No 92 Boon Lay Way

Singapore 609962

Tel : 1800-8999099

Accident Photo



Police Report

Annex D

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Neighbourhood Police Centre

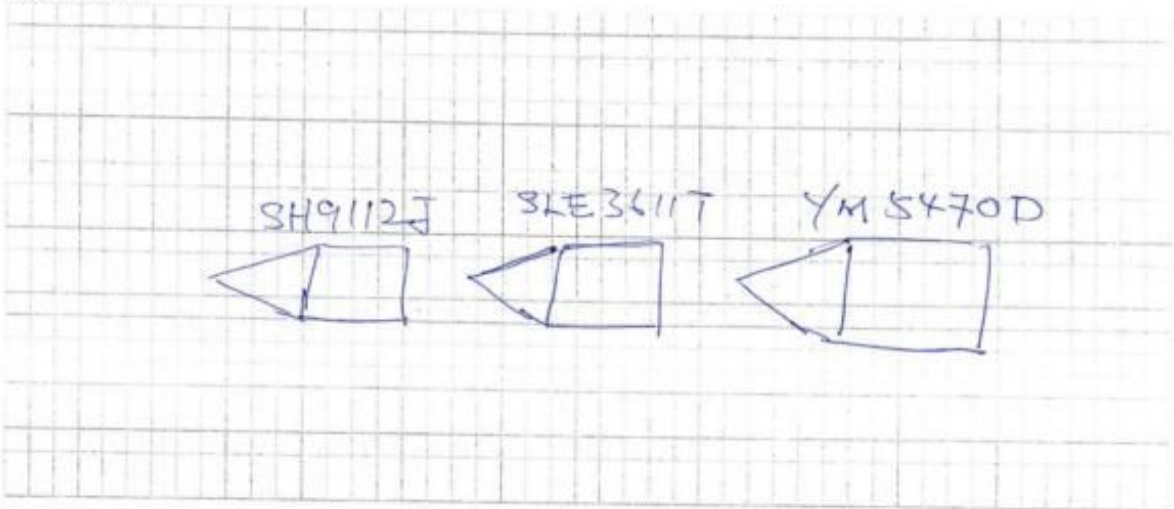
No 92 Boon Lay Way

Singapore 609962

Tel : 1800-8999099

Addendum Sheet

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Along PIE towards Tuas near BKE

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 & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

[Handwritten signature]