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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

Cover 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

EMail 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.

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

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
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- 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.
- The 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.
- By the lodgment 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.
- 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:
 - 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:
 - 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.

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Sketch Plan #2

SKETCH PLAN				
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DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT			
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			1	
DECLARATION				()
//We declare the foregoing par	Reider are true in even	v vespect.	REN PAR SO TO	-4
Policyholder's Signature Date & Time:	Driver's Signat (If driver is not Date & Time:	the policyholder)	Nar	porting Centre Personnel's Signature ne: IC/FIN No.:

Sketch Plan #3

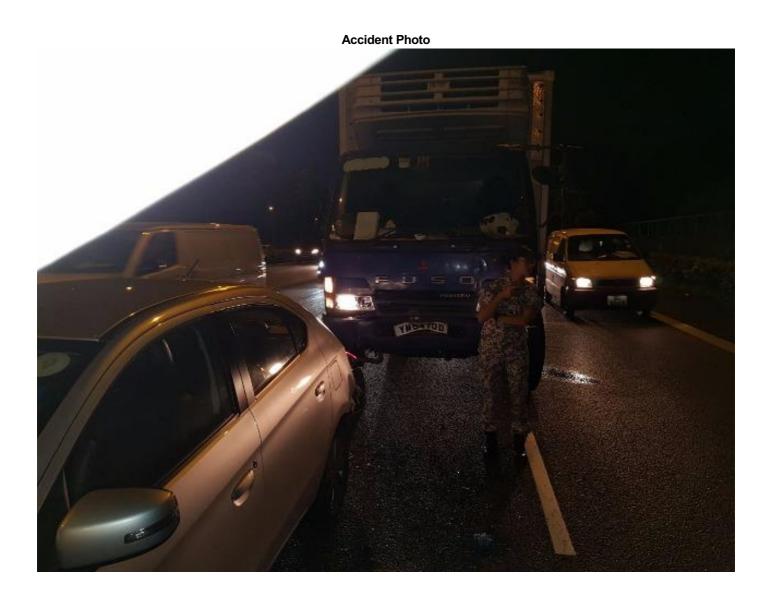
















	NOTICE OF REPORTING
This is to co	nfirm that Your Tecz Years NRIC/FIN
572166241	has reported to the Police a non-injury traffic accident whic
occurred at	Morey PIE bounds Tues year BKE ex. +
on onlylif	at 2130m/6m/sm/6m involving the following vehicles:
	SLF36117 (Silver Witsubish)
	MM2430D (Blue Mitsubshir lorg)
	SH 91123 (Confort Text)
Rank/Nam	ne of Issuing Officer: Spt 7140002 Med Zamelar Ala hill 7 Time: 2324415
Date: 04	hil(7 Time: <u>9328475</u>
Date: 05/ S/D Reft _ Police Pos Original - to	hil(7 Time: <u>9328475</u>
Date: 05/ S/D Reft _ Police Pos Original - to	In Time: D326425 to st/Unit: Series Esci No. to be issued to informant to be submitted to Traffic Police Centre No 92 Roon Lay Way Singapore 669962
Date: 05/ S/D Reft _ Police Pos Original - to	In Time: D326425 to st/Unit: Series Esci No. to be issued to informant to be submitted to Traffic Police Centre No 92 Roon Lay Way Singapore 669962
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Addendum Sheet

KETCH PLAN				
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CLARATION				
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Date & Time:

NRIC/FIN No.: