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 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

	ACCIDENT STATEMENT
Date Of Report	17/11/2017 10:28
Date Of Accident	15/11/2017 19:15
Exact Location Of Accident	HOWARD RD
Country/State of Loss	SINGAPORE
[DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG7157G
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62414992
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	ASMAR INDRA BIN ANWAR
NRIC No	S1165431B
Date Of Birth	09/12/1955
Occupation	OLITOOD

OUTDOOR Occupation 07/01/2008 **Date Of Driving Pass**

9 YEARS AND 10 MONTHS **Driving Experience**

MALE Gender

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 PAID DRIVER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

-

2

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

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.

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO OVER-WRITTEN

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SJK1094X

Vehicle Registration Number

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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- 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.
- 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;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the malling 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 taw 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.

Rag No.

Policyholder's-Signature / Date &

19/11/13

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

Witnessed by Reporting Centre Personnel

Sketch Plan

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Declaration

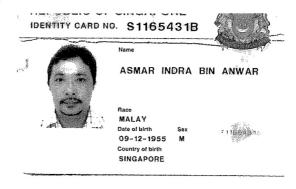
IWe declare the foregoing particulars are true in every respect.

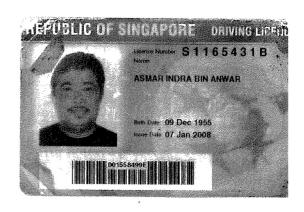
Policyholder's Signature / Date & Time

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

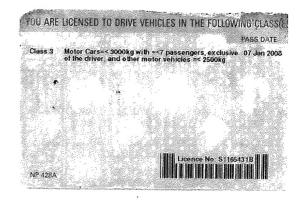
Witnessed by Reporting Centre Personnel

Sketch Plan #3 Pg. 1

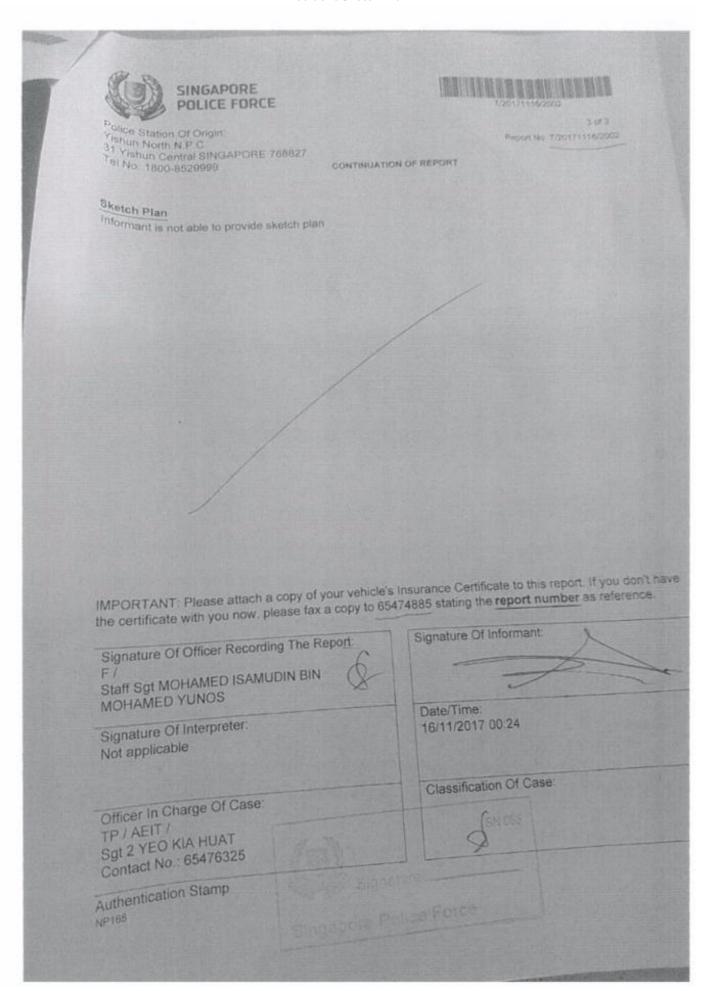








Accident Sketch Plan



Accident Sketch Plan



Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No. 1800-8529999



Date of Expiry

1 of 3 Report No. T/20171118/2002

REPORT OF A TRAFFIC ACCIDENT

OPERATIONS SECURITY

	ne Report N 017 00:24	Made:	Vide Report No.	Station Diary No.:
Informa	nt's Partic	ulars		
	Informant: INDRA BIN		Address	
	/ ID No.: 0 / S11654	31B	Contact No. Home/Office:	Mobile:
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 61	Date of Birth: 09/12/1955	Type of Informant Driver	
Race: Malay			Language: English	Institution / School Name:
Occupat	tion:		Driving Licence Information	

Class: 3

Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 15/11/2017 19:15	Type of Location Straight Road
Location: Along Road 1 HOWARD RO					
Weather;		Road Dry	Surface:		Road Speed Limit: 50 Km/h
Clear		Traffic	Control		Traffic Volume:
Clear Traffic Flow. Two Way		The second secon	ontrolled		No Traffic

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJK1094X	Car	TOYOTA	Rush	Black		0
SLG7157G	Car	HONDA	Shuttle	Grey	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Accident Sketch Plan





2 of 3 Report No. T/20171116/200

CONTINUATION OF REPORT

Name	TENG MUI NOI		IDN	0.	S7532250Z
Related Vehi	icle SJK1094X (Car)		Cont	act No.	
Hospital/Clinic			Class Drivin Licen Expir	ng	Class: NIL Date of Expiry: NIL
Date Treatmen		Date	Discharge		
	anted Medical Leave NIL	Degre	ee of Injury	NIII	
Driver		- Cogic	or injury	INIL	
Name	ASMAR INDRA BIN ANWA	R	ID No		S1165431B
Related Vehicle	SLG7157G (Car)				
	(July)		Conta	ict No.	
ospital/Clinic	ROYAL CARE MEDICAL YIS				
	JUNCTION 9	SHUN	Class Drivin Licend	g ce &	Class: 3 Date of Expiry: NIL
ate Treatment	15/11/2017		Expiry	Date	
. of Days grant	ed Medical Leave 05	Date D	ischarge of Injury	15/11/	2017

ief Details.

15/11/2017 at about 7.15pm, I was driving my part time job, as a Uber driver on my rental vehicle, G7157G, Honda Shuttle together with a female passenger along Howard Road. Near to Novelty Centre, there was a vehicle, SJK1094X came out from the building carpark and immediately turn left

e driver had make a wide turn and hit onto the right side of my vehicle. After which, both of us stop and chairmour insurance. My front right side was damage. I made a check on my passenger and she did

ch, my daughter came and pick me up and I went to Royal Care Medical Yishun Junction 9 as I felt

n lodging this report for insurance claims. There was no ambulance or police officers came to the











Addendum Sheet

LCRF

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

- 1			
10.	ADDE	NDUM	
(A)	PARTICULARS OF PERSON MA	AKING THE AMENDMENTS:	
Original Report No :	MUAITE2278	Vehicle Registration No :	SLG 7157G
ame(as shown in NRIC):	Asmar Indra Bin	Anwar	
	(*Vehicle Driver / Vehicle O	wner) (*) Please delete as ap	propriate
NRIC/Passport No :			
		(H/P):	
(Email):			
Date of Accident :	15/11/2017	Time of Accident :	19 16 Hrs
	Marriel D. I		
Place of Accident :	Tloward Kood		
Insurance Company: (B) ve made a report on the	ADDITIONAL INFORMATION	/ AMENDMENTS: nd would like to include addi	tional information o
Insurance Company: (B) ve made a report on the following amendments.	ADDITIONAL INFORMATION above mentioned accident a	nd would like to include add	
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