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 aforesaid.

ACCIDENT STATEMENT	
Date Of Report	20/11/2017 11:38
Date Of Accident	20/11/2017 09:30
Exact Location Of Accident	MARINA BLVD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLK5516X
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-31584255
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRER
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	NO
Policy Number	999995174
Cover Note Number	
Driver	
Name of Driver	TAN SEOW WAH
NRIC No	S1481927D
Date Of Birth	11/06/1961
Occupation	OUTDOOR
Date Of Driving Pass	03/05/1982
Driving Experience	35 YEARS AND 6 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	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.	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

REFER TO STATEMENT

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	SHC400T
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

[illegible] NOTICE

[illegible] correctly the details of the accident to speed up the claims process.

[illegible] must be completed by the Policyholder and/or the Authorised Driver.

[illegible] must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may [illegible] companies to repudiate policy liability.

[illegible] of this Form by insurance companies is not an admission of policy liability on the part of the insurance [illegible]

[illegible] may be referred to the Police for investigation.

[illegible] by the insurers of the GIA Records Management Centre established by the General Insurance Association [illegible] copies of this report will for a fee be made available upon application by interested parties [illegible] you hereby consent to the archiving of this report at the centre and to copies of the [illegible] report to the insurers [illegible] made available as aforesaid.

[illegible] the Personal Data Protection Act (PDPA)

[illegible] agree and consent that:

[illegible] and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose [illegible] personal information set out in this [form] and any other personal information provided by me or [illegible] ("Personal Information") and disclose and transfer such Personal Information to all insurers [illegible] who have insured vehicle(s) involved in this accident shall be [illegible] involved in this accident (all insurer(s) [illegible] the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant [illegible] such as the police), for the purpose(s) of:

[illegible] with my claims including the settlement of the claims and any necessary investigations relating to [illegible] the accident and/or my claims;

[illegible] with my instructions or responding to any enquiries by me;

[illegible] including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve [illegible] personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail [illegible]

[illegible] administering, processing, handling and/or dealing with my claims

[illegible] Purposes");

[illegible] involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect [illegible] for one or more of the above Purposes; and

[illegible] Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents [illegible] which may be sited outside of Singapore, for one or more of the above Purposes.

LION CITY RENTALS PTE LTD

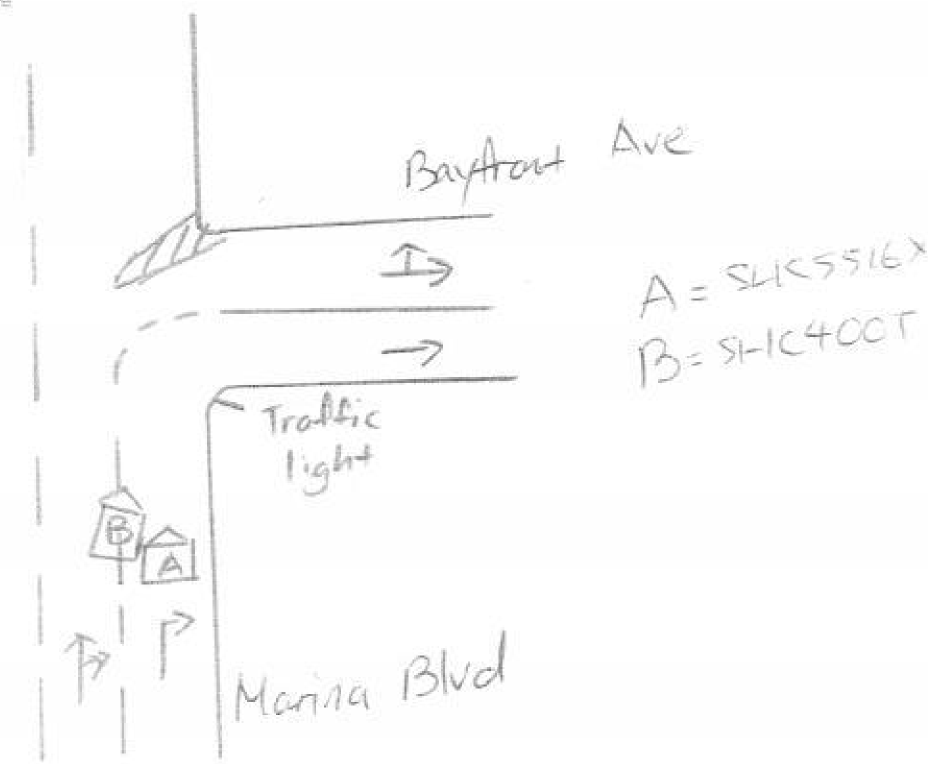
DING AUTO PTE LTD

[illegible] Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 20/11/2017 at 9.30am I was travelling at Marina Blvd. A few second later, a m/taxi SHC4007 suddenly cut into the lane and hit onto my front left side portion. No one was injured.

Because the Taxi is alighting the Rider and turning Right, Fitering right lane

Declaration

I declare that the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel