

## 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	23/11/2017 16:47
Date Of Accident	22/11/2017 17:10
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLG1457E
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-1.6 CLASSIC CVT (A)
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	REPORTING ONLY
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	999995174
Cover Note Number	
Driver	
Name of Driver	MOHAMED JAAFAR BIN ALWI
Passport No/FIN	S1374245F
Date Of Birth	05/06/1959
Occupation	OUTDOOR
Date Of Driving Pass	07/03/1986
Driving Experience	31 YEARS AND 8 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 - PRIVATE HIRER

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident SIDE SWIPE

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) 3

#### 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 SLP9510J

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver LEE RIO RA

NRIC/Passport Number S7562217A

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 Pg. 1

## SKETCH PLAN

### 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 liability.
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. 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.
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)
  - (a) I understand, acknowledge, agree and consent that:
    - (i) 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 accessed 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) investigating the accident and/or my claims;
      - (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
      - (iii) 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
      - (iv) complying with applicable law in administering, processing, handling and/or dealing with my claims.
    - (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.

Policyholder's Signature / Date & Time  
 The  
 Sketch Plan

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

Witnessed by Reporting Centre Personnel



KALLANG VIADUCT

A = SLG1457E  
 B = SLP9510J  
 @ Rio Ra  
 S7562217A


Sketch Plan #2 Pg. 1

Describe Circumstances of the Accident

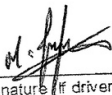
ON 22<sup>ND</sup> NOVEMBER 2017 AT AROUND 1710PM AS I TRAVELLING ALONG  
PIE TOWARD TUNAS AFTER ALJUNED FLYOVER @ J LANE 11 AND  
FILTER TO LANE 2 DUE TO GIVEWAY FOR EMERGENCY VEHICLE  
AND SUDDENLY A VEHICLE NO. SLP 9510J HIT MY SIDE FRONT  
BUMPER.

Declaration

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

  
Witnessed by Reporting Centre  
Personnel



Accident Photo



Accident Photo



Accident Photo





Accident Photo





**Accident Photo**



Accident Photo



Accident Photo



Accident Photo





Accident Photo

