# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 04/01/2018 17:49

# 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 policyliability 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. But he ladgement of this report to the incurrent you hereby consent to the archiving of this report at the centre and to expise of the

<ol><li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li></ol>	ent to the archiving of this report at the centre and to copies of the report being made available						
	ACCIDENT STATEMENT						
Date Of Report	04/01/2018 17:22						
Date Of Accident	11/11/2017 23:05						
Exact Location Of Accident	QUEENSWAY						
Country/State of Loss	SINGAPORE						
DETAILS OF OWN VEHICLE							
Vehicle Registration Number	SLG9510G						
Insured/Policyholder							
Name Of Registered Owner	LCRF PTE LTD						
Co Reg No	201624597K						
Email Address	NOEMAIL						
Mobile Phone No							
Alternative Phone No	Office-66944919						
Vehicle Particulars							
Manufacturer	HONDA						
Model	GRACE						
Exact Purpose for which vehicle was being used at time of accident	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	YES						
Policy Number	999995152						
Cover Note Number							
Driver							
Name of Driver	ONG YAO LIANG, DANIEL						
NRIC No	S8111013A						
Date Of Birth	21/04/1981						

Occupation **OUTDOOR** Date Of Driving Pass 30/12/2002

14 YEARS AND 10 MONTHS **Driving Experience** 

MALE Gender

Mobile Number (LOCAL) +65-90106639

Fax Number

Contact Number

EMail Address NOEMAIL

6 BENOI SECTOR Address Postcode

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident **COLLISION - CROSS JUNCTION** 

OTHER - HIRER

NO

NO

1

NO

NO

Weather Conditions **CLEAR** DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance? 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)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO PHOTOS ATTACHED, THANK YOU.

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** 

SLM9739H

VEH. B PRIVATE CAR

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

### SKETCH PLAN

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- 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.
- 8y 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.

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

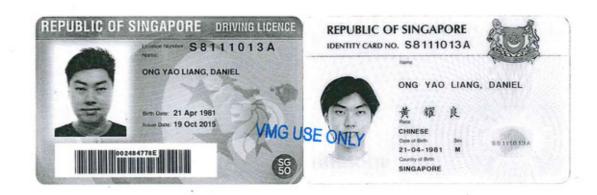
Reporting Centre Personnel's Signature

NRIC/FIN No.:

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Queusway
(A) SLG 9510G
(B) SLM 9739H

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	Policyholder 3 Signatu	Rag. Ho. 20162458FK	Driver's Signature	L9	Dagger	Char	_
	Date & Time:	*	(If driver is not the p Date & Time:	oolicyholder)	Name: NRIC/FIN	g Centre Personnel's Signature	





**Accident Photo** 







**Accident Photo** 



**Accident Photo** 

















