

## 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	29/12/2017 10:12
Date Of Accident	29/12/2017 01:35
Exact Location Of Accident	ALG RIVER VALLEY RD. NEAR BRIDGE AT CLARKE QUAY.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK2059T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-94353934

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994979
Cover Note Number	

### Driver

Name of Driver	LIEW KANG SENG
NRIC No	S1583284C
Date Of Birth	12/03/1963
Occupation	OUTDOOR
Date Of Driving Pass	07/06/1990
Driving Experience	27 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94353934
Fax Number	
Contact Number	
EMail Address	LESTERLIEW@HOTMAIL.COM

Address Postcode	BLK 304 UBI AVENUE 1 #04-95 SINGAPORE 400304
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
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.	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

I HAD JUST DROPPED OFF MY PASSENGER AT THE BUSTOP ALONG RIVER VALLEY RD. THE QUEUE OF TAXIS WAS VERY LONG ON THE EXTREME LEFT LANE. I SIGNALLED RIGHT AND INTENDED TO FILTER BACK INTO THE MAIN RD FROM THE BUSTOP. MY VEHICLE WAS STATIONARY WHEN SUDDENLY VEHICLE SH7654A CAME FROM THE REAR RIGHT SIDE TO OVERTAKE MY VEHICLE AND CUT INTO THE LANE I WAS FILTERING INTO. VEHICLE SH7654A HAD BRUSHED AGAINST THE FRONT RIGHT PORTION OF MY VEHICLE. NO INJURIES WERE INVOLVED.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PENDING VIDEO FROM INSURED
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7654A
Vehicle Make/Model/Colour	HYUNDAI/I40
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CELINE CHONG MEI YIN
NRIC/Passport Number	S7538830F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

# Sketch Plan

## SKETCH PLAN

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**E. 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 my 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) 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/small packages); and/or
  - (v) 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.

**VERIFIED BY AJAX MARS**  
**REPORTING OFFICER**  
 Ammar Hamizan Bin  
 Khairudin  
 Witnessed by Reporting Centre  
 Personnel

Policyholder's Signature / Date & Time

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

**Sketch Plan**

# Common Statement

**ACCIDENT STATEMENT (2000 characters)**

I HAD JUST DROPPED OFF MY PASSENGER AT THE BUSTOP ALONG RIVER VALLEY RD. THE QUEUE OF TAXIS WAS VERY LONG ON THE EXTREME LEFT LANE. I SIGNALLED RIGHT AND INTENDED TO FILTER BACK INTO THE MAIN RD FROM THE BUSTOP. MY VEHICLE WAS STATIONARY WHEN SUDDENLY VEHICLE SH7654A CAME FROM THE REAR RIGHT SIDE TO OVERTAKE MY VEHICLE AND CUT INTO THE LANE I WAS FILTERING INTO. VEHICLE SH7654A HAD BRUSHED AGAINST THE FRONT RIGHT PORTION OF MY VEHICLE. NO INJURIES WERE INVOLVED.

Taxi Voucher No.:

**DECLARATION**

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
AMMAR HAMIZAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time:

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Identification Card

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S1583284C**

Name  
**LIEW KANG SENG**  
**劉 淦 榮**

Race  
**CHINESE**

Date of Birth  
**12-03-1963**

Sex  
**M**

Country of Birth  
**SINGAPORE**



Identification Card





Driving License

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S 1583284C**  
Name:  
**LIEW KANG SENG**

Birth Date: **12 Mar 1963**  
Issue Date: **12 May 2003**



 000472094J

Driving License

