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 <u>truthful and accurate</u> 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. 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	07/01/2018 17:16
Date Of Accident	07/01/2018 14:15
Exact Location Of Accident	ALONG LORNIE ROAD TOWARDS UPPER THOMSON
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ1975K
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE. LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-96807041
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5
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	999994926
Cover Note Number	
Driver	
Name of Driver	SHAMSUR BIN MISNOR
NRIC No	S1719931F

NRIC No S1719931E

Date Of Birth 18/09/1965

Occupation OUTDOOR

Date Of Driving Pass 06/10/1989

Driving Experience 28 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96807041

Fax Number

Contact Number

EMail Address SHAMSURMISNOR@GMAIL.COM

BLK 157 JALAN TECK WHYE #11-121 SINGAPORE 680157

Was driver an employee of the Insured's Company

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 CHAIN COLLISION

Weather Conditions **CLEAR** Road Surface WET

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 YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

NO 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 was driving along the said location, on the third lane of three lane road. I noticed vehicle C ahead stopped, I applied my brake to slow down. As my vehicle was about to stopped, I felt an impact from my rear. Vehicle b on my rear unable to stop and collided onto my vehicle, due to the impact and the wet road surface my vehicle surged forward and bump onto the rear of vehicle c. There was no injuries.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC2545X

Vehicle Make/Model/Colour HYUNDAI/I40 1.7L/BLUE

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver POH MENG KIAT NRIC/Passport Number S7009359F

Address

Postcode

Contact Number

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETALS OF OTHER VEHICLE PROPERTY 2

87105953

Vehicle Registration Number SI H3872X

Vehicle Make/Model/Colour AUDI/A3 SEDAN 1.4/BLACK

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

CHUA CHET SHIL

96737637

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SKETCH PLAN

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- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
 Any false reporting may be referred to the Police for investigation.
 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 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)
- I understand, acknowledge, agree and consent that:

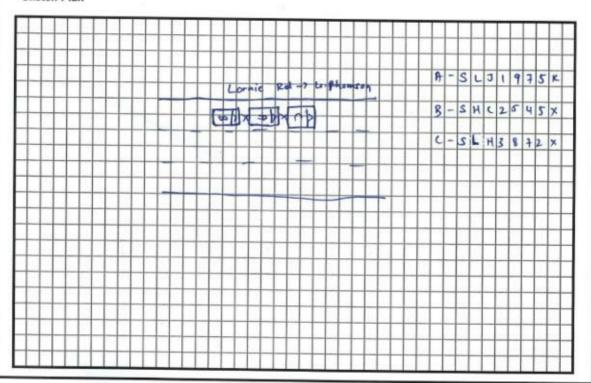
 (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or (a) My insurer, my workshop and the General insurance Association of Singapore (GIA) may/are permitted to collect, use, discusse and/or process my personal data/personal 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 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/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.

VERIFIED BY AJAX MARS REPORTING OFFICER MOHAMAD HELMY BIN **ALEHAM**

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

Witnessed by Reporting Centre Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was driving along the said location, on the third lane of three lane road. I noticed vehicle C ahead stopped, I applied my brake to slow down. As my vehicle was about to stopped, I felt an impact from my rear. Vehicle b on my rear unable to stop and collided onto my vehicle, due to the impact and the wet road surface my vehicle surged forward and bump onto the rear of vehicle c. There was no injuries.		
Are you claiming your own insurance policy for the repair of your vehicle?	Claim 3rd party	
DECLARATION I/We declare that the above particulars & information provide VERIFIED BY AJAX MARS REPORTING OFFICER - MOHAMAD HELMY BIN ALEHAM MARS Officer	Registered Owner or Driver's Signature Date/Time:	
Job Complete Date/Time	Date/Time:	

Accident Photo









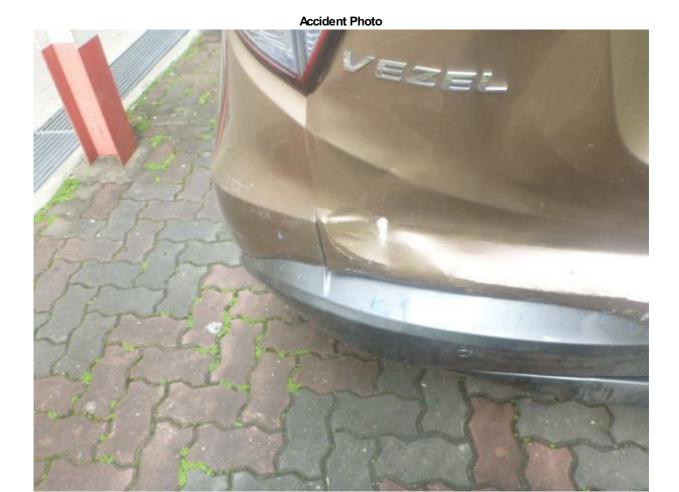














Accident Photo











