

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	11/01/2018 17:08
Date Of Accident	10/01/2018 15:00
Exact Location Of Accident	ALONG PIE NEAR LORNIE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG765Y
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	MITSUBISHI
Model	ATTRAGE-1.2 (A)
Exact Purpose for which vehicle was being used at time of accident	UBER
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	YES
Policy Number	999994968
Cover Note Number	

Driver

Name of Driver	MOHAMMAD REDZA BIN OTHMAN
NRIC No	S8308609B
Date Of Birth	16/03/1983
Occupation	OUTDOOR
Date Of Driving Pass	28/08/2007
Driving Experience	10 YEARS AND 4 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 - HEAD TO REAR
Weather Conditions	RAINING
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	Name: : NIKHIL Gender: : Male

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 ATTACHMENT

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Details of Witness 1

Name	NIKHIL
Phone Number	84556760
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL7404K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	VINCENT
NRIC/Passport Number	S8739328C
Contact Number	81860987
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT SIDE BUMPER DENTED
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SOH LI KUAH VINCENT
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBL7404K
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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:
 - (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.
- (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:
 - (i) 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: 11/11/18

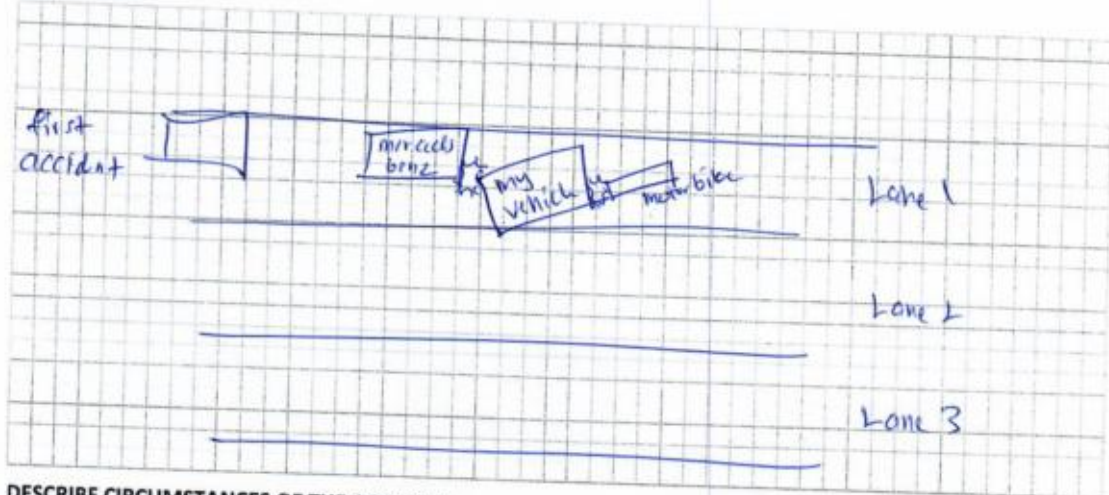



Driver's Signature
(If driver is not the policyholder)
Date & Time: 11/11/18




Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving along PIE going towards Changi near Lornie exit. There was another accident earlier in front and the traffic was heavy. The car in front slowed down to a stop. I then applied pressure on the brake to slow down the vehicle. Upon stepping on the brake, the car did not slow down as desired. I felt a vibrating sensation when pressing on the brake. I released the brake pedal and applied more pressure on the brakes. The car still did not slow down as how it should. I swerved to the left side of the road as I was on the first lane and there were no vehicles on my left then but the distance ~~was~~ was too short and hit the back of the car in front. I stopped the car and a motorcycle then hit the back of the car after I stopped. The motorcyclist was not injured, but had some pain on his hand and proceeded to the hospital on an ambulance. Followed the police to Thomson Heavy Vehicle Corport and was informed that they need to tow the car back for their investigation. The memory card of the camera was also taken.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 11/1/18 1245



Driver's Signature
(If driver is not the policyholder)
Date & Time: 11/1/18 1245



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

1) Number of Passengers in Vehicle A (Including driver)?

2

Passenger 1

Name : Redza

Gender : M / ~~F~~

Passenger 2

Name : Nikhi

Gender : M / ~~F~~

Passenger 3

Name : _____

Gender : M / F

Passenger 4

Name : _____

Gender : M / F

Passenger 5

Name : _____

Gender : M / F

Passenger 6

Name : _____

Gender : M / F

Passenger 7

Name : _____

Gender : M / F

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S8308609B**

Name: **MOHAMMAD REDZA BIN OTHMAN**

Birth Date: **16 Mar 1983**
Issue Date: **28 Aug 2007**

961525016K

FOR C&C USE ONLY

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8308609B**

Name: **MOHAMMAD REDZA BIN OTHMAN**

Race: **MALAY**
Date of birth: **16-03-1983** Sex: **M**
Country of birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

PASS DATE

Class 3 Motor Cars <= 2000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg

28 Aug 2007

NP 420A

Licence No: S8308609B

FOR C&C USE ONLY

4852821

S8308609B

Date of issue: **23-03-2013**

APT BLK 454 FAJAR ROAD #11-57G
SINGAPORE 670464

NRIC No: **S8308609B** Date: **10/01/2015**