MAII18008528 / Auto Insure Pte Ltd - HQ ENTRY DATE & TIME: 17/01/2018 14:04 SUBMITTED BY: Ngiaw Jie Ling

## 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  $\underline{\text{completed by the Policyholder and/or the Authorised Driver.}}$
- 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 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

aloresald.	
	ACCIDENT STATEMENT
Date Of Report	17/01/2018 14:04
Date Of Accident	17/01/2018 08:20
Exact Location Of Accident	BLK 347 ANG MO KIO AVE 3 OPEN CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW303L
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597k
Email Address	REPORTING@AUTOINSURE.COM.SG
Mobile Phone No	
Alternative Phone No	Office-31572626
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE-1.6 ABS AIRBAG 2WD 4DR (A)
Exact Purpose for which vehicle was being used at time of accident	
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 HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995061
Cover Note Number	
Driver	
Name of Driver	KEVIN SIM KWONG MIN

NRIC No S6812154Z Date Of Birth 03/04/1968 Occupation **OUTDOOR** Date Of Driving Pass 30/11/1995

**Driving Experience** 22 YEARS AND 1 MONTH

Gender MAI F

Mobile Number (LOCAL) +65-88212626

Fax Number

Contact Number

EMail Address NOEMAIL Address Postcode

6 MARSILING LANE

OTHER - HIRER

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**

COLLISION - MAJOR/MINOR RD Type Of Accident

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?

Was any injured conveyed to hospital by ambulance? 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)

Passenger 1

NO NO

NO

YES

NO

2

Name: : NA Gender: : Male

## **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?

NO

# NO

# Circumstances of Accident

## REFER TO ATTACHMENT

## 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

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver THAN KUAN WEI NRIC/Passport Number S8119256A Contact Number 93262201

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SLM4724H

#### Accident Sketch Plan

#### SKETCH PLAN

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- 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
- 7. By 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:
  - (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
- (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:

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

Date & Time:

sønnel's Signature

Name NRIC/FIN No.:

ETCH PLAN	
(8)	
0	
	A: 85w 303L
2 2 9	B: 8(m 47)4H
7 3	
Oh 17/1/2018 around 08: 20htg. 1	was Howellina Blk 347 Ana
off this fame adoption of a state of	MAS INDENTITY STATE THE
to kio Aue 3 open carpark.	
I had strend to silk a	a cassenser. After he
I had stopped to pickup	v 0
boarded my car, I procee	ed to reverse into an empty
lot to make a 4-turn.	After chillens for cars
	9
I signalled to turn right	and waited : A van on
my left had stopped to	let me turn. I then
proceed to turn right and	Suddenly a car from
my left hit my left sid	se of my car.
- 1	1
ECLARATION We declare the foregoing particulars are true in every respect.	
DEPTE VIlando	< 1 A////
Reyholder's Signature Driver's Signature	Reporting Centre Personnel's Signature
te & Time:   # (If driver is not the policyholder Date & Time: Q	Name: NRIC/FIN No.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S6812154Z



KEVIN SIM KWONG MIN

沈光明

CHINESE 03-04-1968 SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Compression S 6 8 1 2 1 5 4 Z

SIM KWONG MONG

Birth Date: 03 Apr 1968 Haus Date 05 Nov 2003

Land Transport Authority



VOCATIONAL LICENCE Licence No. 56812154Z Nime KEVIN SIM KWONG MIN

ssue Date : 22/8/2016

Please visit www.tta.gov.sg to check the status of this vocational licence



19-08-2005

APT BLK 436B FERNVALE ROAD #06-174 SINGAPORE 792436

NRIC No.: \$8812154Z

. Oato: 29/01/2016

OU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES

PASS DATE

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kitograms

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description

02 TAXI VL

Issue Date

22/08/2016









# **Accident Photo**





# **Accident Photo**











