

PP (M) clear. 1st capital.

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	15/01/2018 14:01
Date Of Accident	13/01/2018 00:45
Exact Location Of Accident	JUNCTION OF SHEARES AVENUE & MARINA BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH7965K
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201604597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62414992

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (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	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	999995174
Cover Note Number	

Driver

Name of Driver	TAY CHEE WEE
NRIC No	S8327126D
Date Of Birth	31/08/1983
Occupation	OUTDOOR
Date Of Driving Pass	15/12/2007
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	NOADDRESS
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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?	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)	4
Passenger 1	NAME: : NONAME GENDER: : MALE
Passenger 2	NAME: : NONAME GENDER: : MALE
Passenger 3	NAME: : NONAME 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 SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA9409X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 situated outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

SHERRES AVE



(SLH7965K)
A: MY CAR
B: YELLOW TAXI
X: HIT (SHAG409)

Sketch Plan #2

Describe Circumstances of the Accident

TIME ABOUT 00:46 HRS
STOP AT THE TRAFFIC LIGHT JUNCTION.
THERE ARE THREE LANES ALLOW TO TURN TO THE LEFT TO
SHEAR'S AVE HEADING TOWARDS ECP
I AM AT THE RIGHT LANE (3RD), THERE IS ANOTHER CAR IN FRONT
OF ME TURNING TO THE LEFT TOO.

ONCE I SIGNALLED LEFT AND TURN LEFT AT THE JUNCTION
TOWARDS THE EXTREME RIGHT LANE OF SHEPPES AVE AT A SPEED
OF ABOUT 15KM/H AS IT IS RAINING, SUDDENLY THIS YELLOW TAXI
HIT ME STRAIGHT ON ~~THE~~ MY LEFT BACK DOOR AREA WITH A STRONG
IMPACT.

THERE ARE 3 RIDERS IN MY CAR WHO ARE WILLING TO BE MY WITNESSES. THE IMPACT IS QUITE STRONG BUT NO ONE IN THE CAR IS INJURED.

I assume the taxi driver trying to go straight instead of ~~left~~ left even though it is only allow to turn left and he is unable to brake fast enough from fire.

FRONT CAMERA HAS CAPTURED THE INCIDENT AND 3 OR MORE CARS HAD WITNESSED THE ACCIDENT TOO.

WITNESSES: MOSES ~~912~~ 9695 2346 (RIDER)
GREG AND GF 9109 5286 (2 RIDERS)

UBER TRIP IN THE PROGRESS

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

TAY CHEE WEE

Driver's Signature (If driver is not the policyholder) / Date
13/01/18
0923HRS

Witnessed by Reporting Centre
Personnel