## 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 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 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 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.

Date Of Report 23/01/2018 16:52 Date Of Accident 23/01/2018 16:52 Date Of Accident 28/01/2018 10:00 Exact Location Of Accident REPUBLIC AVE (TOWARDS NICOLL HIGHWAY) Country/State of Loss SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Number SLE3879Z  Insured/Policyholder  Name Of Registered Owner LCRF PTE LTD Co Reg No 201624597K Email Address NOEMAIL  Mobile Phone No OFFICE-66944919  Vehicle Particulars  Manufacturer TOYOTA Model AXIO Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy or repair to your vehicle?  If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR  Insurance Company  Name of Insurance Company  Name of Insurance Company  AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy YES Policy Number  Driver	aloresald.				
Date Of Accident         23/01/2018 10:00           Exact Location Of Accident         REPUBLIC AVE (TOWARDS NICOLL HIGHWAY)           Country/State of Loss         SINGAPORE           VETAILS OF OWN VEHICLE           Vehicle Registration Number         \$LE3879Z           Insured/Policyholder           Name Of Registered Owner         LCRF PTE LTD           Co Reg No         201624597K           Email Address         NOEMAIL           Mobile Phone No         OFFICE-66944919           Vehicle Particulars         TOYOTA           Model         AXIO           Exact Purpose for which vehicle was being used at time of accident         HIRER           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         PIVATE CAR           Insurance Company         AIG ASIA PACIFIC INSURANCE PTE. LTD.           Type Of Coverage         COMPREHENSIVE           Fleet Policy         YES           Policy Number         99995065		ACCIDENT STATEMENT			
Exact Location Of Accident Country/State of Loss SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Number SLE3879Z Insured/Policyholder  Name Of Registered Owner Co Reg No Email Address NOEMAIL Mobile Phone No Alternative Phone No OFFICE-66944919  Vehicle Particulars  Manufacturer Model 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? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR  Insurance Company Name of Insurance Company AlG ASIA PACIFIC INSURANCE PTE. LTD. COMPREHENSIVE Fleet Policy Policy Number Cover Note Number	Date Of Report	23/01/2018 16:52			
Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number  SLE3879Z  Insured/Policyholder  Name Of Registered Owner  Co Reg No  201624597K  Email Address  NOEMAIL  Mobile Phone No  Alternative Phone No  OFFICE-66944919  Vehicle Particulars  Manufacturer  Model  AXIO  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy or pepair to your vehicle?  If No, Please state action to be taken  THIRD PARTY  Vehicle Category  PRIVATE CAR  Insurance Company  Name of Insurance Company  Name of Insurance Company  Name of Insurance Company  AIG ASIA PACIFIC INSURANCE PTE. LTD.  COMPREHENSIVE  Fleet Policy  Policy Number  OVENTY OF THE LTD  SLE3879Z  LCRE PTE LTD  LCRE PTE LTD  LCRE PTE LTD  NO  OTFICE-66944919  Vehicle Category  PRIVATE CAR  Insurance Company  AIG ASIA PACIFIC INSURANCE PTE. LTD.  COMPREHENSIVE  Fleet Policy  Policy Number  OVENTY OF THE NUMBER  Policy Number  OVENTY OF THE NUMBER  NO  COMPREHENSIVE  Policy Number	Date Of Accident	23/01/2018 10:00			
Vehicle Registration Number SLE3879Z  Insured/Policyholder  Name Of Registered Owner LCRF PTE LTD Co Reg No 201624597K Email Address NOEMAIL  Mobile Phone No Alternative Phone No OFFICE-66944919  Vehicle Particulars  Manufacturer TOYOTA Model AXIO  Exact Purpose for which vehicle was being used at time of accident to your vehicle?  If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR  Insurance Company  Name of Insurance Company  Name of Insurance Company  Name of Insurance Company  Policy Number  SLE3879Z Policy SLE3879Z  AIG ASIA PACIFIC INSURANCE PTE. LTD. COMPREHENSIVE Policy Number Policy Number	Exact Location Of Accident	REPUBLIC AVE (TOWARDS NICOLL HIGHWAY)			
Vehicle Registration Number   SLE3879Z   Insured/Policyholder     Name Of Registered Owner   LCRF PTE LTD     Co Reg No   201624597K     Email Address   NOEMAIL     Mobile Phone No     Alternative Phone No   OFFICE-66944919     Vehicle Particulars     Manufacturer   TOYOTA     Model   AXIO     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?     If No, Please state action to be taken   THIRD PARTY     Vehicle Category   PRIVATE CAR     Insurance Company     Name of Insurance Company   AIG ASIA PACIFIC INSURANCE PTE. LTD.     Type Of Coverage   COMPREHENSIVE     Fleet Policy   YES     Policy Number   999995065     Cover Note Number	Country/State of Loss	SINGAPORE			
Insured/Policyholder  Name Of Registered Owner Co Reg No 201624597K Email Address Mobile Phone No Alternative Phone No OFFICE-66944919  Vehicle Particulars  Manufacturer Model 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? If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Name of Insurance Company Name of Insurance Company Policy Number Sepantal Company Policy Number Sepantal Company Policy Number Policy Number Sepantal Company Policy Number Sepantal Company Policy Number Policy Policy Policy Policy Policy Policy Policy Number Policy P	DETAILS OF OWN VEHICLE				
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Insurance Company  Name of Insurance Company  AIG ASIA PACIFIC INSURANCE PTE. LTD.  Type Of Coverage  COMPREHENSIVE  Fleet Policy  Policy Number  999995065  Cover Note Number	If No, Please state action to be taken	THIRD PARTY			
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Policy Number 999995065 Cover Note Number	Type Of Coverage	COMPREHENSIVE			
Cover Note Number	Fleet Policy	YES			
	Policy Number	999995065			
Driver	Cover Note Number				
	Driver				

Name of Driver TAN GEK KEOW NRIC No S1167716I Date Of Birth 14/04/1956 Occupation **OUTDOOR Date Of Driving Pass** 26/04/1978 **Driving Experience** 

39 YEARS AND 8 MONTHS

**FEMALE** Gender Mobile Number +65-90106639

Fax Number **Contact Number** 

**EMail Address NOEMAIL**  Address 6 BENOI SECTOR

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 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?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 2

NO

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO PHOTOS ATTACHED, THANK YOU.

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 SHD9904S

Vehicle Make/Model/Colour

Details Of Properties VEH. B

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

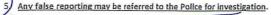
No. Of Passenger (Including Driver)

#### Accident Sketch Plan Pg. 1

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
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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 the insurance companies.



- 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
  interested parties.
- 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 "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:
  - 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.

7

Policyholder's Signature Date & Time:

and the second of the contract of the contract

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

NIKO

# Accident Sketch Plan Pg. 2

SKETCH PLAN

Car A: SLD38792 Car B: SHD 99045

Location: Republic Ave CTowards Nicoll Hwy
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  On 23 0(18 Of 10:00am, my vehicle
A was travelling along Republic Ave
CTOLORICON HUND at the slip
and stationary behind the stop line
waiting for the major road vehicles
to be cleared, suddenly my nehicle A
down to assess the accident sume
and realise wehicle is has collided
onto my vehicle A.
J
DECLARATION
Policyholder's Signature Date & Time:    Content   Content   Content

## **IDENTIFICATION CARD & DRIVING LICENCE**

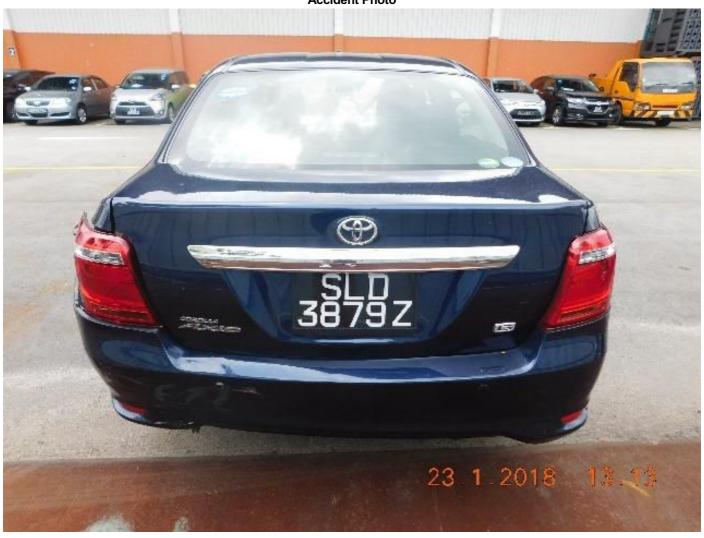








# **Accident Photo**







# **Accident Photo**



# **Accident Photo**



## Addendum Sheet Pg. 1

# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

2		NDUM
(A)	PARTICULARS OF PERSON M	AKING THE AMENDMENTS:
Original Report No :		Vehicle Registration No : SLD \$ 8 79
Name(as shown in NRIC):	<u>LCR</u>	
	(*Vehicle Driver / Vehicle O	wner) (*) Please delete as appropriate
NRIC/Passport No:	201504622	
Address :		
Contact (Tel) :	66944919	(H/P):
(Email) :		
Date of Accident :	25/01/18	Time of Accident: (0:002m
Place of Accident :	Republic A	re (Towards Micoll Hu
Insurance Company:	ALG	
have made a report on the he following amendments:	01 (	nd would like to include additional information or make
110010101010	> 0 YIO ( 03 ·	
(E) (Reg Pos.)		
gnature of Vehicle Owner/	Driver	
ate:		

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030 Operating Hours : Monday to Friday 9am to 5pm