

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 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	13/02/2018 12:55
Date Of Accident	12/02/2018 10:25
Exact Location Of Accident	AYE BEFORE ALEXANDRA RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ9002D
Insured/Policyholder	
Name Of Registered Owner	POPULAR RENT A CAR PTE LTD
Co Reg No	199608195Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67428888

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994983/100831378-00008
Cover Note Number	01/08/2017 TO 31/07/2018

Driver

Name of Driver	LING CHUNG HANG
NRIC No	S7075910A
Date Of Birth	29/05/1970
Occupation	INDOOR
Date Of Driving Pass	05/08/1995
Driving Experience	22 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90385609
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 81 REDHILL LANE #11-57 (S) 150081
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?	NO
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
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TIONG BAHRU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2739999 - FAX NO: 62785651
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer with police report a/20180212/2078

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	SHD7164Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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

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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:

Handwritten signature of the driver.

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

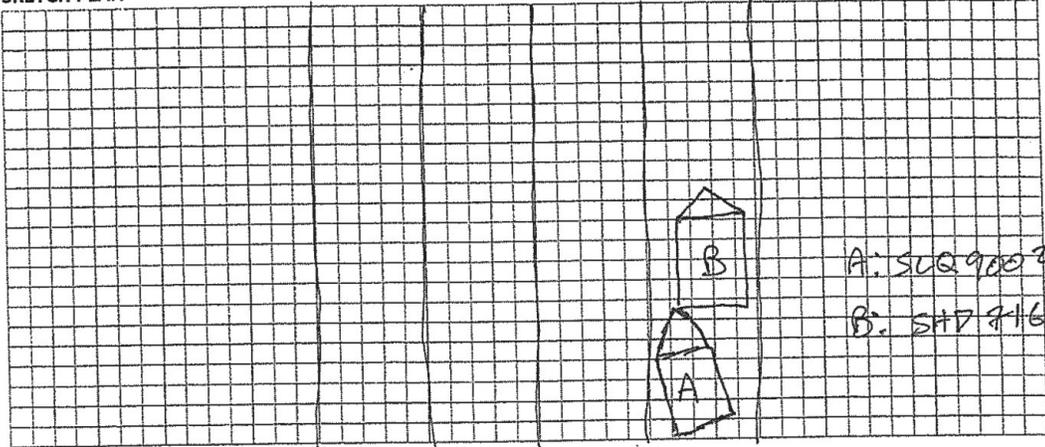


Reporting Centre Personnel's Signature

Name: 12/2/2018
NRIC/FIN No.:

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT NO. A/20180212/2078

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


POLYBUREAU INSURANCE LTD

Policyholder's Signature
Date & Time:



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


W FOOK SING MOTOR

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



AIG Asia Pacific Insurance Pte. Ltd.
AIG Building
78 Shenton Way
#07-16

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : LING CHUNG HANG
VEHICLE NUMBER : SLQ 9002 D
DATE/TIME OF ACCIDENT : 12 FEB 2018 / 1025
PLACE OF ACCIDENT : AYE TOWARDS CITY, BEFORE ALEXANDRA EXIT
THIRD PARTY VEHICLE (IF ANY) : SHD 7164 Z

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

NUS U-TOWN TO REDHILL

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATH-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NO.

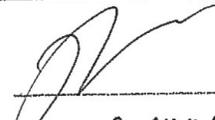
WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

SLQ 9002 D - FRONT RH

SHD 7164 Z - REAR LH

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO.


Name: LING CHUNG HANG

I Affirmed The Above Information Is Given To My Best Knowledge.

