

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	27/02/2018 14:41
Date Of Accident	13/02/2018 12:50
Exact Location Of Accident	UPPER CHANGI ROAD EAST SLIP RD TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG7100U
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	TOYOTA
Model	PRIUS HYBRID-1.8 (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	THIRD PARTY
Fleet Policy	YES
Policy Number	999995174
Cover Note Number	

Driver

Name of Driver	AZRUN BIN ZAINULLAH
NRIC No	S9045815I
Date Of Birth	25/11/1990
Occupation	OUTDOOR
Date Of Driving Pass	29/06/2015
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail 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	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?	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1


Vehicle Registration Number	SHD9480Y
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)	


Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

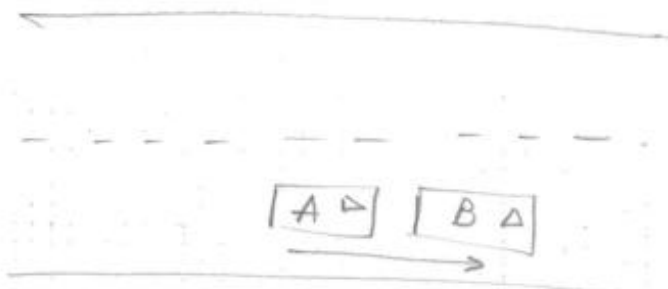
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8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process 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.


Policyholder's Signature / Date & Time

 27/6/2018 14:20
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



A : SLG 7100 U
B : SHD 9480 Y

Sketch Plan #2

Describe Circumstances of the Accident

7:00 PM


As I was driving along Upper Changi Road East Flyover towards PTE on the 1st lane, a taxi (SND 4807) driving in front of me jammed his brakes very suddenly.

I managed to brake the vehicle in time, only for the car to skid forward slightly thus kissing the taxi's rear bumper.


No particulars were exchanged or photos were taken.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time



 27/02/2018 14:20
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan #3

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S90458151



Name
AZRUN BIN ZAINULLAH
عزرون بن زين الله
Race
BOYANESE
Date of birth
26-11-1990
Country of birth
SINGAPORE

Sex
M

150458151

REPUBLIC OF SINGAPORE
DRIVING LICENCE

S90458151

AZRUN BIN ZAINULLAH

Valid from 29 Nov 1990
Valid until 29 Jun 2015



REPUBLIC OF SINGAPORE
DRIVING LICENCE

S90458151

Valid from 06-12-2005



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver and motor tractors <= 2500 kg	EFFECTIVE DATE
Class 2		29 Jun 2015

S90458151

5 / No. 9000290111

Licence No: S90458151



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



LCRF

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Cent
whom you submitted the Original Report.

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Name(as shown in NRIC): Azzun Bin Zainullah.

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

NRIC/Passport No : _____

Address :

Contact (Tel) :

(H/P): _____

(Email) :

Date of Accident : 14/02/2018

Time of Accident: 1250 HRS

Place of Accident : Upper Changi Road East Slip Rd towards

Insurance Company : AIG

I have made a report on the above mentioned accident and would like to include additional information or the following amendments:

Reconfirm DOA

