MDPP18027462 / Diplomat Parts Re Ltd - HQ ENTRY DATE & TIME 26/02/2018 16:48 SUBMITTED BY: Songcuan JR Lauro Araos

### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- $2.\, This\, Form\, must\, be\, \underline{completed\,\, by\,\, the\,\, Policyholder\,\, and/or\,\, the\,\, Authorised\,\, \underline{Driver}.}$
- 3. Information provided must be as <u>truthful and accurate</u> 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 aforesaid

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	ACCIDENT STATEMENT
Date Of Report	26/02/2018 16:48
Date Of Accident	24/02/2018 14:10
Exact Location Of Accident	HOLLAND ROAD TOWARDS NAPIER ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLE3511D
Insured/Policyholder	
Name Of Registered Owner	LION CITY RENTALS PTE LTD
Co Reg No	201504621K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-67420984
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	UBERING
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	999995062
Cover Note Number	
Driver	
Name of Driver	CHONG HON JOON
NIDIO NI	0.40570000

NRIC No S1657803G

Date Of Birth 21/06/1964

Occupation OUTDOOR

Date Of Driving Pass 18/11/1986

Driving Experience 31 YEARS AND 3 MONTHS

Gender MALE

Mobile Number
Fax Number
Contact Number

EMail Address NOEMAIL

Address 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

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Insurance Company of Driver's Own Vehicle

-

### **General Information of the Accident**

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

### Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged? I have been approached by unknown person(s) YES

soliciting/offering accident claims assistance.

YES

Number of Passengers (Including Driver)

4

Passenger 1

Name:

: UNKNOWN

Gender:

nder: : Male

Passenger 2

Passenger 3

Name: : UNKNOWN Gender: : Female

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Tomaic

Name: Gender: : BABY : 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 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 EX9989C

Vehicle Make/Model/Colour MERCEDES BENZ B CLASS (RED)

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver QUEK SWEE PENG

NRIC/Passport Number S1104177I Contact Number 98452953

Address Postcode

Insurance Company Name

Nature Of Damage COLLISION

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number SLP4812X

Vehicle Make/Model/Colour TOYOTA VIOS (BLUE)

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver CHYE SWEE POO

NRIC/Passport Number S0214518I Contact Number 97709671

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETALS OF INJURED PERSON 1**

Name UNKNOWN

Approximate Age Injuries Sustain

Injured person in which vehicle? SLE3511D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode

#### SKETCH PLAN

#### IMPORTANT NOTICE

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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.
- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
  - 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.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

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

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:























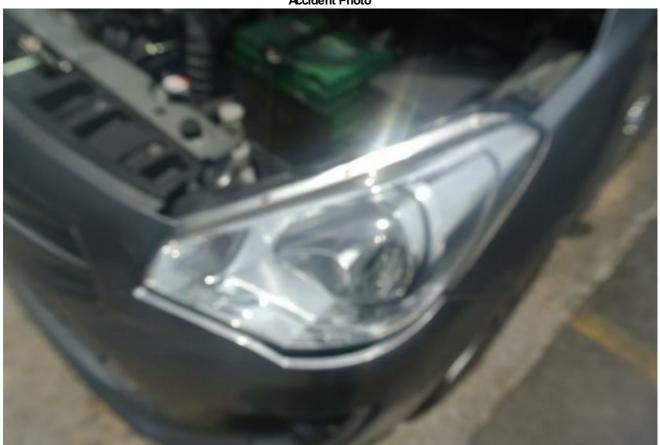








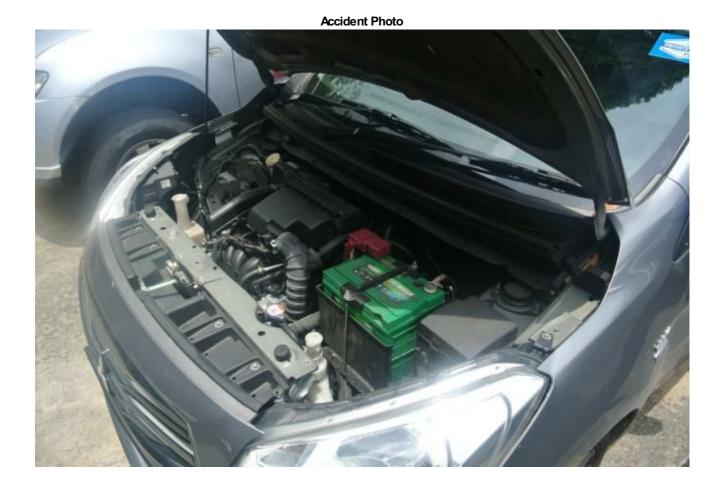












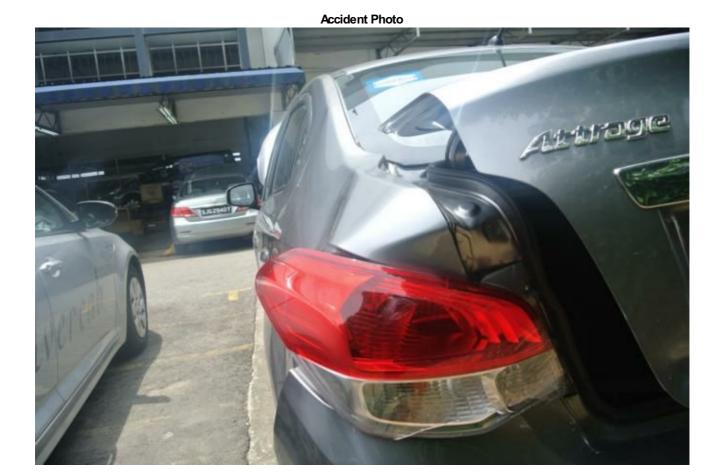


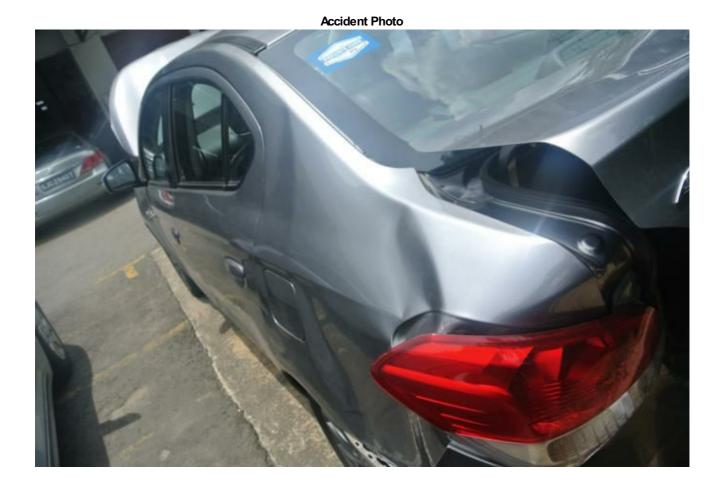
























## Driving License & I.C.



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