

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	21/02/2018 12:16
Date Of Accident	03/02/2018 20:35
Exact Location Of Accident	ALONG PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG2998D
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Insured/Policyholder

Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597k
Email Address	REPORTING@AUTOINSURE.COM.SG
Mobile Phone No	
Alternative Phone No	Office-31572626

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	UBER
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995146
Cover Note Number	

Driver

Name of Driver	ENG GUO YUAN, VINCENT (WENG GUOYUAN)
NRIC No	S8627295D
Date Of Birth	30/09/1986
Occupation	OUTDOOR
Date Of Driving Pass	05/05/2007
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88212626
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	6 MARSILING LANE
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?	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)	2
Passenger 1	Name: : UNKNOWN Gender: : Male

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG GLAM NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 17A BEACH ROAD , POSTCODE: 199596 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2989999 - FAX NO: 62936498
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	SKC9663G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20180220/2138

Police Station Of Origin:
Kampong Glam NPP
17A Beach Road SINGAPORE 199596
Tel No: 1800-2989999

1 of 3
Report No. T/20180220/2138

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/02/2018 17:44		Vide Report No.:		Station Diary No.: 49	
Informant's Particulars					
Name of Informant: ENG GUO YUAN, VINCENT			Address:		
ID Type / ID No.: NRIC NO / S8627295D			Contact No.: Home/Office:		Mobile:
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 30/09/1986	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: UBER DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 03/02/2018 20:35	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PAN ISLAND EXPRESSWAY TOWARDS CHANGI				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLG2998D	Car	HONDA	SHUTTLE 1.5 HYBRID CVT ABS D/AIRBAG 2W	White	Slightly Damaged	1

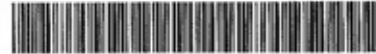
Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan #2



**SINGAPORE
POLICE FORCE**



T/20180220/2138

Police Station Of Origin:
Kampong Glam NPP
17A Beach Road SINGAPORE 199596
Tel No: 1800-2989999

2 of 3

Report No. T/20180220/2138

CONTINUATION OF REPORT

Driver			
Name	ENG GUO YUAN, VINCENT	ID No.	S8627295D
Related Vehicle	SLG2998D (Car)	Contact No.	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date and time, while I was driving along Pan Island Expressway towards Changi, a vehicle in front of me suddenly stop. As such, the front of my vehicle knocked onto the rear of the vehicle in front of me. I stopped and waited for the driver in front to come down, but the driver just drove off. It was just a small impact and I did not see any visible damaged when the driver drove off. My vehicle was slightly dented at the front. I did not make a report because both was Singapore vehicle and no one was injured at that point of time. I am making this report because I was told by my rental company, LCR. I wish to state that I am unable to remember the car plate number of the vehicle in front of me.

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180220/2138

Police Station Of Origin:
Kampong Glam NPP
17A Beach Road SINGAPORE 199596
Tel No: 1800-2989999

3 of 3



Report No. T/20180220/2138

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: A / Sgt 2 BENJAMIN LOW WEI FU	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/02/2018 17:44
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP168  Singapore Police Force	

Sketch Plan #4

SKETCH PLAN


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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:
- (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: _____


Driver's Signature
(If driver is not the policyholder)
Date & Time: 21/2/18 10:35am


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

SKETCH PLAN

A: SLG2998D
B: SKC9663G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report: T/20180220/2138.

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: 21/2/18 10:35am

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

QIANHUA SketchPlanForm_V3

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8627295D



Name
ENG GUO YUAN, VINCENT
(WENG GUOYUAN)
翁國源

Race
CHINESE


Date of birth
30-09-1986

Sex
M

Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8627295D



ENG GUO YUAN, VINCENT
(WENG GUOYUAN)

Birth Date: 30 Sep 1986
Issue Date: 05 May 2007

001455396F

5655921



NRIC No: S8627295D



Date of issue
03-10-2016

Address
APT BLK 18 JALAN SULTAN
#03-160
SINGAPORE 190018

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

CLASS DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 05 May 2007

NP 428A

Licence No: S8627295D

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

