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 <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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	23/02/2018 14:30
Date Of Accident	23/02/2018 08:15
Exact Location Of Accident	LENTOR AVE
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV913H
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	SIENTA
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995170
Cover Note Number	
Driver	
Name of Driver	RAMDAN BIN BUJANG
NDIC No.	\$73.48330A

NRIC No S7348330A

Date Of Birth 10/10/1973

Occupation OUTDOOR

Date Of Driving Pass 30/10/2009

Driving Experience 8 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90106639

Fax Number

Contact Number

EMail Address NOEMAIL

Address 44 BENOI RD BLOCK B

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 - CHANGE/CROSS LANE

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?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : PAULO

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

NO

Police Station Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

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? YES

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHD4269A

Vehicle Make/Model/Colour

Details Of Properties VEH. B

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

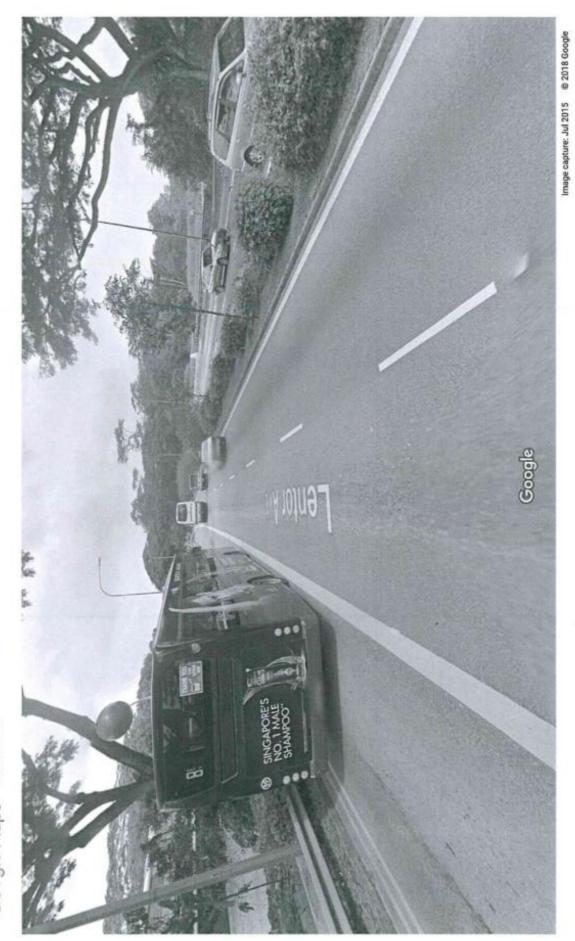
Address

Postcode

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

2/23/2018



https://www.google.com.sg/maps/@1.4036045,103.827482,3a.75y,186.5h,73.64t/data=!3m8!1e1!3m4!1sPSkV0kVogVMMAyOcnsN57w/2e0!7l13312!8i6655?hi=en

SKETCH PLAN 3/02/18

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 liability.
- 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)
 - (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.
- 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:

and the second of the or

Oriver's Signature
(If driver is not the policyholder)
Date & Time:

23/00/14

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Centor Are SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Reporting ersonnel's Signature Date & Time: (If driver is not the policyholder) Name:

Date & Time:

NRIC/FIN No .:





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20180223/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/02/2018 10:46		Vide Report No.:	Station Diary No.:	
Informan	t's Particu	lars		
Name of Informant:		Address:		
RAMDAN BIN BUJANG		APT BLK 450 JURONG WEST ST 42 #01-80 HDB JURONG WEST SINGAPORE 640450		
ID Type / ID No.:		Contact No.:		
NRIC NO / S7348330A		Home/Office: Mobile:		
Nationality: SINGAPORE CITIZEN		Email:		
Sex:	Age:	Date of Birth:	Type of Informant:	
Male	44	10/10/1973	Driver	
Race: Malay		•	Language:	Institution / School Name:
Occupation	n:		Driving Licence Informa	ation:
UBER DRIVER		Class:	Date of Expiry:	

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 23/02/2018 08:15	Type of Location:	
Location: Along Road 1 LENTOR AVE	ENUE MOY QUEE CAMP				
Weather:	INOT QUEE OF HAI	Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collis	ion:			Anyone conveyed by ambulance:	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHD4269A	Car	HYUNDAI	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO			0
SLV913H	Car	ТОУОТА	SIENTA HYBRID 1.5X CVT		Slightly Damaged	1





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20180223/2029

CONTINUATION OF REPORT

Details of Perso	n Involved				
Any Pedestrian I	nvolved: No				
No. of Pedestrians Injured: NIL		Use of Ped	Use of Pedestrian Crossing: NA		
Driver					
Name	SIM POH SIANG		ID No.	S7007624A	
Related Vehicle	SHD4269A (Car)		Contact No.	NIL	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date I		harge NIL		
	ted Medical Leave NIL		ee of Injury NIL		
Driver					
Name	RAMDAN BIN BUJANG		ID No.	S7348330A	
Related Vehicle	SLV913H (Car)		Contact No.		
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disch	harge NIL		
No. of Days gran	ted Medical Leave NIL	Degree of	Injury NIL		

Brief Details.

ON 23/02/2018 AT ABOUT 0813HRS,

AS I WAS DRIVING ALONG LENTOR AVENUE AT THE THIRD LANE ABOUT TO MAKE A LANE CHANGE TO THE SECOND LANE, I CHECK MY SIDE MIRROR AS I WAS ABOUT TO MAKE A LANE CHANGE AND SAW A TAXI AT THE SECOND LANE WITH A SAFE DISTANCE TO MAKE A LANE CHANGE. UPON SO, I SIGNAL RIGHT AND SLOWLY MADE A LANE CHANGE IN A SAFE MANNER. ALL OF A SUDDEN THE TAXI WAS BESIDE ME. OUR VEHICLES BRUSHES ONTO EACH OTHER AND I IMMEDIATELY I SWERVE BACK AFTER THE BANG TO MY LANE. WE STOP OUR VEHICLE TO NEGOTIATE TO PRIVATE SETTELMENT BUT THE TAXI DRIVER INSIST WITH ANGER TO NEGOTIATE BUT RATHER HE ASK FOR MY PARTICULARS TO CLAIM INSURANCE. ONCE WE DONE EXCHANGING OUR PARTICULARS WE WENT OUR SEPARATE WAYS. MY PASSENGER IS WILLING TO BE A WITNESS FOR THIS CASE.





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20180223/2029

CONTINUATION OF REPORT

Sketch Plan

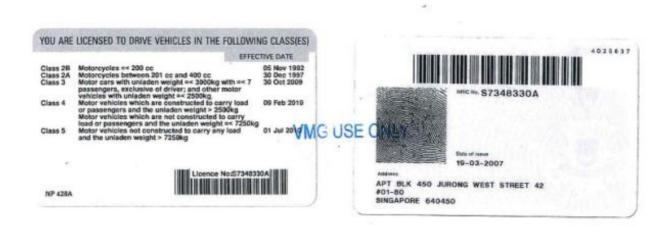
Informant is not able to provide sketch plan

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:	Signature Of Informant:
MOHAMED ANWAR BIN MOHAMED IBRAHIM	Cabh
Signature Of Interpreter:	Date/Time:
Not applicable	23/02/2018 10:46
,	
Officer In Charge Of Case:	Classification Of Case:
TP / GIA /	SINGAPORE SINGAPORE
Staff Sgt TANG SIEW PING	POLICE FORCE
Contact No.: 65476430	
Authentication Stamp	
NP168	W
	Signature:

IDENTIFICATION CARD & DRIVING LICENCE





Accident Photo 23 2 2018 12:56



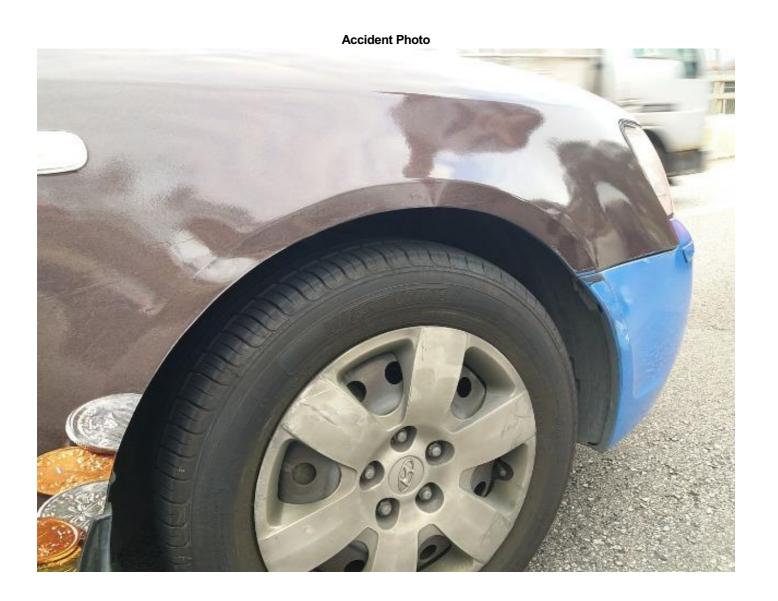












Accident Photo





Accident Photo



Accident Photo

