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	13/02/2018 15:58
Date Of Accident	13/02/2018 11:40
Exact Location Of Accident	OPEN CARPARK BESIDE DJITSUN MALL
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKQ8879J
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	MAZDA
Model	3-1.5 4 DOOR SEDAN SP (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	999995077
Cover Note Number	

Driver

Name of Driver GHAZALI BIN MUSA

NRIC No S1538953B

Date Of Birth 10/08/1962

Occupation OUTDOOR

Date Of Driving Pass 12/07/1982

Driving Experience 35 YEARS AND 7 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 - MAJOR/MINOR RD

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

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)

Details of Police Action

Was the accident reported to the police?

If Yes,Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

1

NO

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 SJZ8381S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TOH YI SHING, GWENDOLENE

NRIC/Passport Number S8014110F Contact Number 97699655

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 21

Sketch Plan

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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: 13/42/2018

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

SKETCH PLAN	
→ B	A: SKQ 8879J
	B: SJ5 83818
r n r n	
711	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
On 13 Feb 2018, I was driving	n in the open carpark beside
, , , , , , , , , , , , , , , , , , , ,	Na transfer de la constante de
Discus Mall. While eviting the car	park, I stopped behind the stop line
DITSUIT MET THING CARTING THE COL	park, I stopped central the stop the
before proceeding to turn right after a	ensuring that there were no oncoming
vehicles. However while I was making th	e right turn, vehicle B collided into my
	, ,
front left portion . I assume she was	driving at a fast speed therefore I did
	3
not and it movings -	
not see it coming.	
4	
DECLARATION	\ /
I/We declare the foregoing particulars are true in every respect.	
PTE	M
Jr (S Rog Rog)	" Miles.
Policyholder's Signature Date & Time: # Driver's Signature (If driver is not the policyholder's	Reporting Centre Tersonnel's Signature Name:
Date & Time: 13/0/3	NRIC/FIN No.:
	325 ms
10	

Sketch Plan #3 Pg. 1

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1538953B



8153**895**38



GHAZALI BIN MUSA



MALAY Date of birth 10-08-1962 Country/Place of birth SINGAPORE

REPUBLIC OF SINEAPORE DRIVING LICENCE License Number: S 1 5 3 8 9 5 3 B Name GHAZALI BIN MUSA Birth Date: 10 Aug 1962 Issue Date: 27 Nov 2003

5813994



Date of Issue 14-10-2017

APT BLK 617 CHOA CHU KANG NORTH 7 #03-431 SINGAPORE 680617

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES. PASS DATE 28 Jul 1983 12 Jul 1982 Class 2B Motorcycles not exceeding 200 cc.
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms































