

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	01/03/2018 15:43
Date Of Accident	01/03/2018 08:30
Exact Location Of Accident	AYE CITY AFTBUONA VISTA EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ6871G
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 SEDAN EU6 (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	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	999994993
Cover Note Number	

Driver

Name of Driver	LIM CHOONG PENG , DANNY
NRIC No	S8904324G
Date Of Birth	02/02/1989
Occupation	OUTDOOR
Date Of Driving Pass	23/07/2009
Driving Experience	8 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 -
 Vehicle -
 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? 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: : NA
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name WOODLANDS WEST NPC
 Police Station Address ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 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 SHC2308P
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver LAM KIN LEONG
 NRIC/Passport Number
 Contact Number 96227123
 Address
 Postcode

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHD8506P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver WONG YIN CHON
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKE9291K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver JASON CHUN CHUAN JIE
NRIC/Passport Number
Contact Number 98378706
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180301/2051

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

1 of 3

Report No. T/20180301/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/03/2018 12:41	Vide Report No.: D/20180301/0032	Station Diary No.: 47
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Informant's Particulars			
Name of Informant: LIM CHOONG PENG, DANNY		Address:	
ID Type / ID No.: NRIC NO / S8904324G		Contact No.: Home/Office: Mobile:	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 29	Date of Birth: 02/02/1989	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PROPERTY AGENT		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/03/2018 08:30	Type of Location:
Location: Along Road 1 AYER RAJAH EXPRESSWAY ALONG AYE TOWARDS CTE AFTER BOUNA VISTA EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC2308P	Taxi				Seriously Damaged	1
SHD8506P	Taxi				Slightly Damaged	1
SKE9291K	Car				Slightly Damaged	0
SLQ6871G	Car				Seriously Damaged	1



SINGAPORE
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2 of 3

Report No. T/20180301/2051

CONTINUATION OF REPORT

Brief Details.

On 01/03/2018 at about 0830hrs, I was driving my car V1) SLQ6871G along AYE towards CTE. As I was driving Uber, I had a passenger with me. I was on the right most lane of a 4-lane road. While driving, the traffic ahead was slowing down and in front of me, was a taxi V2)SHD8506P. As I was approaching closer to V2, I slowed down and came to a complete stop. Suddenly, I felt a hard impact from my rear and caused me to collided onto the rear of V2. When I got down from my car, discovered that it was a chain collision. A taxi V3) SHC2308P had collided onto my rear thus I collided onto V2 and V2 collided onto the rear of V4)SKE9291K. My car sustain minor dents on the front bumper, heavy damages on the rear and damages on both of the rear passenger doors. V3 sustain heavy damage on the front portion of the car and V2 sustain minor dents on the rear bumper.

There was a passenger in V2 and V3. Ambulance and Traffic Police was at scene. Passengers from my car, V2 and V3 was conveyed to hospital. No Government property was damaged.



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T/20180301/2051

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Report No. T/20180301/2051

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: J / Sgt 2 MOHAMED FAEZ BIN MOHAMED SAHID	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/03/2018 12:41
Officer In Charge Of Case: TP / GIT / SI MOHAMMED FADZLY BIN ABDUL AZIZ Contact No.: 65472078	Classification Of Case:

Authentication Stamp
NP168

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:

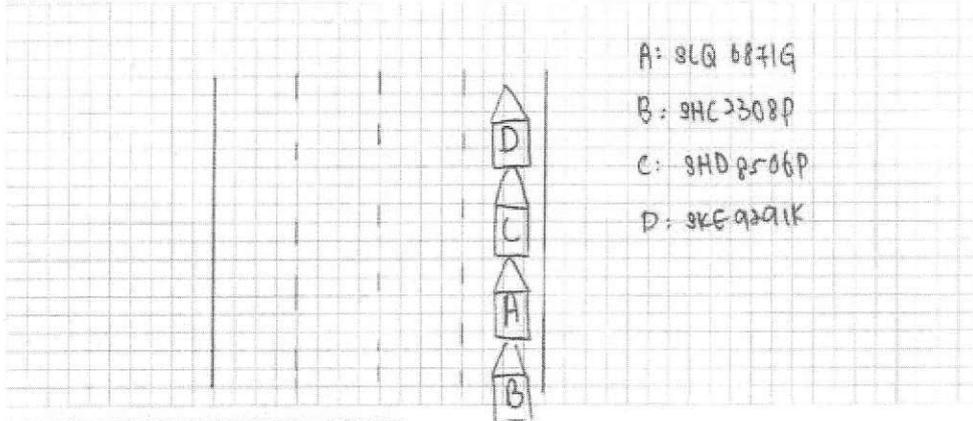

 Driver's Signature
 (if driver is not the policyholder)
 Date & Time:


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

1/3/18 13:10 pm

Sketch Plan #5

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

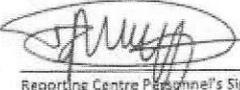
refer to police report
T / 2018 0301 / 2051

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: 1/3/18 13:10 pm


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