## 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  $\underline{\text{completed by the Policyholder and/or the Authorised Driver.}}$
- 3. Information provided must be as truthful and accurate 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

	ACCIDENT STATEMENT	
Date Of Report	09/03/2018 14:21	
Date Of Accident	09/03/2018 09:30	
Exact Location Of Accident	KPE	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLD4698Y	
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	HONDA	
Model	VEZEL	
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	REPORTING ONLY	
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	999995065	
Cover Note Number		
Driver		
Name of Driver	MARIEMUTHU S/O ARUMUGAM	

NRIC No S7512444I Date Of Birth 25/04/1975 Occupation **OUTDOOR** Date Of Driving Pass 03/11/1999

**Driving Experience** 18 YEARS AND 4 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-90106639

Fax Number

Contact Number

**EMail Address** NOEMAIL

44 BENOIRD BLOCK B

OTHER - HIRER

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

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** DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance? 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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SJD8388P

Vehicle Make/Model/Colour

VEH. B

**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)

#### Accident Sketch Plan

#### SKETCH PLAN

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- 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. 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
- 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/mall 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 Signatu Date & Time:

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

NRIC/FIN No.:

Reporting Name:

re Personnel's Signature

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S.L046984	
STD8388P	(a) (x)
× ×	
- DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
I was do	ing along KPE, was densifat
	lave. However I did not manage
to stop in time when	Velicle & ahead of me sudden
journed break. And	due to that I collided info
Velide B con postion	
DECLARATION  /We declare the foregoing particulars are true in ever	y respect.
Policyholder's Signature	ture Reporting desire Personnel's Signature
Date & Time: (If driver is not Date & Time:	t the policyholder) Name: / NRIC/FIN No.:

# Google Maps KPE

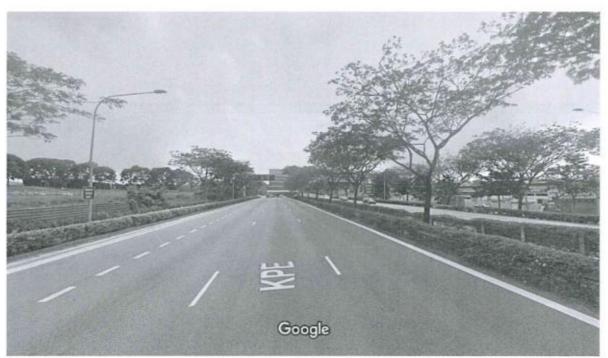


Image capture: Jul 2015 @ 2018 Google

Singapore



Street View - Jul 2015





REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$75124441



MARIEMUTHU S/O ARUMUGAM

மாரிமுத்து ROOF

Date of birth Sex 26-04-1975 M Country of birth BINGAPORE

87512444

3711809

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES) PASS DATE 22 Feb 1993 63 Nov 1999 VMG USE ON

MRSC No. 875124441

09-05-2005

APT BLK 741 PASIR RIS STHEET 71 #04-35 SINGAPORE 510741

NP 428A







# **Accident Photo**







**Accident Photo** 



# **Accident Photo**

