#### 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	24/03/2018 14:28
Date Of Accident	23/03/2018 21:55
Exact Location Of Accident	BENCOOLEN STREET
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE4031R
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	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	999995062
Cover Note Number	
Driver	
Name of Driver	YOGISVAREN S/O VADIVELLU PILLAI AHYILIAM PATHY
NDIC No.	C4602404F

S1602401E

NRIC No Date Of Birth 19/03/1963 Occupation **OUTDOOR** Date Of Driving Pass 09/06/1984

**Driving Experience** 33 YEARS AND 9 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-90106639

Fax Number

Contact Number

**EMail Address** NOEMAIL

6 BENOI SECTOR Address Postcode

Was driver an employee of the Insured's Company

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** DRY Road Surface

#### 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)

1

#### **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 FOLLOWING 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 SHD4965Z

Vehicle Make/Model/Colour

VEH. B **TAXI** 

**Details Of Properties** Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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)

Lunderstand, 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.
- (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 regulations, laws or court orders.

Policyholder's Signatu Date & Time:

and the state of the contract of

Driver's Signat (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Bencoolen Street

	>	
SKETCH PLAN	7	
	$\rightarrow$	A- SLE4031R B- SHD4965Z
	V	B- SHD4965Z
	V	

I has driving along Rencolen Street, I be fittered in to the 2nd lone and hos driving straight and I son vehicle B on the first law hours to fitter in to my lane hours I move a little to my locat vehicle B still collided in to my vehicle.
ponts to filter in to my lare honce I move a little to my locat vehicle is still collided in to vry vehicle.
out vehicle B still collided in to very vehicle.
\
CLARATION
e declare-the foregoing particulars are true in every respect.
ONA CONTRACTOR OF THE PROPERTY

Policyholder's Signature Date & Time:

Driver's Signature
(if driver is not the policyholder)
(if driver is not the policyholder)

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

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1602401E





YOGISVARAN S/O VADIVELLU PILLAI AHYILIAM PATHY

யோகேஸ்வரன் வடிவேல் MG USE

19-03-1963 M Country of birth SINGAPORE

S16024010

REPUBLIC OF SINGAPORE DRIVING LICENCE S1602401E



o Date: 21 Dec 2015







## VOCATIONAL LICENCE

Licence No : \$1602401E Name :YOGISVARAN S/O VADIVELLU PILLAI AHYILIAM PATHY

Card Issue Date : 04/01/2018

3637922

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

EFFECTIVE DATE

26 Oct 1985 09 Jun 1984

VMG USE ONLY

30-10-2004 APT BLK 115A CANBERRA WALK #03-111 SINGAPORE 751115

NRIC No: \$1602401E

Date: 25/01/2018

NP 428A

This card is not transferable and is the property of the Land Transport
Authority (LTA). It must be surrendered to TTA or lauest of found, please. return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

13

PRIVATE HIRE CAR VL

04/01/2018

## **Accident Photo**







## **Accident Photo**







**Accident Photo** 

