

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	02/04/2018 11:47
Date Of Accident	01/04/2018 07:45
Exact Location Of Accident	ALONG SLE EXIT WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK5307H
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 L SP.6EAT (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	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	999995003
Cover Note Number	

Driver

Name of Driver	ABBAS BIN RABI
NRIC No	S1513927G
Date Of Birth	18/08/1961
Occupation	OUTDOOR
Date Of Driving Pass	31/08/1982
Driving Experience	35 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88212626
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NO 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 - 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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , 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	SHA7641D
Vehicle Make/Model/Colour	TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	FAM WUI YIN
NRIC/Passport Number	S7640137C
Contact Number	97655544
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



J/20180401/2026

1 of 2

Report No. J/20180401/2026

POLICE REPORT (NP299)

Police Station Of Origin
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

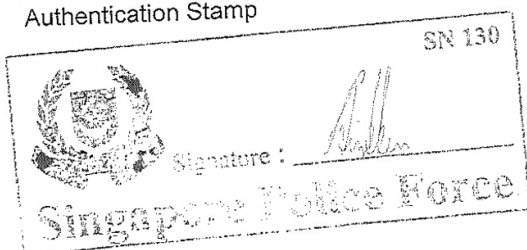
Date/Time Report Made 01/04/2018 09:06	Vide Report No.	Station Diary No. 57
Name Of Informant ABBAS BIN RABI	Address	
ID Type / ID No. NRIC NO / S1513927G	Contact No. Home/Office	Mobile
Nationality SINGAPORE CITIZEN	Email Address	
Occupation UBER DRIVER	Sex Male	Age 56
Institution/School Name	Date of Birth 18/08/1961	Race Boyanese
Date/Time Of Incident 01/04/2018 08:00	Location Of Incident SELETAR EXPRESSWAY SINGAPORE Exit of Woodlands Avenue 12 Traffic Light	

Brief details.

On 1 April 2018 at about 0800hrs, I was on my way back home and I was traveling in my car bearing registration plate number SLK5307H. SLE towards exit woodlands avenue 12. At the exit of woodlands avenue 12 I stop my vehicle as it was a red light when I saw from the rear view mirror and observe that a blue taxi bearing registration plate number SHA7641D was moving at a fast pace. As such I brace myself and subsequently was hit at the rear of my vehicle.

Signature Of Officer Recording The Report: Sgt 2 JONATHAN LOW JIN HUA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/04/2018 09:06
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / SI RAMESH S/O SHANGKARAN Contact No.: 67910000	Classification Of Case:

Authentication Stamp



Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



J/20180401/2026

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180401/2026

The rear right side of my vehicle was damaged. The rear right side of the rim came off and also the tire was punctured. There was no one injured at the point of time. No police or ambulance came to scene.

I am lodging this report for insurance claim and record purposes as the vehicle I drove is registered under 'Uber eats'.

Signature Of Officer Recording The Report:

See Attached Affidavit, Br. A. L. H. H.
J / Sgt-2 JONATHAN LOW JIN HUA

Signature Of Interpreter:
Not applicable

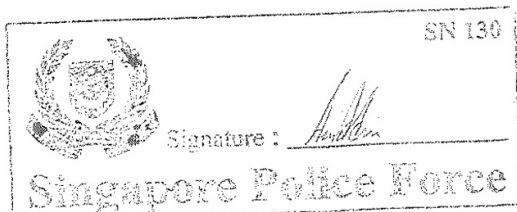
Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
SI RAMESH S/O SHANGKARAN
Contact No.: 67910000

Authentication Stamp

Signature Of Informant:

[Signature]
Date/Time:
01/04/2018 09:06

Classification Of Case:



Accident Sketch Plan

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.

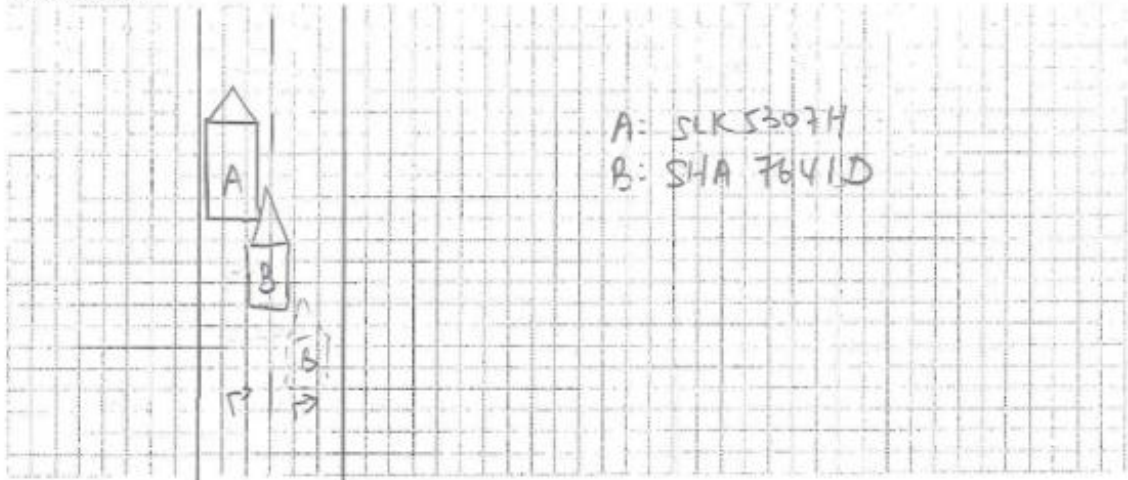

Policyholder's Signature
Date & Time: _____


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report

- 5/2180401/2026 -

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

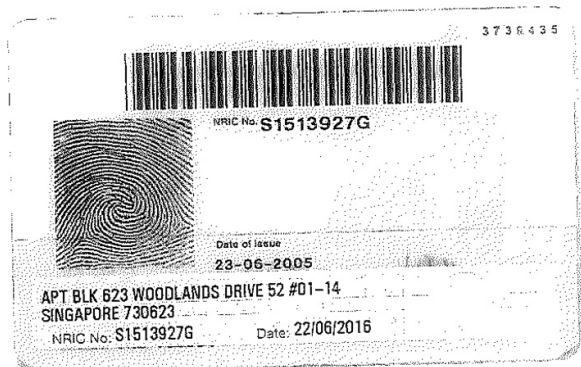
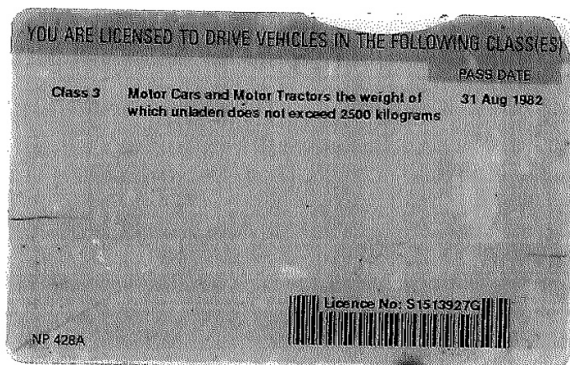
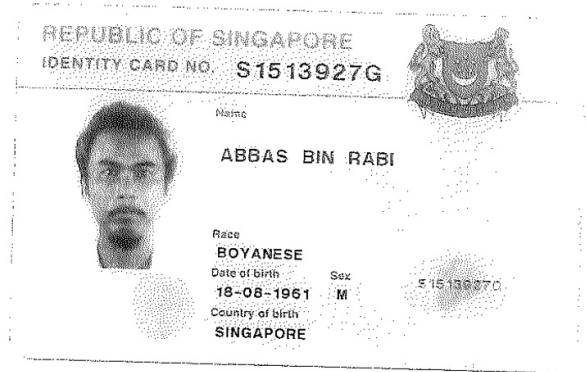
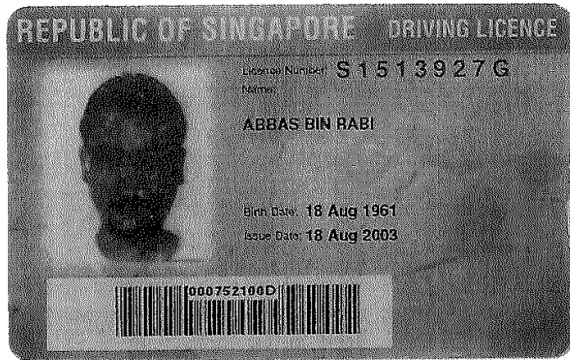


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Reported to Singapore Police, 190

Accident Sketch Plan Pg. 1



Accident Photo



Accident Photo



Accident Photo



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