# SINGAPORE ACCIDENT STATEMENT

# **IMPORTANT NOTICE**

**Driving Experience** 

- 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 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

	ACCIDENT STATEMENT
Date Of Report	09/04/2018 12:48
Date Of Accident	07/04/2018 22:00
Exact Location Of Accident	MARINA BLVD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE1054U
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
lf 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	999995063
Cover Note Number	
Driver	
Name of Driver	THENAGARAN S/O ANAIPPAN RAMAIAH
NRIC No	S0197077A
Date Of Birth	12/01/1951
Occupation	OUTDOOR
Date Of Driving Pass	28/12/2010

7 YEARS AND 3 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-90106639

Fax Number

**Contact Number** 

**EMail Address NOEMAIL** 

Address 44 BENOI ROAD BLOCK B (ENTTRANCE B) ENTRANCE 6 BENOI SECTOR

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?

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO

NO

NO

1

### **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?

# **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? NO Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number UNKNOWN

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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- 5. Any false reporting may be referred to the Police for investigation.
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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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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 lisms, 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"
- 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
- 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.
- 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:

- Whatest atom ."

Driver's Signature (ti-driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

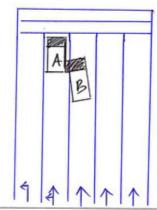
ARAHMAN

Name:

NRIC/FIN No.:







DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Mariner B	vd, I
was diving spaight in my lave. However	Mude B
Rom the slind lane Attended into my	
collided into my right partial And a	
Clansycl.	

DECLARATION

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

Policyholder's Signatur Date & Time:

Driver's Signature

(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

# Google Maps 11 Marina Blvd



Singapore

Google, Inc.

Street View - Jul 2016





Bet Die 12 Jan 1951 hear Date 28 Dec 2010



# REPUBLIC OF SINGAPORE IDENTITY CARD NO. SO 197077A



THENAGARAN S/O ANAIPPAN RAMAIAH

INDIAN Care of Birth 12-01-1951 M Course of Both SINGAPORE



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

EFFECTIVE DATE

Class 3 Motor Cars=< 3090kg with #<7 passangers, exclusive 26 Dec 2019 at the driver; and other motor vehicles =< 2500kg

VMG USE

MEN S0197077A

8+ -- 30-01-1994

APT BLK 205A COMPASSVALE LANE #06-55 SINGAPORE 541205 NRIC No: \$0197077A Date: 27-05-1998

Date: 27-05-1998

No: 2522738













