

## 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	12/04/2018 13:25
Date Of Accident	11/04/2018 18:25
Exact Location Of Accident	JUNCTION OF TAMPINES ST 71 & ST 72
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLF573P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-31584264
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 (A)
Exact Purpose for which vehicle was being used at time of accident	SMOVE
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 HIRE
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	
Cover Note Number	
<b>Driver</b>	
Name of Driver	YANG DONGXU
NRIC No	S7163031E
Date Of Birth	27/01/1971
Occupation	OUTDOOR
Date Of Driving Pass	26/09/2008
Driving Experience	9 YEARS AND 6 MONTHS

Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	-
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	SIDE SWIPE
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)	3
Passenger 1	Name: : UNKNOWN Gender: : Female
Passenger 2	Name: : UNKNOWN Gender: : Female

#### 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

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	UNKNOWN
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	YEO LIQIN
NRIC/Passport Number	S8842699A
Contact Number	98756976
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

### SKETCH PLAN

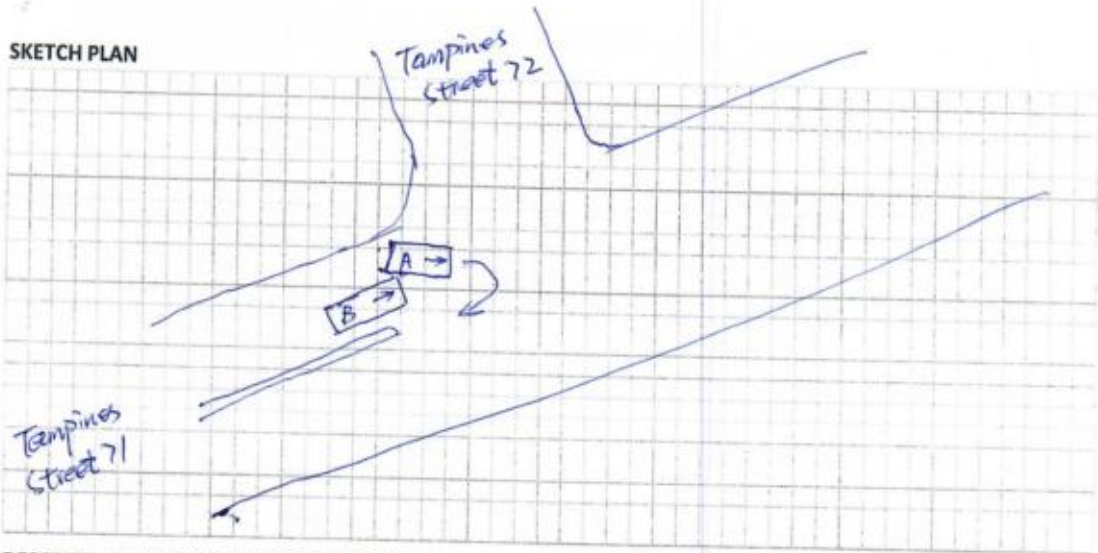
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8. **Consent under the Personal Data Protection Act (PDPA)**

(ii) for complying with requirements under any regulations, laws or court orders.



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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along tampines street 71, intend to make a U turn at junction of tampines street 71 and tampines 72. all of sudden felt a loud sound and impact on my right side of vehicle, then realized that vehicle B hit on my right side of vehicle.

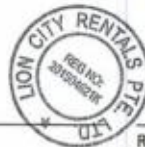
## DECLARATION

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: 12/4



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

Accident Photo





**Accident Photo**



Accident Photo





Accident Photo



FOR C&C USE ONLY

