SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 <u>truthful and accurate</u> 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	23/04/2018 16:24	
Date Of Accident	22/04/2018 13:50	
Exact Location Of Accident	PIE TOWARDS CHANGI	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLK7715A	
Insured/Policyholder		
Name Of Registered Owner	LCRF PTE LTD	
Co Reg No	201604597K	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	Office-62414992	
Vehicle Particulars		
Manufacturer	HONDA	
Model	SHUTTLE HYBRID-1.5 (A)	
Exact Purpose for which vehicle was being used at time of accident		
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
f 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	999995174	
Cover Note Number		
Driver		
Name of Driver	LEE CHUN LOONG	
NRIC No	S7621046B	
Date Of Birth	16/07/1976	
	QUITDOOD	

OUTDOOR

06/10/2015

2 YEARS AND 6 MONTHS

Gender MALE Mobile Number

Fax Number

Contact Number

EMail Address NOEMAIL
Address NOADDRESS

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PAID DRIVER

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?

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

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)

Passenger 1 Name: : NONAME

Gender: : Male

Passenger 2 Name: : NONAME

Gender: : Male

Passenger 3 Name: : NONAME

Gender: : Male

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO OVERWRITTEN

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGJ1472D

Vehicle Make/Model/Colour 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)

PRIVATE CAR

Sketch Plan

SKETCH PLAN

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- 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;
- (ii) 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 Parsonal 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's-Signature / Date &

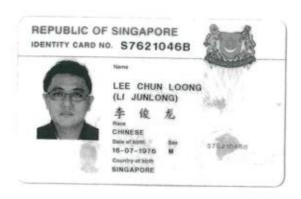
Sketch Plan

Driver's Sig re (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

A : 81K 7715A B. SGT1472D

escribe Circumstances of t		
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car was	far away behind	me, su I give
	hange lane to	
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Instead spee	d up and cut in	by my riplot
side even i	my car wol more	than than SIH
in the lane.	After that we es	than sty who sty particular.
claration		
declare the foregoing particulars	are true in every respect.	
GE PTE	7 las	1 1168
cyholder's Signature / Date &	Driver's Signature (if driver is not the policyhol & Time	der) / Date Witnessed by Reporting Centre Personnel
83	//	









Driving License





















