

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	09/05/2018 12:00
Date Of Accident	09/05/2018 00:20
Exact Location Of Accident	AT JUNCTION AMK AVE 1 & BOUNDARY RD BELOW CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE5308L
Insured/Policyholder	
Name Of Registered Owner	LCRF
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96189315
Alternative Phone No	Office-62826511

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 (A)
Exact Purpose for which vehicle was being used at time of accident	FOR GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	
Cover Note Number	

Driver

Name of Driver	SIM SOONG POH
NRIC No	S1428853H
Date Of Birth	07/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	04/01/1980
Driving Experience	38 YEARS AND 4 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96189315
Fax Number	(LOCAL) +65-62826511
Contact Number	
EMail Address	SIMON.SIM0007@GMAIL.COM
Address	BLK 413 HOUGANG AVE 1#04-216
Postcode	530413
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
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

REFER 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

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;
 - (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.



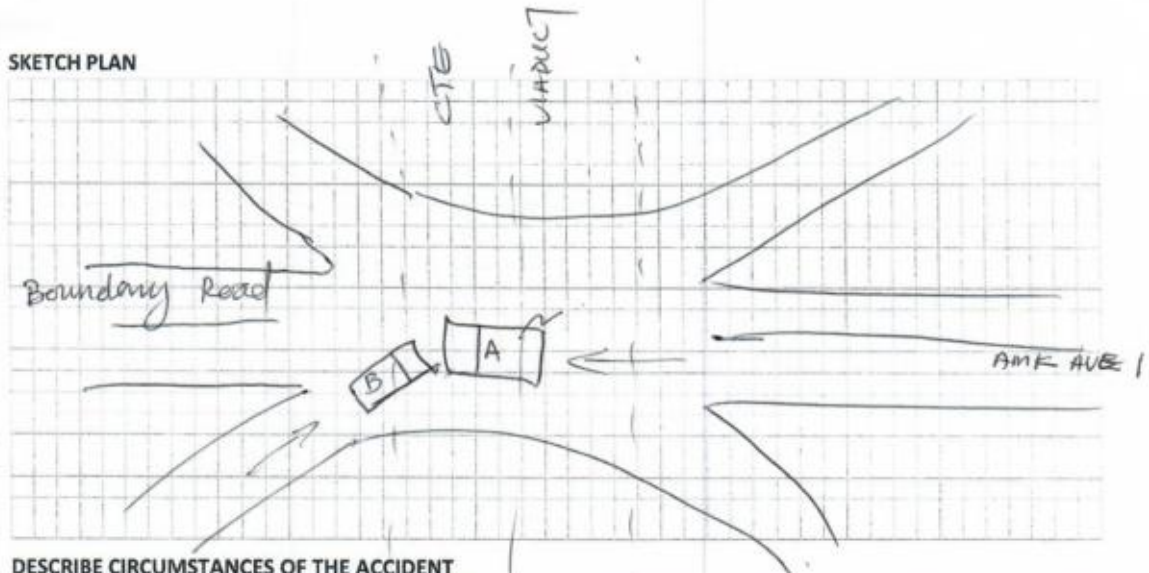
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 7/5/2018



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEC A = SLE5308L VEC B = SLL1853T

- 1) I was from AMK AVE 1 TOWARDS Boundary Road when I was very near to the traffic light the light start to change RED but I was too close to stop
- 2) I proceed on and @ the middle of the Junction CAR B start to move out of the Slip Road & when I saw it I ~~stop~~ apply Emergency Brake But not in time to stop the crash.
- 3) We Exchange particular & Ensure no injury
- 4) Police & Traffic police when there & after confirming there is no one injured they left. The traffic police left after the tow truck came to clear the 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: 9/5/18 - 1025HRS



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

[Signature]

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a man.

Licence Number: **S1428853H**

Name: **SIM SOONG POH**

Birth Date: **07 Jan 1960**

Issue Date: **29 Jan 2003**

Barcode: 000156101J

FOR C&C USE ONLY

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1428853H**

Portrait photo of a man.

SIM SOONG POH

沈松富

CHINESE

07-01-1960 M

SINGAPORE

DRIVE VEHICLE - THE FOLLOWING CLASS(ES)

PASS DATE: 04 Jan 2004

Class 1: Motor Cars and Motor Tractors the weight of which exceeds 2500 kg.

Stamp: 10

Licence No. **S1428853H**

HP 4284

FOR C&C USE ONLY

Barcode

S1428853H

Portrait photo of a man.

O* **07-07-1994**

APT BLK 413 HOUGANG AVENUE 10
#04-1216
SINGAPORE 1963

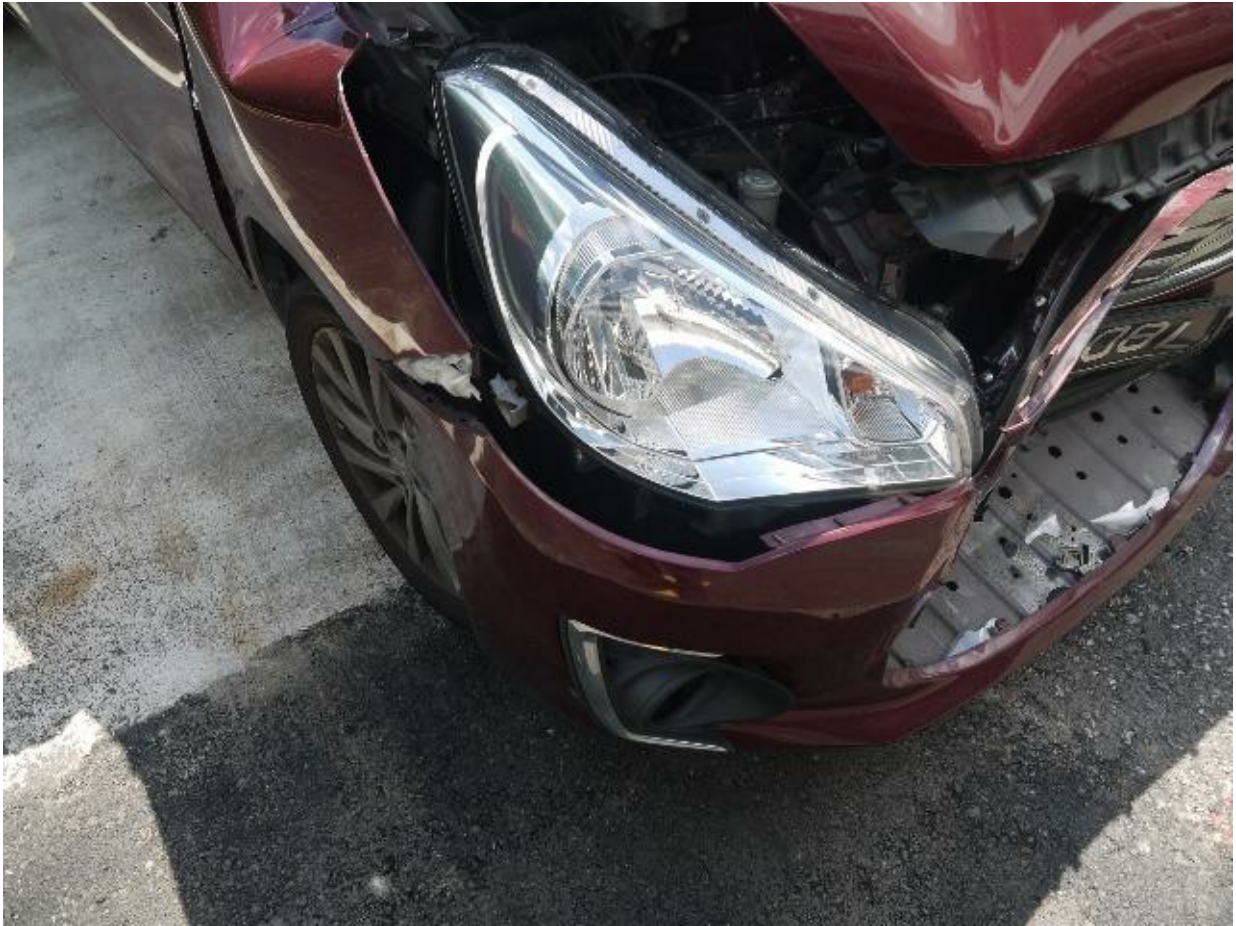
Accident Photo



Accident Photo



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Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo

