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 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.

By the lodgement of this report to the insurers, you hereby of aforesaid.	onsent to the archiving of this report at the centre and to copies of the report being made available				
	ACCIDENT STATEMENT				
Date Of Report	17/05/2018 16:33				
Date Of Accident	17/05/2018 07:40				
Exact Location Of Accident	PIE TWDS CHANGI B4 LORNIE EXIT				
Country/State of Loss	SINGAPORE				
DETAILS OF OWN VEHICLE					
Vehicle Registration Number	SLP5025U				
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

MAZDA Manufacturer

Model 3-1.5 SEDAN EU6 (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?

THIRD PARTY If No, Please state action to be taken PRIVATE HIRE Vehicle Category

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage **COMPREHENSIVE**

Fleet Policy YES

Policy Number 999995083

Cover Note Number

Driver

Name of Driver **AZMI BIN SALLEH**

NRIC No S7014271F Date Of Birth 08/05/1970 Occupation **OUTDOOR Date Of Driving Pass** 15/07/1993

Driving Experience 24 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91140086

Fax Number

Contact Number

EMail Address NOEMAIL Address BLK 210 PETIR RD #02-481

Postcode 670210

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 - HEAD TO REAR

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 YES

NO

2

Was any other material or property damaged? YE

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

sistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : NA

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? YES

Remarks/ Reasons: OVERWRITTEN

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFM3389U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver YAN POH LING

NRIC/Passport Number S1569600A

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

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No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- The 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.
- 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:
 - 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

21615HRS

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

Policyholder's Signature Date & Time:

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

NRIC/FIN No.:

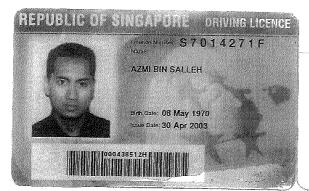
l's Signature

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Sketch Plan #2

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	Voici	B 141	ille i	witt					
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		B 141		wite					

Sketch Plan #3 Pg. 1



BEPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7014271F





Mame

AZMI BIN SALLEH

Race BO Date

عزمي بن صالح Race BOYANESE

Date of birth San 08-05-1970 M Country of birth SINGAPORE

3:07427n=

PASS DATE

Class 28 Motorcycles not exceeding 200 cc 21 Jul 1989
Class 2A Motorcycles between 201 cc and 400 cc 21 Jul 1989
Class 3 Motorcycles not exceeding 200 cc 21 Jul 1989
Motor Cars and Motor Tractors the weight of 15 Jul 1993
which unladen does not exceed 2500 kilograms

NRIC No. \$7014271F

Date of featre 30-12-2009

APT BLK 210 PETIR ROAD #02-481 SINGAPORE 670210 NRIC No: \$7014271F Date:

Date: 04/05/2016

450307





















