

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	31/05/2018 15:11
Date Of Accident	12/05/2018 14:15
Exact Location Of Accident	QUEEN STREET CAR PARK NO. Q0006 GANTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF6679D
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	TOYOTA
Model	SIENTA
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
If No, Please state action to be taken	THIRD PARTY
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	999995027
Cover Note Number	

Driver

Name of Driver	EE AH SIONG
NRIC No	S0603676G
Date Of Birth	23/03/1949
Occupation	OUTDOOR
Date Of Driving Pass	24/09/1966
Driving Experience	51 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90106639
Fax Number	
Contact Number	
EEmail 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 - MAJOR/MINOR RD
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
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?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJG9440Z
Vehicle Make/Model/Colour	
Details Of Properties	VEH. B
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

5/31/2018

Queen St - Google Maps

Google Maps Queen St



Image capture: Dec 2017 © 2018 Google

Singapore

Google, Inc.

Street View - Dec 2017



https://www.google.com.sg/maps/place/Queen+St/@1.2998658,103.8537382,3a,75y,309.56h,82.31t/data=!3m6!1e1!3m4!1s_Zsp7YUxtX7ulBh-nK_Kywl2e0!

Accident Sketch Plan Pg. 1

SKETCH PLAN

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 liability.
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. 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.
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.
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:

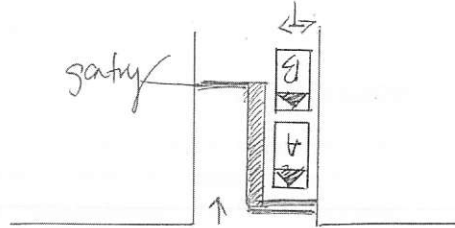
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan Pg. 2

Green Street Carpark No. Q0006

SKETCH PLAN

- (A) SLF6679D
(B) SJG9440Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report NO: T/20180516/2018

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:

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

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180516/2104

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20180516/2104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/05/2018 15:13		Vide Report No.:		Station Diary No.: 123	
Informant's Particulars					
Name of Informant: EE AH SIONG			Address: APT BLK 411A FERNVALE ROAD #23-76 SINGAPORE 791411		
ID Type / ID No.: NRIC NO / S0603676G			Contact No.: Home/Office: Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 69	Date of Birth: 23/03/1949	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 12/05/2018 14:15	Type of Location: Car Park
Location: Along Road 1 QUEEN STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJG9440Z	Car					0
SLF6679D	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Accident Sketch Plan Pg. 2



SINGAPORE
POLICE FORCE



T/20180516/2104

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20180516/2104

CONTINUATION OF REPORT

Driver			
Name	EE AH SIONG		ID No. S0603676G
Related Vehicle	SLF6679D (Car)		Contact No.
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 12/05/2018 at about 1415hrs, I was exiting the carpark gantry at the incident location. My vehicle was stationary as I waited for the barrier to go up. Suddenly I felt an impact from the rear and discovered that the other vehicle had hit the rear of my vehicle. The rear of my vehicle was dented. Nobody was injured at the time of the accident. I only took photographs of the scene and took down the handphone number of the other party, 97153359. After that I left the scene.
I have in-car camera focusing only on the front.

Accident Sketch Plan Pg. 3



SINGAPORE
POLICE FORCE



T/20180516/2104

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20180516/2104

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Staff Sgt MUHAMMAD HELMI BIN SUBAWI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/05/2018 15:13

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

SN 085

Authentication Stamp
NP168



Signature:

Singapore Police Force