MVMG18076091 / Vermogen Ace Pte Ltd - HQ ENTRY DATE & TIME: 12/06/2018 12:14 SUBMITTED BY: Noor Roszaline Bte Rosli

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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.
- 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	12/06/2018 12:14		
Date Of Accident	11/06/2018 14:35		
Exact Location Of Accident	UPPER THOMSON ROAD GOING TOWARDS SLE/CTE		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
/ehicle Registration Number	SLD4212R		
nsured/Policyholder			
Name Of Registered Owner	LCRF PTE LTD		
Co Reg No	201624597K		
Email Address	NOEMAIL		
Mobile Phone No			
Alternative Phone No	Office-66944919		
/ehicle Particulars			
Manufacturer	HONDA		
Model	VEZEL		
exact Purpose for which vehicle was being used at ime of accident	HIRER		
Are you claiming under your own insurance policy or repair to your vehicle?	NO		
f No, Please state action to be taken	REPORTING ONLY		
/ehicle Category	PRIVATE CAR		
nsurance Company			
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.		
ype Of Coverage	COMPREHENSIVE		
Fleet Policy	YES		
Policy Number	999995065		
Cover Note Number			
Driver			
Name of Driver	MUHAMAD YUSHA BIN KAMARUDIN		
NRIC No	S9009998A		
Date Of Birth	20/03/1990		

OUTDOOR

25/07/2014

3 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90106639

Fax Number

Contact Number

EMail Address NOEMAIL

Address 44 BENOI ROAD BLOCK B (ENTTRANCE B) ENTRANCE 6 BENOI SECTOR

Postcode 629904

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 -

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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? 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) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER PHOTO AS 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 SKK4100E

Vehicle Make/Model/Colour

Details Of Properties VEH. B

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 96988871

Address

Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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)
 - (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
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/faw firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- 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

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

Policyholder's Signature Date & Time:

Would also .!

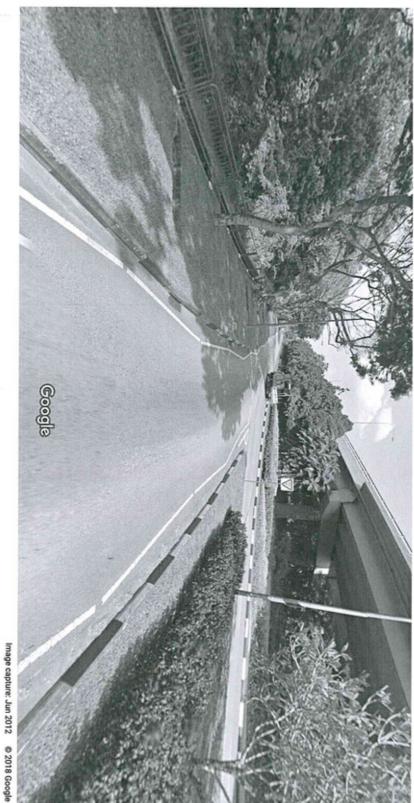
Driver's Signature (If driver is not that

Date & Time:

Reporting Centre Person Name:

NRIC/FIN No :

		SLE/CTE
	SKETCH PLAN	1 1 1
)	SLD 4212R	
ľ	SKK HIGOE	1
		Transar.
	DESCRIBÉ CIRCUMSTANCES OF THE ACCIDEN	The state of the s
	I was driving along heading broards sit	Upper Thousan Road
	heading powards sit	lete. My car came to a
	stop as there's car	eight of me.
	I saw the car en	Auf we were forward,
	so 1 checked my	blindsport and step on the
	accularate slightly.	
	1 didnif realize th	e car infinit at me
	did not proceed on, i	which makes me collided
	end the car.	
	DECLARATION (/We declare the foregoing particulars are true in every price of the	ry respect.
	1 /65 /51/	LINAROSIA
	Policyholder's Signature Driver's Sign	The state of the s
	Date & Time: (If driver is fi	at the policyholder) Name:
	Date & Time	NRIC/FIN No.:



Street View - Jun 2012 Google, Inc.









Accident Photo



Accident Photo





Accident Photo



