

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	09/07/2018 11:42
Date Of Accident	08/07/2018 23:30
Exact Location Of Accident	WHAMPOA DR OSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLE8469K
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	AXIO HYBRID
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	REPORTING ONLY
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	999995058
Cover Note Number	
Driver	
Name of Driver	LEE PUI TWONG
NRIC No	S1199641H
Date Of Birth	13/10/1956
Occupation	OUTDOOR
Date Of Driving Pass	09/11/1981
Driving Experience	36 YEARS AND 7 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	
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	COLLIDED INTO PARKED VEHICLE
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?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO PHOTOS 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	SHA2249L
Vehicle Make/Model/Colour	
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Land Transport Authority

Serial No. A 04487

Name: LEE Pui TWONG

NRIC: S 1199641 H

TEMPORARY PRIVATE HIRE CAR DRIVER'S VOCATIONAL LICENCE

1. You have passed the vocational licence competency test and have been granted a Private Hire Car Driver's Vocational Licence (PDVL).

03 APR 2018

PDVL Commencement Date: _____

2. You must display this Temporary PDVL in your car at all times while driving a chauffeured private hire car.

3. LTA will subsequently inform you to collect your Vocational Licence Card that will replace this Temporary PDVL.

You must collect your Vocational Licence Card **within 6 months** of the PDVL Commencement Date and display it in your car thereafter. **Otherwise, your PDVL may be revoked.**

Kwan Mei Fong
Assistant Registrar of Vehicles
Land Transport Authority of Singapore

VMG USE ONLY



This Temporary PDVL is handed to you by Mel Lim (centre officer name), OFFICER
(centre officer designation), of STA (centre name).

Google Maps Whampoa Dr



Image capture: Dec 2017 © 2018 Google

Singapore

Google, Inc.

Street View - Dec 2017



Accident Sketch Plan

SKETCH PLAN

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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.:

SKETCH PLAN

Whampoa Dr OSCP

Ⓐ SLE8469K

Ⓑ SFA2249L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reversing out from parking lot along Whampoa Dr OSCP. However I did not noticed vehicle B at the rear of my car. I collided into vehicle B rear portion.

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: ABRAHMAN
NRIC/FIN No.:

IDENTIFICATION CARD AND DRIVING LICENCE

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S1199641H**
 Name: **LEE PUI TWONG**
 Birth Date: **13 Oct 1956**
 Issue Date: **28 Nov 2006**

001459984K

VMG USE ONLY

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1199641H


 Name: **LEE PUI TWONG**
 Race: **CHINESE**
 Date of birth: **13-10-1956**
 Country/Place of birth: **SINGAPORE**
 Sex: **M**

51199641H

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg

PASS DATE: **09 Nov 2014**
 Licence No: **S1199641H**

NP 42BA

5378928


 NRIC No: **S1199641H**


 Date of issue: **07-11-2014**

50 BUKIT BATOK EAST AVENUE 5 #17-04
SINGAPORE 658801
 NRIC No: **S1199641H** Date: **18/12/2016**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

