

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	06/07/2018 16:06
Date Of Accident	02/07/2018 04:10
Exact Location Of Accident	JALAN BESAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD4315P
Insured/Policyholder	
Name Of Registered Owner	BKW RENT A CAR PTE LTD
Co Reg No	200106276D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97868677
Alternative Phone No	OFFICE-67387777
Vehicle Particulars	
Manufacturer	CITROEN
Model	GRAND C4 PICASSO-1.6 EGS (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?	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	999994892/100779097
Cover Note Number	

Driver

Name of Driver	CHOW CHAI YONG
NRIC No	S1412901D
Date Of Birth	30/03/1960
Occupation	INDOOR
Date Of Driving Pass	25/05/1978
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97868677
Fax Number	
Contact Number	OFFICE-67387777
EMail Address	NOEMAIL

Address	120 LOWER DELTA ROAD #02-15 CENDEX CENTRE
Postcode	169208
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	4
Passenger 1	NAME: : XIONG YAN GENDER: : FEMALE
Passenger 2	NAME: : HE TAO GENDER: : FEMALE
Passenger 3	NAME: : TAN POH LEE GENDER: : MALE

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 THE ATTACHED.

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	SHD6918Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ABDUL RASHID BIN ABDUL WAHID
NRIC/Passport Number	S1299712D
Contact Number	

Address	
Postcode	
Insurance Company Name	MS FIRST CAPITAL INSURANCE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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6. 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:

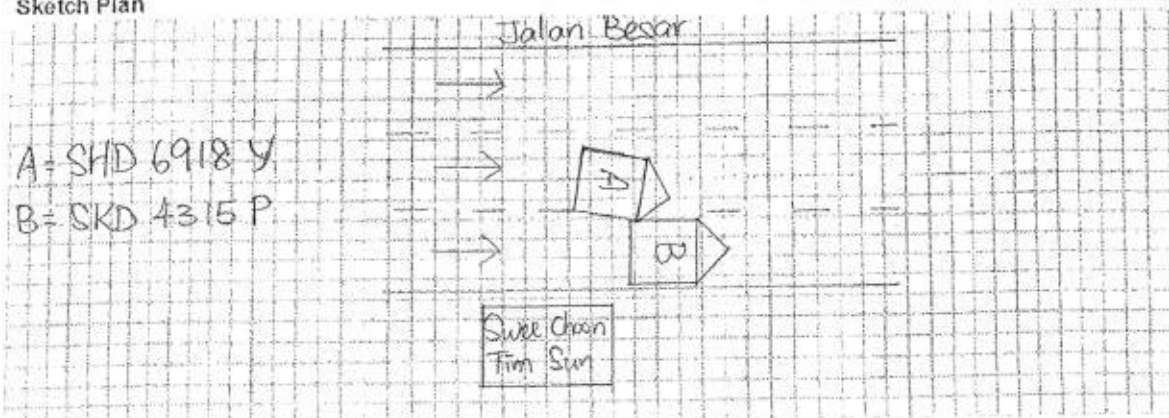
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



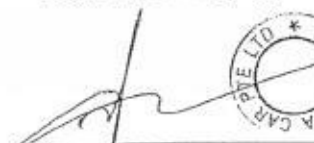
Sketch Plan Pg. 2

Describe Circumstances of the Accident


On 02 Jul 2018 at about 0410 hrs, I was driving a car SKD4315P along Jalan Besar Road (near Swee Chuan Tim Sun Restaurant) towards Middle Road at the extreme right lane. Suddenly, a Taxi (SHD6918P) cut into my vehicle path which causing his vehicle grazed against on left side of my vehicle. After the accident, the taxi driver did not station his taxi but continue to move forward and parked in front of my vehicle. Due to the grazed, my car got scratches started from left rear passenger door to the left front fan guard. There are 3 passengers inside my car and none of us got injured. As to the taxi, his vehicle right side mirror dislodged and front right mudguard got scratches. There was no passenger inside the taxi and the taxi driver also not injured at the time of accident. Both of us did not report to police of the accident.

Declaration

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

Witnessed by Reporting Centre Personnel