

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	11/04/2018 22:15
Date Of Accident	11/04/2018 20:00
Exact Location Of Accident	ALONG HOLLAND AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF1976D
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-96263591

Vehicle Particulars

Manufacturer	HOLDEN
Model	VEZEL 1.5X CV
Exact Purpose for which vehicle was being used at time of accident	Commercial
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995056
Cover Note Number	N.A.

Driver

Name of Driver	CHIN KIN WEI
NRIC No	S7222351I
Date Of Birth	27/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	04/03/1997
Driving Experience	21 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-96263591
Fax Number	
Contact Number	OFFICE-96263591
E-Mail Address	JCHIN72@GMAIL.COM
Address	NIL
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 MOTORCYCLIST
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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 [OTHER]	HAD ADVISED
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I was coming from Holland Ave wanting to make a U-turn. I stopped my car to check for traffic coming from opposite direction. As traffic was clear, i slowly inch out to made the U-turn when suddenly i get an impact on my car front left side. I immediately braked and stop my car. A motorcycle FBM5619R had collided onto my car. I did not see any incoming traffic approaching when i was making the turn. Damages to my car were on the front left side. Rider was conveyed to hospital by ambulance.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PENDING VIDEO FROM HIRER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBM5619R
Vehicle Make/Model/Colour	YAMAHA/ JUPITER 115 Z1
Details Of Properties	

Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1	
Name	UNKNOWN RIDER
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBM5619R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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- 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

 - 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 my 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;
 - investigating the accident and/or my claims;
 - carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - 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
 - complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
 - 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
 - my Personal Information may/are 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.

VERIFIED BY AJAX MARS
REPORTING OFFICER
 Muhammad Faizal
 Bin Pabila

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan

Common Statement

ACCIDENT STATEMENT (2000 characters)

I was coming from Holland Ave wanting to make a U-turn. I stopped my car to check for traffic coming from opposite direction. As traffic was clear, i slowly inch out to made the U-turn when suddenly i get an impact on my car front left side. I immediately braked and stop my car. A motorcycle FBM5619R had collided onto my car. I did not see any incoming traffic approaching when i was making the turn. Damages to my car were on the front left side. Rider was conveyed to hospital by ambulance.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MUHAMMAD FAIZAL BIN PABILA

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

11 April 2018 at 8:42 PM

Date/Time:

11 April 2018 at 8:42 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S72223511

Name
CHIN KIN WEI

曾庆伟

Race
CHINESE

Date of Birth
27-06-1972

Sex
M

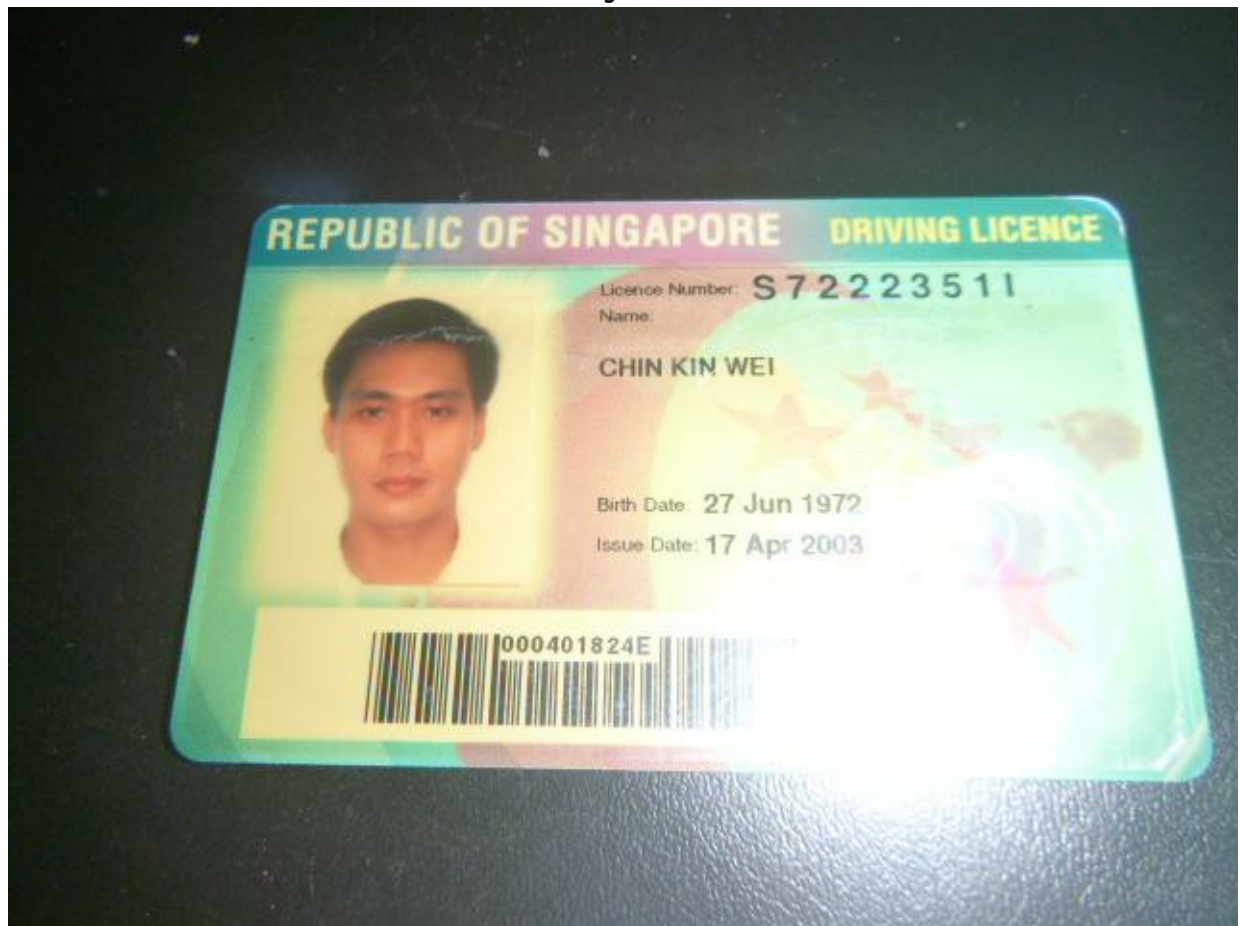
Country of Birth
SINGAPORE



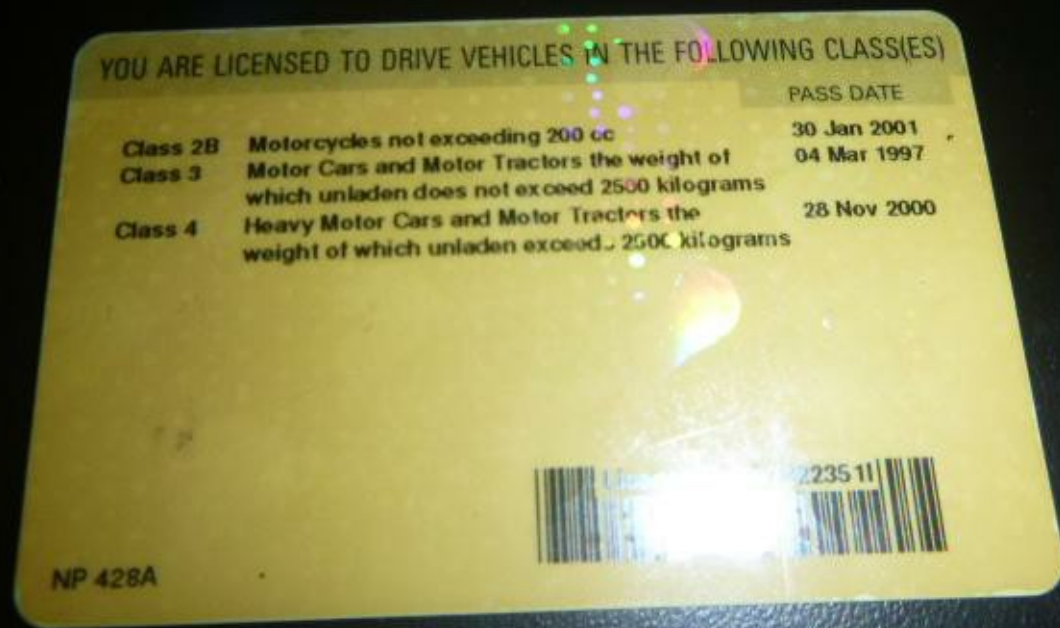
Identification Card



Driving License



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

