#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Occupation

Gender

**Date Of Driving Pass** 

**Driving Experience** 

Mobile Number

Fax Number Contact Number EMail Address

- 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 <u>truthful and accurate</u> 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 aforesaid

aforesaid.			
	ACCIDENT STATEMENT		
Date Of Report	02/08/2018 11:37		
Date Of Accident	02/08/2018 10:35		
Exact Location Of Accident	BENOI RD		
Country/State of Loss	SINGAPORE		
D	ETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLB1950Z		
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	NISSAN		
Model	SYLPHY		
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	999995077		
Cover Note Number			
Driver			
Name of Driver	ZAHARIL BIN ISMAIL		
NRIC No	S1831787G		
Date Of Birth	16/06/1967		

OUTDOOR

17/11/2004

MALE

**NOEMAIL** 

13 YEARS AND 8 MONTHS

(LOCAL) +65-90106639

Address

44 BENOI ROAD BLOCK B, SINGAPORE 629904

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 - 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

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO PHOTOS AS ATTACHED, THANKS

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 SGP6281Z

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

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (li) 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 to 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

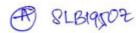
(If driver is not the policyholder) Data & Time: Reporting Centre Personnel's Signature

Name:

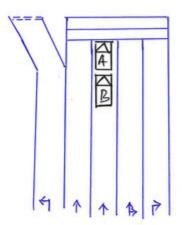
NRIC/FIN No.:

Strangel atomic

SKETCH PLAN







DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	The real and	
Z n	es diving along bear	is the and ame to
a stop when of	he haffic is not in	my favor. A faw
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		Ricle B has collided
		ie danged. Die both
gedrayed por		
	9	
	./	
DECLARATION		10
/We destare the foregoing particular PTE Supplies (Special Supplies Special Supplies Special Supplies Special	dars are true in exercise of	W SARA RAHMAN
Policyholder's Signature *	Driver's Signyture (If driver is not the policyholder) Date & Tyrne:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

# Google Maps Benoi Rd

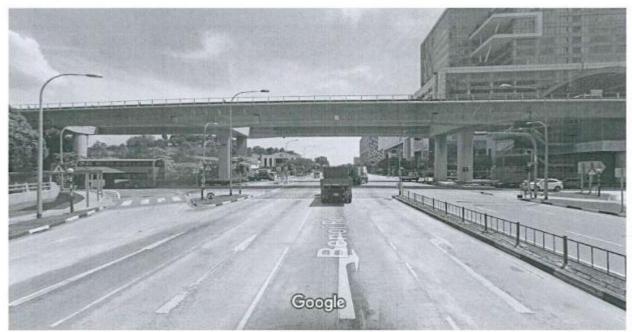


Image capture: Oct 2017

© 2018 Google

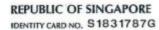
Singapore



Street View - Oct 2017









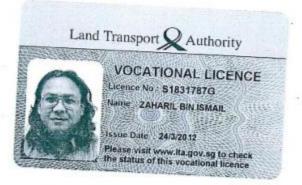


ZAHARIL BIN ISMAIL

MALAY
Onic of Birth 3
16-05-1967 N
County of Birth
SINGAPORE



VMG USE ONLY



# VMG USE ONLY





This card is not transferable and is the property of the Land Transport
Authority (LTA). It must be surrendered to the LTA on request. If found,
please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description
O2 TAXI VL

Issue Date - 17/04/2009

















