

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	06/08/2018 15:19
Date Of Accident	06/08/2018 11:00
Exact Location Of Accident	BEHIND OF BLK 5 EUNOS CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLG5825A
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597k
Email Address	REPORTING@AUTOINSURE.COM.SG
Mobile Phone No	
Alternative Phone No	Office-31572626

Vehicle Particulars	
Manufacturer	KIA
Model	FORTE K3-1.6 (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 HIRE

Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995147
Cover Note Number	

Driver	
Name of Driver	ABDUL RAHMAN BIN SALLEH
NRIC No	S1803461A
Date Of Birth	26/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	22/07/1997
Driving Experience	21 YEARS AND 0 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-92714157
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 537 BEDOK NORTH ST 3#04-501
Postcode	460537
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
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

REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

Details of Witness 1

Name	MOHAMMAD
Phone Number	82277915
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD205K
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	TAXI
Name of Driver	LEE POH KIM
NRIC/Passport Number	S1277436B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan


SKETCH PLAN


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

I understand, acknowledge, agree and consent that:

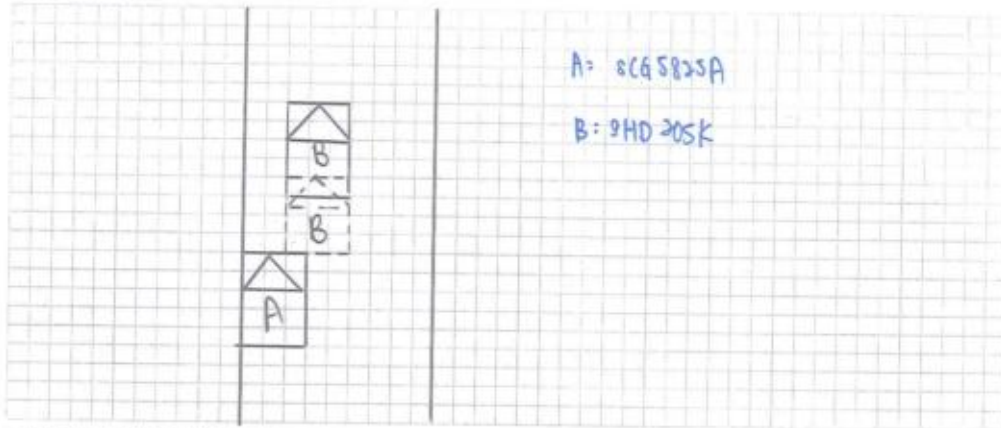
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

at BK 5 Eunos Crescent

On 6/8/2018 around 1:00hrs. I was stationary, to waiting the vehicle B move forward but he suddenly reversed without checking and hit onto my vehicle.

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:

06/08/18 245

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1803461A



Name
ABDUL RAHMAN BIN SALLEH

Race
MALAY

Date of birth
26-09-1967

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S1803461A


Name
ABDUL RAHMAN BIN SALLEH

Birth Date: 26 Sep 1967

Issue Date: 21 Oct 2003

1000541570F

Land Transport Authority



VOCATIONAL LICENCE

Licence No: S1803461A

Name: ABDUL RAHMAN BIN SALLEH

Issue Date: 29/7/2016

Please visit www.lta.gov.sg to check the status of this vocational licence

S1803461A



Date of issue
06-10-2003

Address
APT BLK 537 BEDOK NORTH STREET 3
#04-501
SINGAPORE 460537

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class 2 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
22 Jul 1997

Licence No: S1803461A

NP 428A

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	Issue Date
02	TAXI VL	27/10/2006

Barcode

Accident Photo



Accident Photo



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