

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 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	25/07/2017 12:25
Date Of Accident	24/07/2017 21:00
Exact Location Of Accident	JUNC MACPERSON RD TWDS BENDEMEER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ892K
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-62414992

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS-1.8 HYBRID CVT (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	REPORTING ONLY
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	999995174
Cover Note Number	

Driver

Name of Driver	WONG KEE YUEN
NRIC No	S1245782J
Date Of Birth	08/06/1957
Occupation	OUTDOOR
Date Of Driving Pass	17/02/1982
Driving Experience	35 YEARS AND 5 MONTHS
Gender	MALE

Mobile Number	(LOCAL) +65-96212151
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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)	3

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 SEE ATTACHED SKETCH

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	SMB5034E
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name

Phone Number

Email Address

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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

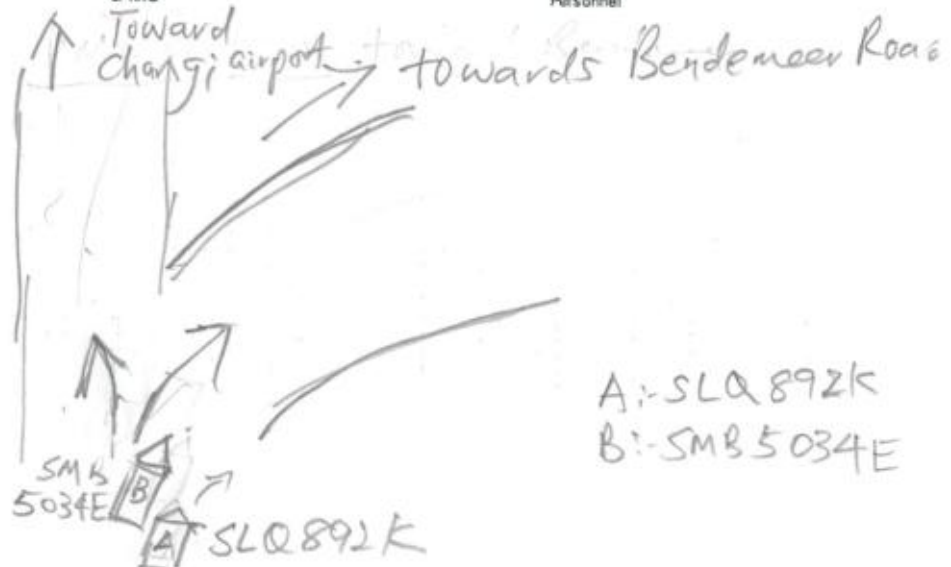


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Sketch Plan #2

Describe Circumstances of the Accident


I HAVE PICKED UP 2 RIDERS FROM ANG MO KIO ~~AND~~ AVE10 TO
 ALJUNION MRT. AT AROUND 9:03PM, NEAR THE MACPHERSON ROAD
 TOWARDS BENDEMEER ROAD JUNCTION, I TRY TO FILTER TO THE
 LEFT LANE TOWARDS CHANGI AIRPORT, BUT BECAUSE VEHICLES
 ON MY LEFT SIDE DID NOT GIVE WAY, I DECIDED TO TURN
 RIGHT TO BENDEMEER ROAD AND MAKE A LOOP BACK.
 I NOTICED
 IN THE PROCESS, A SMRT BUS SMB50346 ON MY LEFT
 WAS VERY CLOSE TO ME AS IT WAS TURNING TOO. I REDUCED
 SPEED TO SLOW DOWN BUT DUE TO THE LENGTH OF THE BUS
 IT STAY TOO CLOSE AND ~~CLIPPED~~ CLIPPED MY CAR LEFT
 SIDE FRONT FENDER.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date &
 Time



 25/7/2017 9:46am
 Driver's Signature (if driver is not the policyholder) / Date
 & Time

Witnessed by Reporting Centre
 Personnel

SLQ892K

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1245782J

Name: WONG KEE YUEN

Birth Date: 08 Jun 1957

Issue Date: 19 Dec 2009

001812009G

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1245782J

Name: WONG KEE YUEN

黄基永

Race: CHINESE

Date of Birth: 08-06-1957

Sex: M

Country of Birth: SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE: 17 Feb 1992

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

NP 425A

License No: S1245782J

0833080

001812009G

NRIC No: S1245782J

Health Group: B+

Date of issue: 06-07-1994

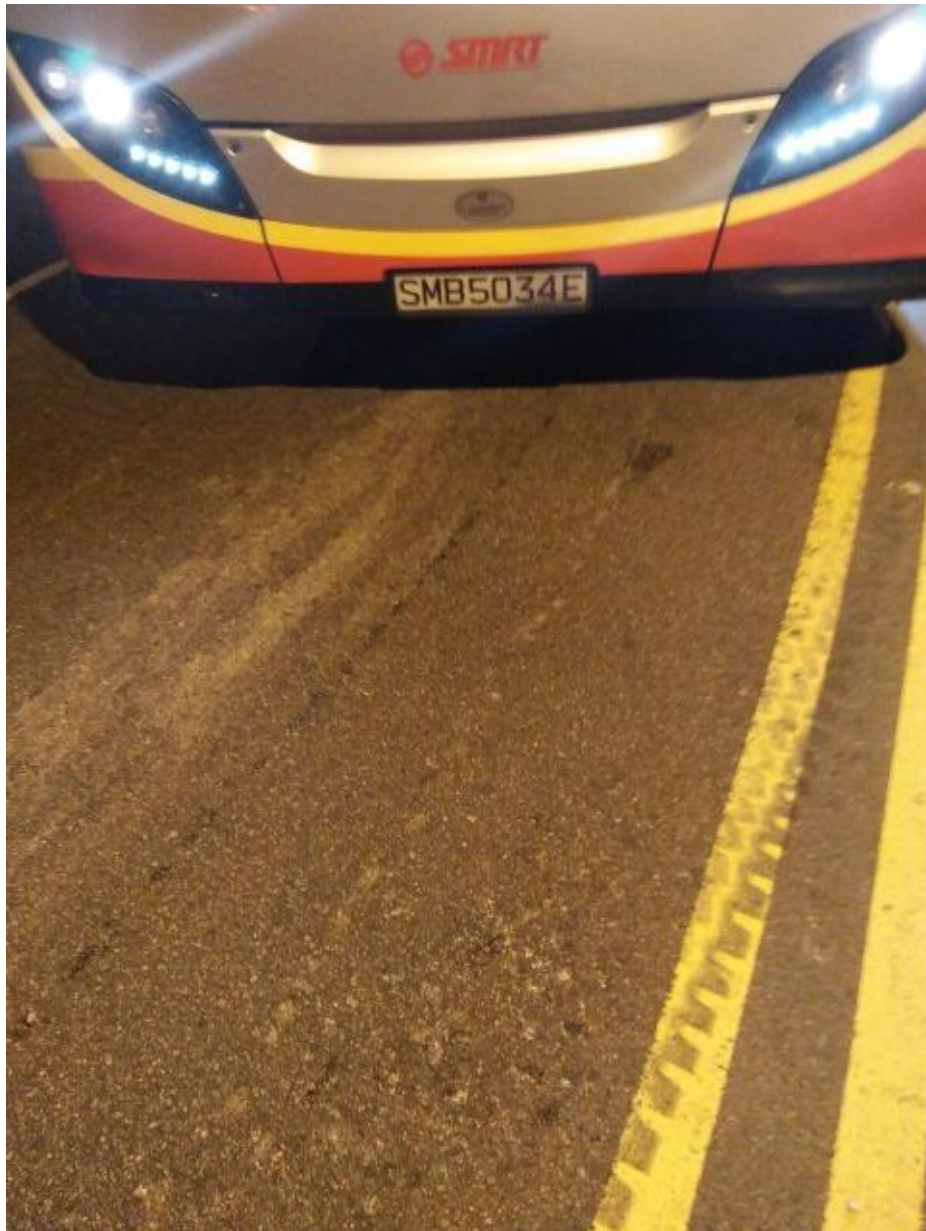
27 PATA LEE ROAD #12-07 SINGAPORE 409042

NRIC No: S1245782J Date: 02-07-2002

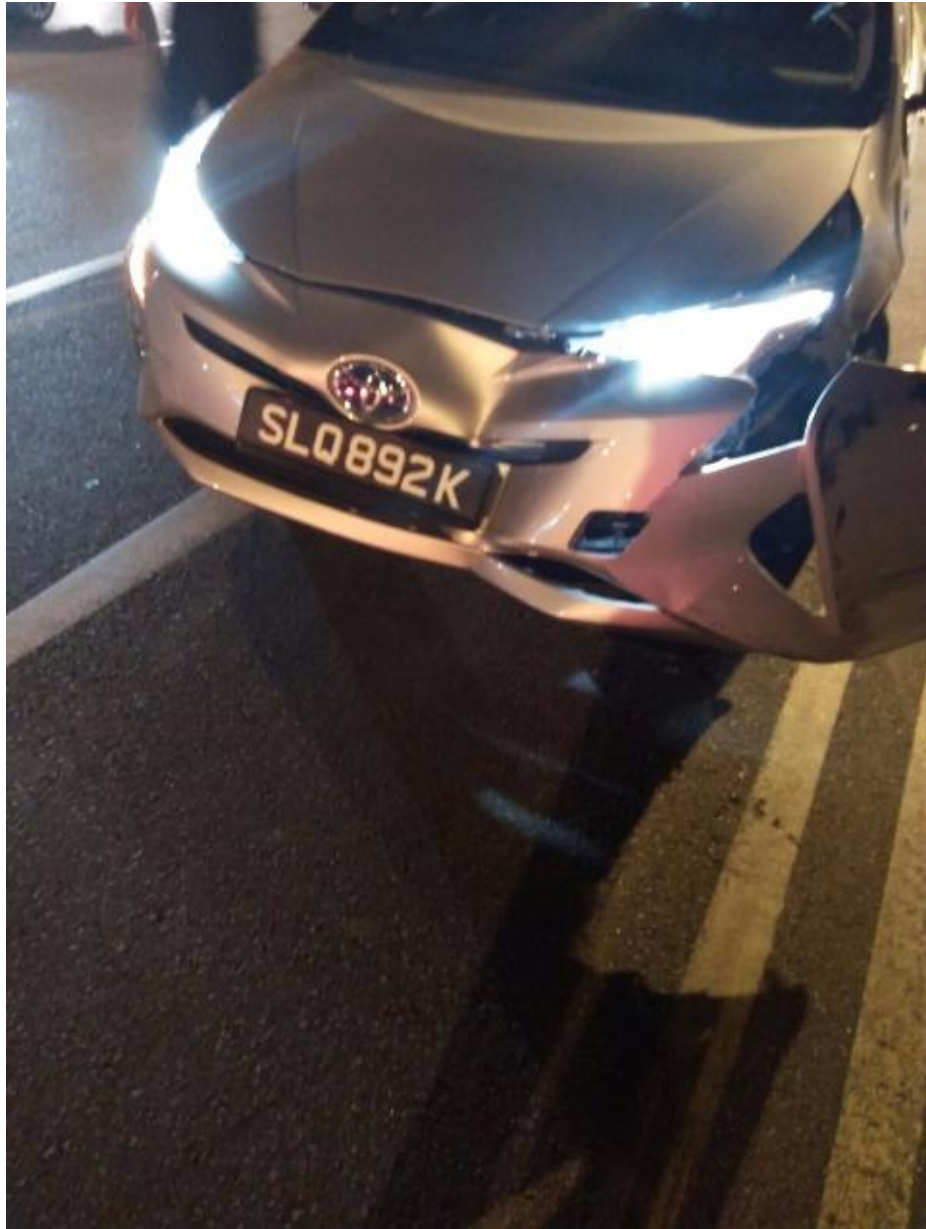
Accident Photo



Accident Photo



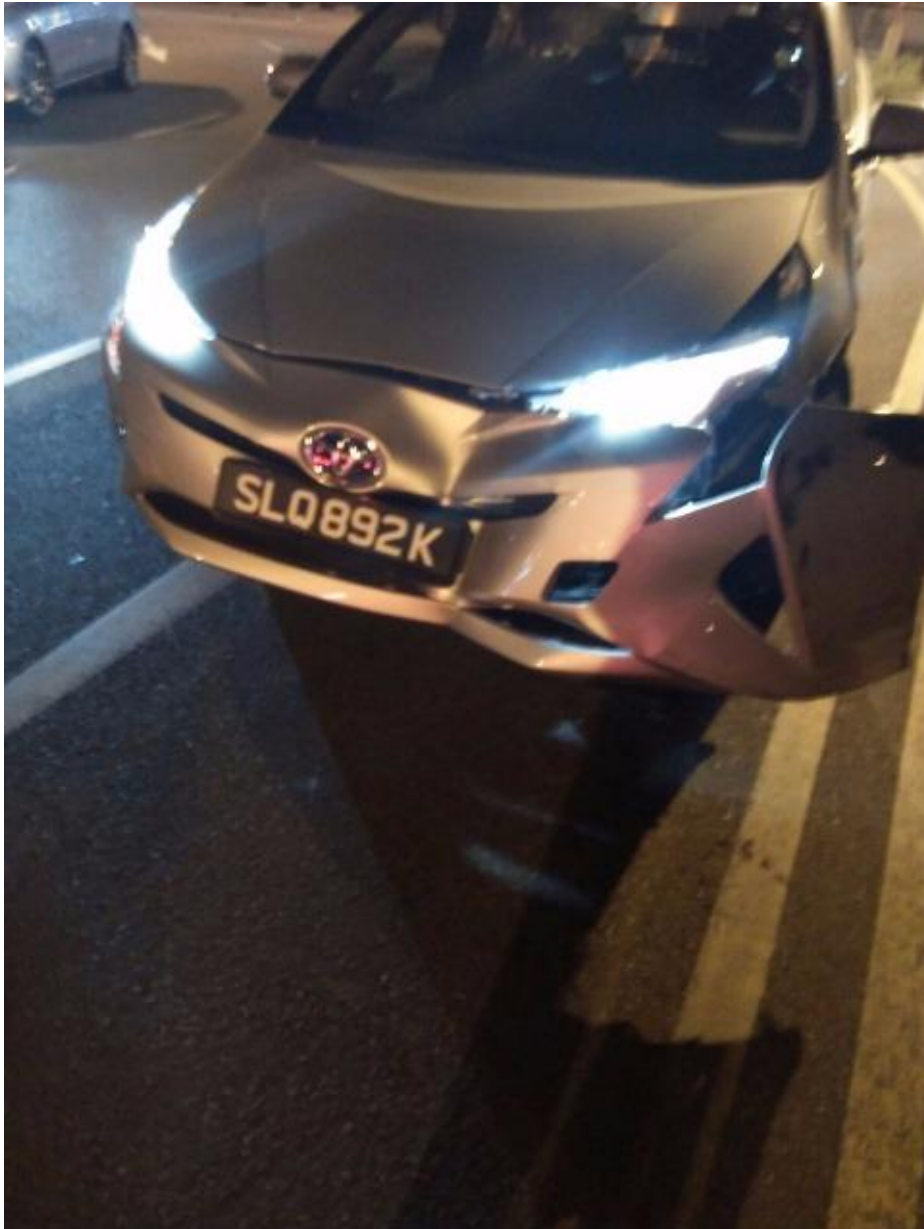
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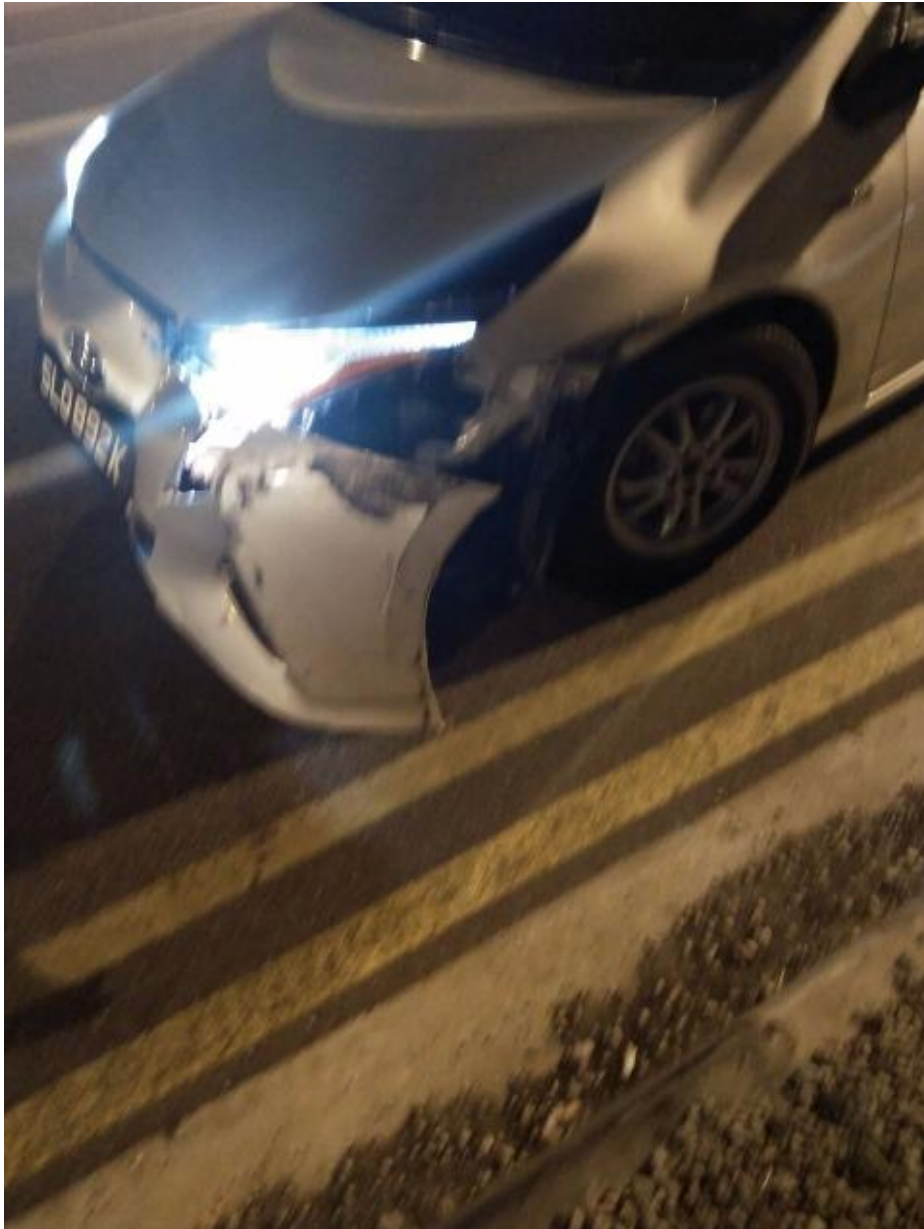
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