

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	23/08/2018 18:08
Date Of Accident	23/08/2018 08:00
Exact Location Of Accident	BUANGKOK CRESCENT BLK 980C CARPARK DRIVEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG5572D
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	HONDA
Model	GRACE
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	REPORTING ONLY
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	999995009
Cover Note Number	

Driver

Name of Driver	EDMUND CHIN ZHE TONG
NRIC No	S9570193J
Date Of Birth	29/04/1995
Occupation	OUTDOOR
Date Of Driving Pass	18/03/2016
Driving Experience	2 YEARS AND 5 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-90106639
Fax Number	
Contact Number	OFFICE-66944919
E-Mail Address	NOEMAIL
Address	44 BENOI ROAD BLOCK B (ENTRANCE 6 BENOI SECTOR)
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 ON COLLISION
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

PLEASE REFER TO PHOTOS AS ATTACHED. THANK YOU.

Attachment(s)

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

Accident Sketch Plan

8/23/2018

Singapore - Google Maps

Google Maps Singapore



Image capture: Aug 2016 © 2018 Google

Google, Inc.

Street View - Aug 2016



<https://www.google.com.sg/maps/@1.3798863,103.8811751,3a,75y,44,14h,71.66t/data=!3m6!1e1!3m4!1sUxtQIRrOO0z737bsL6vZkgI2e0l711331...> 1/1

Accident 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:



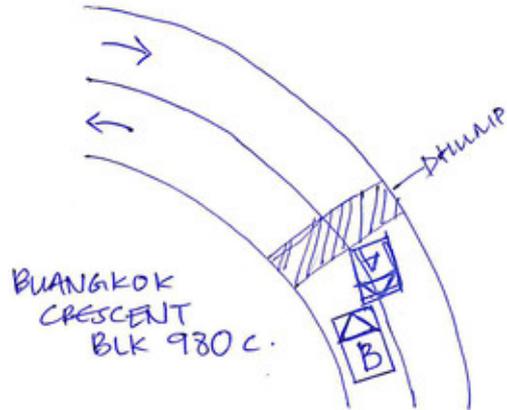
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:




 Reporting Officer's Signature
 Name: SHI NUR JULIANA
 NRIC/FIN No.:

SKETCH PLAN

- (A) SLG75572D
- (B) SLF3000G.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG CARPARK DRIVEWAY. WHILE I WAS APPROACHING A TURN AS IT WAS A SLOPE. I DIDN'T REALISED THERE WAS AN ONCOMING VEHICLE. AND I ACCIDENTALLY COLLIDED INTO HIM.

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:

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9570193J**
 Name: **EDMUND CHIN ZHE TONG**
 Birth Date: **29 Apr 1995**
 Issue Date: **10 Apr 2017**

002673714G



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S9570193J**

Name: **EDMUND CHIN ZHE TONG**
 錢則通
 Race: **CHINESE**
 Date of birth: **29-04-1995**
 Country/Place of birth: **MALAYSIA**

Sex: **M**




VMG USE ONLY

Land Transport Authority

VOCATIONAL LICENCE
 Licence No : **S9570193J**
 Name : **EDMUND CHIN ZHE TONG**

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



VMG USE ONLY

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	18 Mar 2016

NP 428A

Licence No: S9570193J

5199543

HWC No. **S9570193J**

Date of Issue: **29-07-2013**

Address: **APT BLK 917 JURONG WEST STREET 91 #11-15B SINGAPORE 640917**




VMG USE ONLY

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

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	06/07/2018



Accident Photo



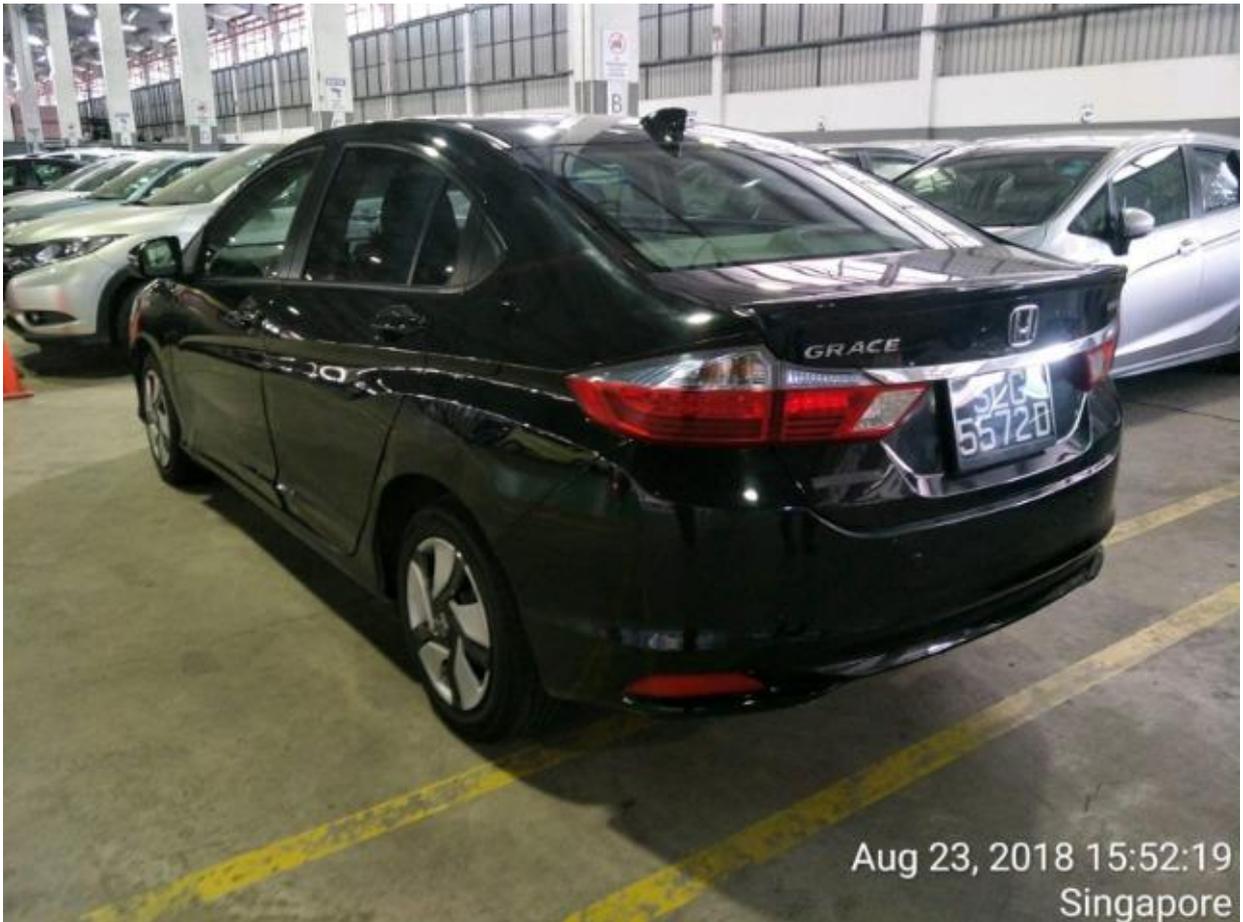
Accident Photo



Accident Photo



Accident Photo



Aug 23, 2018 15:52:19
Singapore

Accident Photo



Accident Photo



Aug 23, 2018 15:51:56
Singapore

Accident Photo

