

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	14/09/2018 14:52
Date Of Accident	29/08/2018 18:10
Exact Location Of Accident	MCE TUNNEL TWDS UPPER PAYA LEBAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP6640L
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 HYBRID-1.8 (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	MUHAMMAD WAFA BIN ABDUL AZIZ
NRIC No	S9537653C
Date Of Birth	16/10/1995
Occupation	OUTDOOR
Date Of Driving Pass	22/06/2015
Driving Experience	3 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-84187409
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	NOADDRESS
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 - 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)	2
Passenger 1	Name: : NONAME Gender: : Female

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 SKETCH PLAN

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	YN1179S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	

NRIC/Passport Number
Contact Number

Address

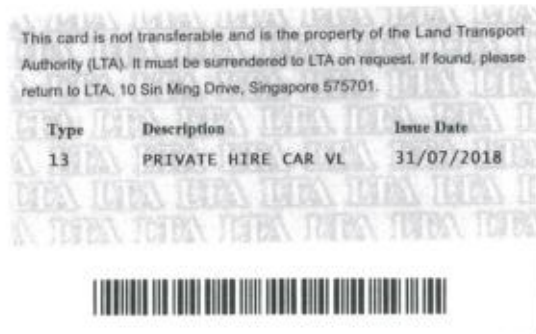
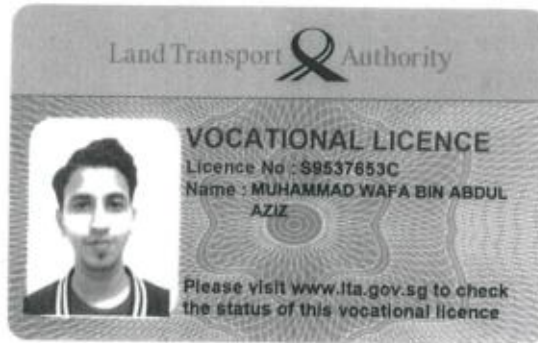
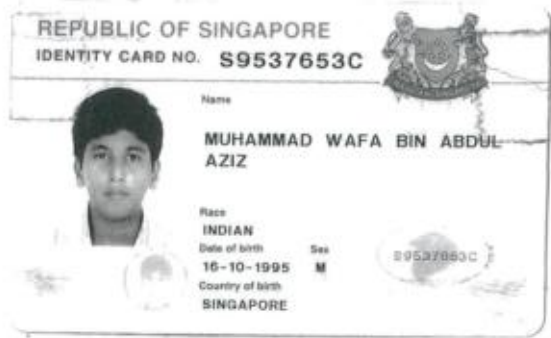
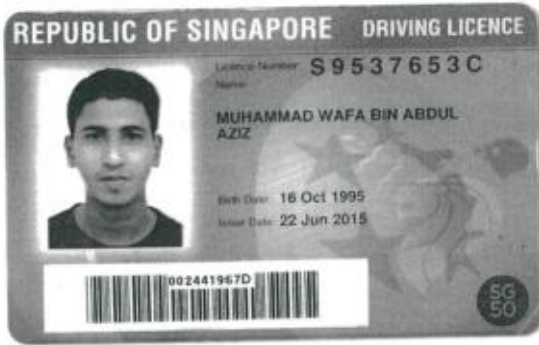
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan #3



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.

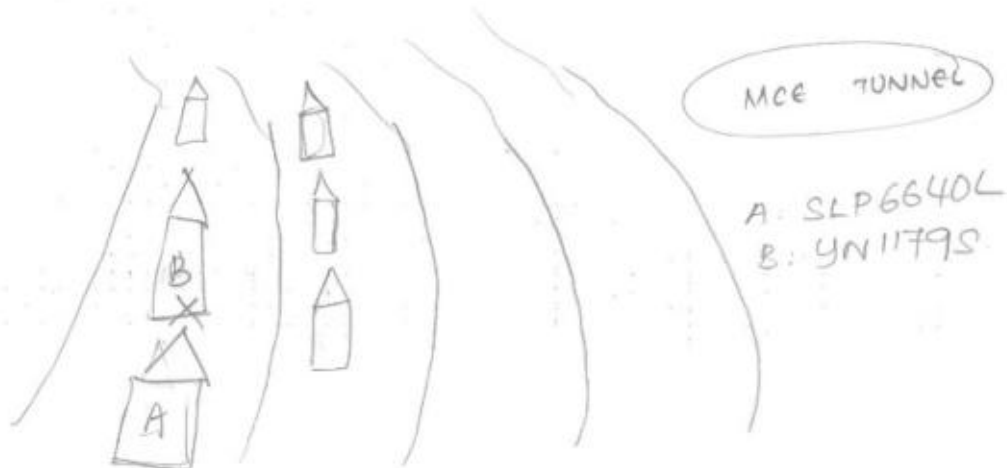


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Sketch Plan

Describe Circumstances of the Accident


ON 29 AUGUST, AT MCE TUNNEL TOWARDS UPPER /
 DAYA LEBAR ROAD, I WAS TRAVELLING BEHIND A
 CERTIS CISCO LORRY, CLASS 3 12/14 FOOTER. I WAS DRIVING
 TOYOTA PRIUS HYBRID. SINCE I DIDN'T MAINTAIN
 REQUIRED DISTANCE, I COULDN'T BRAKE IN TIME WHEN
 CERTIS CISCO LORRY STOPPED AS IT WAS JAM DURING
 EVENING TIME 1810 HRS. I WAS IN STATE OF SHOCK,
 I CAME OUT MY VEHICLE & EXCHANGE PARTICULAR
 WITH OPPOSITE PARTY. AT THAT POINT OF TIME OPPOSITE
 PARTY CLAIMED NO DAMAGE ON THEIR LORRY. ONLY MY
 VEHICLE WAS DAMAGED SINCE VEHICLE WAS DENABLE, I
 DROVE TO ~~MY~~ HDB 3 CALLED FOR TOW TRUCK. I TOWED
 TO A WORKSHOP RECOMMENDED BY MY FRIEND. THIS IS
 MY FIRST ACCIDENT IN MY LIFE SO I ASKED WORKSHOP GUY
 FOR THE PROPER PROCEDURE. HE SAID SINCE NO DAMAGE,
 DON'T HAVE TO CLAIM INSURANCE. I SELF REPAIRED MY
 VEHICLE. DURING THAT NIGHT, LORRY DRIVER CALLED &
 SAID AFTER CHECKING AGAIN THERE IS SLIGHTLY BENT METAL
 BELOW NUMBER PLATE. I ASKED IF HE'S ON A CLAIM INSURANCE,
 HE SAID HE WASN'T SURE ABOUT THAT AS HE'S JUST WRITING
 REPORT TO HIS OFFICER WHAT HAPPENED. I ASKED WORKSHOP
 GUY FOR ADVICE, HE ASKED ME TO FOLLOW UP W THE THIRD
 PARTY IF THEY WNA CLAIM AS WHAT I SAW FROM PHOTO TAKEN
 THE METAL WAS SLIGHTLY BENT. I RECIEVED A TEXT FROM
 LCR AT 13 SEPTEMBER AROUND 2.30 PM SAYING THE 3'RO
 PARTY WANTS TO CLAIM INSURANCE. IT WAS MY MISTAKE TO NOT
 INFORM ABOUT THE ACCIDENT ON THAT DAY. AFTER READING
 LCR'S TEXT, I LEARNT HOW IMPORTANT IT IS TO
 REPORT AN ACCIDENT.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
 Time

 1200 Hrs
 14/9/18
 Driver's Signature (If driver is not the policyholder) / Date
 & Time

Witnessed by Reporting Centre
 Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

