MVMG18118379 / Vermogen Ace Pte Ltd - HQ ENTRY DATE & TIME: 12/09/2018 14:27 SUBMITTED BY: Noor Roszaline Bte Rosli

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

- 1. Please report <u>correctly</u> 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 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.
- ${\bf 5.} \ \underline{\textbf{Any false reporting may be referred to the Police for investigation.}}$
- 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 inont to the ort at the

ent to the archiving of this report at the centre and to copies of the report being made available
ACCIDENT STATEMENT
12/09/2018 14:27
12/09/2018 12:50
TOH GUAN RD EAST
SINGAPORE
DETAILS OF OWN VEHICLE
SLK6816Z
LCRF PTE LTD
201624597K
NOEMAIL
Office-66944919
TOYOTA
AXIO HYBRID
HIRER
NO
REPORTING ONLY
PRIVATE CAR
AIG ASIA PACIFIC INSURANCE PTE. LTD.
COMPREHENSIVE
YES
999995004
ER TECK SEE
S6912782G
29/04/1969
OUTDOOR
12/09/1990

28 YEARS AND 0 MONTHS

Gender **MALE**

(LOCAL) +65-90106639 Mobile Number

Fax Number

Contact Number

EMail Address NOEMAIL

Address 44 BENOI ROAD BLOCK B, SINGAPORE 629904

Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

NO

NO

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

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

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

DETAILS OF OTHER VEHICLE PROPERTY 1

SJT4130H Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties VEH. B

PRIVATE CAR Vehicle Category

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

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- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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
- 7. 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:

- 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;
 - (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, involces, 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
- 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

When each of any?

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

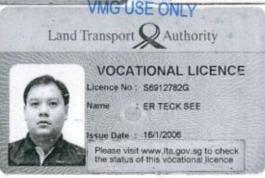
Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

TOH	GUAN RO EAST	
J		1 1 1
SKETCH PLAN		
SKETCH FLAN		
A OULLAND		
#) SLK6816Z		- 3/2
2) SJT4130H	4 55 12.	
		7
		1/1
		A
DESCRIBE CIRCUMSTANCES OF THE A	ACCIDENT	14
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beading straight	I intered to or	entake as the
can's alread wol	conjected. He	wa while
overfaling relied	e B from min	or wal henry
aut anto mojo.	road . I collid	ded into velide
D + 1 / // //	1-	
B front night por	7102.1	
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DECLARATION	Λ	M)
I/We declare the foregoing particulars are to	true in every respect.	A Little
Constitution (September 1997)	Sim	
Polining Idas Stenatura	iver's Signature	YIRA RAHMAN
Date & Time: (lif	driver is not the policyhalder)	Reporting Centre Personnel's Signature Name:
0:	ste & Time:	NRIC/FIN No.:





VMG USE ONLY



Google Maps 41 Toh Guan Rd E

















