(40) ATUC AXA

MWA118120301 / World Auto Pte Ltd - HQ ENTRY DATE & TIME: 17/09/2018 13:06 SUBMITTED BY: Tew Ai Nee

### 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 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.
- 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

oresaid.	
	ACCIDENT STATEMENT
ate Of Report	17/09/2018 13:06
ate Of Accident	17/09/2018 10:05
xact Location Of Accident	KPE TWDS MCE
ountry/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
ehicle Registration Number	SLL8270D
nsured/Policyholder	
ame Of Registered Owner	LCRF PTE LTD
o Reg No	201624597K
mail Address	NOEMAIL
lobile Phone No	
Iternative Phone No	OFFICE-62414992
ehicle Particulars	
lanufacturer	HONDA
lodel	VEZEL-1.5 HYBRID (A)
xact Purpose for which vehicle was being used ame of accident	at
re you claiming under your own insurance policy or repair to your vehicle?	y NO
No, Please state action to be taken	THIRD PARTY
ehicle Category	PRIVATE HIRE
nsurance Company	
ame of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
ype Of Coverage	COMPREHENSIVE
leet Policy	YES
olicy Number	999994978
over Note Number	
river	
ame of Driver	ANDY HO QIAN QING

NRIC No S8842901Z 31/10/1988 Date Of Birth **OUTDOOR** Occupation 15/12/2010 Date Of Driving Pass

7 YEARS AND 9 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-90709805 Mobile Number

Fax Number

Contact Number

NOEMAIL **EMail Address** 

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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

NO

2

NAME: : NONAME

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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?

YES

Remarks/ Reasons:

VIDEO OVERWRITTEN

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SKT722P

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Funderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/ere 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 yers/law firms, the Monelary Authority of Singapore and any relevant government agency/suthority (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;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the melting 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 faw 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 yers/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 yers/few firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's-Signature / Data & Time Ange 17/9/10 11-45am

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

Witnessed by Reporting Centre Personnel

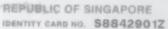
Sketch Plan

BSKT 722P

# Sketch Plan #2

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1									
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### Sketch Plan #3





Name

ANDY HO GIAN GING



CHINESE Sale of bless 31-10-1988

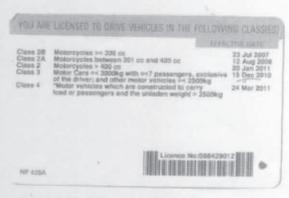
SINGAPORE

888429012









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 Bin Ming Drive, Singapore 575701. Type Description Issue Date
13 PRIVATE HIRE CAR VL 17/10/2017

