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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	26/11/2018 17:47
Date Of Accident	23/11/2018 19:25
Exact Location Of Accident	SOMERSET ROAD ORCHARD GATEWAY DROP OFF POINT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ7884L
Insured/Policyholder	
Name Of Registered Owner	ASSET LIMO
Co Reg No	53309913K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98181597
Alternative Phone No	OFFICE-98181597
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994656
Cover Note Number	
Driver	

Name of Driver GOH CHUN KIANG
NRIC No S0197311H
Date Of Birth 26/09/1949
Occupation INDOOR
Date Of Driving Pass 19/12/1985

Driving Experience 32 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98181597

Fax Number

Contact Number OFFICE-98181597

EMail Address NOEMAIL

Address BLK 299A TAMPINES STREET 22

#04-604

NO

NO

1

NO

NO

NO

SLW9402B

Postcode 521299

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 - MAJOR/MINOR RD

Weather Conditions AFTER RAIN

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

nbulance? as any other material or property damaged? 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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE 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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Make/Model/Colour

Details Of Properties

Dotalis Of Froperties

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)

Page 2 of 14

Accident Sketch Plan

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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
 interested parties.
- 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:

- (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 the purpose(s).
 - 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 invoive 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:
 - 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.

٠٥٠

Policyholder's Signature Date & Time: Driver's Signature (If driver's natche policyholder)

Reporting Centre Personney's Sig

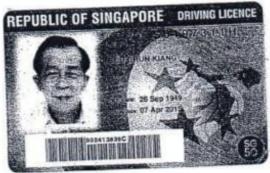
Name: NRIC/FIN No.

Accident Sketch Plan

	KETCH PLAN	
Orchard greeway drop off point A STQ 7884 L B SLW9402 B Declaration No declare the regioning particulars are true in every respect. Driver's Signature (If drive is not a policyholder) Date & Time: Date & Time		Somerset Road
DECLARATION Nee clear the facegoing particulars are true in every respect. Declaration Declar		
Declaration Note clear the stated date and thre, I vehicle A is trying to exit The arap off point. Suddenly vehicle B moved and we callided. Declaration Pecchanics Diver's Signature Diver's Signature Officholder's Signature Officholder's Signature Officho		drop off point
Declaration Note declare the stored date and think, I vehicle A is trying to exit The arop off point. Suddenly vehicle B moved and we collided. Declaration Note declare the segoning particulars are true in every respect. Declaration		
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT On the stated date and think, I vehicle A is trying to exit the arop off point. Suddenly vehicle B moved and we collided. DECLARATION We declare the suggoing particulars are true in every respect. Declaration	1 1	A SJQ 7884 L
On the stated date and time, I vehicle A is trying to exit the arop off point. Suddenly vehicle B moved and we collided. DECLARATION Note declare the recegoing particulars are true in every respect. Driver's Signature Officyholder's Signature Off		B SLW9402B
The arop off point. Suddenly Vehicle & moved and we collided. Declaration We declare the regoing particulars are true in every respect. Driver's Signature (if drivs's sent he policyholder) Date & Time: Date & Time: Only 10 March 10 No.: Date & Time: Ninic/Fin No.: Date & Time: Date &	ESCRIBE CIRCUMSTANCES OF THE AC	CIDENT
DECLARATION We declare the foregoing particulars are true in every respect. Driver's Signature Driver's Signature Driver's Signature Driver's Signature Driver's Signature Reporting Centre Personner's Signature Name: Name: NRIC/FIN No.: NRIC/FIN No.:	On the stated date	and time, I vehicle A is trying to exit
DECLARATION We declare the foregoing particulars are true in every respect. Driver's Signature Driver's Signature Driver's Signature Driver's Signature Driver's Signature Reporting Centre Personner's Signature Name: Name: NRIC/FIN No.: NRIC/FIN No.:		
Olicyholder's Signature ate & Time: One of the secretary particulars are true in every respect. Driver's Signature (If drive is not the policyholder) Date & Time: Name: NRIC/FIN No.:		
Olicyholder's Signature ate & Time: One of the secretary particulars are true in every respect. Driver's Signature (If drive is not the policyholder) Date & Time: Name: NRIC/FIN No.:		
Olicyholder's Signature ate & Time: One of the secretary particulars are true in every respect. Driver's Signature (If drive is not the policyholder) Date & Time: Name: NRIC/FIN No.:		
Olicyholder's Signature Olicyholder's Signature Olicyholder's Signature Olicyholder's Signature Olicyholder's Signature Olicyholder's Signature Olicyholder's Name: Name: NRIC/FIN No.:		
Olicyholder's Signature Olicyholder's Signature Olicyholder's Signature Olicyholder's Signature Olicyholder's Signature Olicyholder's Signature Olicyholder's Name: Ol		
We declare the acregoing particulars are true in every respect. Driver's Signature Driver's Signature (If drive is not the policyholder) Date & Time: Date & Time: Name: NRIC/FIN No.:		
/We declare the aregoing particulars are true in every respect. Policyholder's Signature Date & Time: Date & Tim	PEG-ADATION .	
Date & Time: (If drive is not the policyholder) Name: Date & Time: NRIC/FIN No.:		ue in every respect.
Date & Time: (If drive is not the policyholder) Name: Date & Time: NRIC/FIN No.:	(M)	Cox 20 (11/ 2018
	Date & Time: (If dr	rive is not the policyholder) Name:









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 Sis Ming Drive, Shigapore 575701.

Type Description Insue Date
12 TAXI VL 05/12/1990



TOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFECTIVE DATE

Class 3 Motor Cers-- 3000kg with ric7 passangers, rachasive 19 Dec 1985 of the driver; and other motor vahicles -< 2500kg

NP 438A















