## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

**Date Of Driving Pass** 

**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 <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.

	ACCIDENT STATEMENT
Date Of Report	04/12/2018 14:38
Date Of Accident	03/12/2018 16:30
Exact Location Of Accident	AYE & CITY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SLJ1326J
nsured/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	HONDA
Model	VEZEL-1.5 HYBRID (A)
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE HIRE
nsurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994926
Cover Note Number	
Driver	
Name of Driver	TAN STANLEY
NRIC No	S1233895C
1110 110	
Date Of Birth	30/07/1957

09/12/1983

34 YEARS AND 11 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-91999018

Fax Number

**Contact Number** 

**EMail Address NOEMAIL NOADDRESS** Address

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 RAINING** Road Surface WET

#### Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1 Name: : UNKNOWN

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?

If Yes, against whom?

NO

## **Circumstances of Accident**

## PLEASE SEE ATTACHED SKETCH

## 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**

GBE4131D Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

**GOODS VEHICLE** Vehicle Category

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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- 4. The issue and acceptance of this Formby 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. 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l'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

(i) 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 maling 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' 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 agen/s (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's-Signature / Date &

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date

& Time

Wilnessed by Reporting Centre

Personnel

two city

A SCJ13267

B GBE 4131D

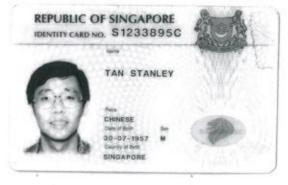
Ou	3rd Docereber 2018, I was travelly
OH	Clement, Road towards AYE towards
PR	x city.
	I was helind GBE 41310, I sow a
10	one vehicle coming out on a slip road
	head and stopped behind GRE 4131D
U	over the vehicle passed, GBF4131D
	receded forward. I checked to
5	se if there were any other remiche
C	owing out of slip road.
f	is I proceeded to more out as
u	sell, GBE 4131D suddonly stopped
	Luach no time to stop and knocke
10	to live.
	No one is myured and he had
	slight damage I had bunger dan
	winor.
	He did not grane his details and
_	we this of supervisor to it call me.

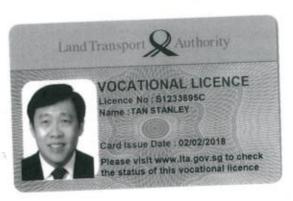
Policyholder's Signature / Date & Time

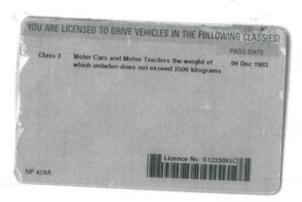
Other's Signature (if driver is not the policyholder) / Date 8. Time

Witnessed by Reporting Centre Personnel











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

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PRIVATE HIRE CAR VL 02/02/2018

























