# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 06/12/2018 09:40

## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 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   | 06/12/2018 08:56                                |  |
| Date Of Accident   | 03/12/2018 19:30                                |  |
| Exact Location Of Accident   | ALONG AYE ROAD TOWARDS TUAS BESIDE NUH HOSPITAL |  |
| Country/State of Loss  | SINGAPORE                                       |  |
|  | DETAILS OF OWN VEHICLE                          |  |
| Vehicle Registration Number  | SLE5332R  |  |
| Insured/Policyholder   |   |  |
| Name Of Registered Owner   | LCRF PTE LTD                                    |  |
| Co Reg No  | 201624597K                                      |  |
| Email Address  | REPORTING@AUTOINSURE.COM.SG                     |  |
| Mobile Phone No  |   |  |
| Alternative Phone No   | Office-31572626                                 |  |
| Vehicle Particulars  |   |  |
| Manufacturer   | ТОУОТА  |  |
| Model  | COROLLA ALTIS-1.6 CVT (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  | 999995060                                       |  |
| Cover Note Number  |   |  |
| Driver   |   |  |
| Name of Driver   | PANG TZE WEI (PENG ZHIWEI)                      |  |
| NRIC No  | S7522663B                                       |  |
| Date Of Birth  | 27/07/1975                                      |  |

**OUTDOOR** 

13/11/2015

3 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96784267

Fax Number

**Contact Number** 

EMail Address NOEMAIL

Address APT BLK 851 JURONG WEST STREET 81 #09-289 SINGAPORE 640851

Postcode 640851

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 - HEAD TO REAR

Weather Conditions RAINING
Road Surface WET

#### 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

NO

1

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)

### **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**

ON 3 DECEMBER 2018 AROUND 1930 HOURS, I WAS TRAVELLING ALONG AYE ROAD TOWARDS TUAS BESIDE NUH HOSPITAL AND I JUST DONE MY LANE CHANGE. SUDDENLY, VEHICLE B (SMC7505U) PERFORM AN EMERGENCY BRAKE. I UNABLE TO STOP IN TIME DUE TO THE SUDDEN ACTION AND I COLLIDED ONTO HER VEHICLE.

#### 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 SMC7505U

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

#### IMPORTANT NOTICE

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  facts may allow insurance companies to repudiate policy liability.
- 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
- 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)
  - 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 fealing 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.
- (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.

Policyholder's Signature Date & Time:

Dever's Signature (If driver is not the policyholder) Date & Time:

NRIC/EN

eporting Centre Personnel's Signature

ang the Xz

| TCH PLAN                           |  |   |
|------------------------------------|--|---|
|                                    |  | A: SLE 5332 R   |
|                                    | 1 1  | 8: SMC 7505U  |
|                                    |  |   |
|                                    | 1 18   |   |
|                                    | 1 1/29   |   |
|                                    |  |   |
|                                    |  |   |
| ESCRIBE CIRCUMSTANCES OF           | THE ACCIDENT   |   |
| On 3 December 2                    | 318 around 1930  | hours, I was travelling along AYE   |
| ood Towards Tuas                   | Beside HUH Hosp  | pital and I just done my lane   |
| ah an Padelineli                   | uphisla B Co.  | uc 4505 u) perform an   |
| 0                                  |  |   |
| emergency broke                    | I unable to  | stop in time due to the   |
| Sudden action o                    | and I collided   | onto her vehicle.   |
|                                    | 71   |   |
|                                    |  |   |
|                                    |  |   |
|                                    |  |   |
| ű.                                 |  |   |
|                                    |  |   |
|                                    |  |   |
|                                    |  |   |
| ECLARATION                         |  |   |
| We declare the foregoing particula | rs are true in every respect.  | 1/2   |
| JY Rug Ma                          | Jones  |   |
| olicyholder's Signature            | Oriver's Signature<br>(If driver is not the policyhold<br>Date & Time: | Reporting Centre Personnel's Signature  Name: Ling Hoo Die  NRIC/FIN Na.: |
|                                    | Scales of Tuttors  | V   |



Card Issue Date - 08/03/2018 Please visit www.lta.gov.sg to check the status of this vocational licence





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, 19 Sin Ming Drive, Singapore 575701.

Type Description Issus Date

13 PRIVATE HIRE CAR VL 08/03/2018

## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE:

EFFECTIVE DATE

























