MVMG18165221 / Vermogen Ace Pte Ltd - HQ ENTRY DATE & TIME: 24/12/2018 17:10 SUBMITTED BY: Nur Asyira Binte AB Rahman

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 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

ACCIDENT STATEMENT

Date Of Report 24/12/2018 17:10 Date Of Accident 23/12/2018 13:00

CHINATOWN POINT DROP OFF/PICK UP POINT **Exact Location Of Accident**

Country/State of Loss **SINGAPORE**

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLE4351S

Insured/Policyholder

Name Of Registered Owner LION CITY RENTALS PTE LTD

Co Reg No 201504621K **Email Address NOEMAIL**

Mobile Phone No

Alternative Phone No Office-66944919

Vehicle Particulars

Manufacturer TOYOTA

Model **AXIO HYBRID**

Exact Purpose for which vehicle was being used at

time of accident

HIRER

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 CAR

Insurance Company

AIG ASIA PACIFIC INSURANCE PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

YES Fleet Policy

999995132 Policy Number

Cover Note Number

Driver

Name of Driver ANGUSAMY MURUGANANDAM

NRIC No S8260295Z Date Of Birth 04/04/1982 Occupation **OUTDOOR Date Of Driving Pass** 24/05/2011

7 YEARS AND 6 MONTHS Driving Experience

Gender **MALE**

Mobile Number (LOCAL) +65-90106639

Fax Number

Contact Number

EMail Address NOEMAIL

44 BENOI ROAD BLOCK B, SINGAPORE 629904 Address

Postcode

NO Was driver an employee of the Insured's Company

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 - OPENING DOOR OF VEHICLE

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved

in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

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) 3

Passenger 1 Name: : UNKNOWN

> Gender: : Female

Passenger 2 : UNKNOWN Name:

> 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? NO

If Yes, against whom?

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? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **SME3326K**

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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 - 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:
 - (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;
 - (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 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")
- 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
- 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.
- 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 Date & Time:

continuous contrata cont

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

Date & Time:

Personnel's Signature

NRIC/FIN No

SKETCH PLAN (A) QLE4251S (E) SME3336K DESCRIBE CIRCUMSTANCES OF THE ACCIDENT I CAS DROPPING OF MY DASSENGER MONG

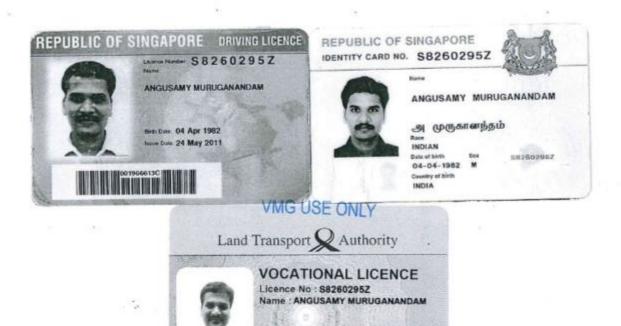
DECLARATION

Policyholder's Signature

Date & Time:

(If driver is not the policyholder) Date & Time:

IDENTIFICATION CARD, DRIVING LICENCE AND VOCATIONAL LICENCE.



VMG USE ONLY

Please visit www.ita.gov.sg to check the status of this vocational licence













Accident Photo



Accident Photo















Accident Photo

