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

| foresaid. | |
|--|--------------------------------------|
| | ACCIDENT STATEMENT |
| Date Of Report | 21/01/2019 17:17 |
| Date Of Accident | 20/01/2019 16:30 |
| Exact Location Of Accident | ALONG BALESTIER ROAD |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLN5887J |
| 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 | MAZDA |
| Model | 3-1.5 SEDAN EU6 (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 | THIRD PARTY |
| 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 | 999995072 |
| Cover Note Number | |
| Driver | |
| Name of Driver | FAREED MOHAMED |
| NRIC No | S8020486H |
| Date Of Birth | 16/07/1980 |

OUTDOOR

20/06/2002

16 YEARS AND 7 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-98764510

Fax Number

Contact Number

EMail Address NOEMAIL

APT BLK 234 BISHAN STREET 22 Address

#04-124 SINGAPORE

3

NO

NO

1

Postcode 570234

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 **CHAIN COLLISION**

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?

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? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON 20 JAN 2019, AROUND 1630 HOURS, I WAS TRAVELLING ALONG BALESTIER ROAD. THERE WAS A HEAVY TRAFFIC JAM. I KEPT A SAFE DISTANCE FROM FRONT VEHICLE, WHILE FRONT VEHICLE SLOW DOWN AND STOPPED, I FOLLOW SUIT. SUDDENLY, VEHICLE B (SFH8787Y) COLLIDED ONTO MY VEHICLE REAR AND SUBSEQUENTLY PUSH ME FORWARD AND COLLIDED ONTO THE REAR OF VEHICLE C (SKF803M).

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFH8787Y

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKF803M

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

- Please report correctly the details of the accident to speed up the claims process.
- 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 withholding 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
- 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 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)
 - (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, involces, 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
- 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.

Folicyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder Date & Time: 4pm 21/1/19

Reporting Centre Personnel's Signature

NRIC/FIN No.

SKETCH PLAN 8 SFH 8787 Y DESCRIBE CIRCUMSTANCES OF THE ACCIDENT On 20 Jan 2019 around 1630 hours travelling along Balestier There was a heavy traffic liept a safe distance from from vehicle, while front vehicle Slow down and Suddenly vehicle SFH 8787 collided onto my vehicle rear subsequently oush me forward collideo onto vehicle c (SKF 803M) DECLARATION I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

DIARNAL Statel Printform_VS

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

Date & Time: 2/1/2079 4pr

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.







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

13

PRIVATE HIRE CAR VL 02/08/2018































