

## 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 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 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	01/11/2019 17:41
Date Of Accident	01/11/2019 15:50
Exact Location Of Accident	HOY FATT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK4366T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SG CAR LEASING PTE LTD
Co Reg No	201215889G
Email Address	ADMIN@SG.CARLEASING.COM
Mobile Phone No	
Alternative Phone No	OFFICE-88283303

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X CVT ABS D/AIRBAG 2WD 5DR (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	99994433
Cover Note Number	

### Driver

Name of Driver	TAN CHIOU KWANG ALEXANDER
Work Permit No	S1696197C
Date Of Birth	11/03/1965
Occupation	OUTDOOR
Date Of Driving Pass	06/04/2000
Driving Experience	19 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93822848
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 866 JURONG WEST ST 81 #12-539
Postcode	640866
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	SIDE SWIPE
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	5
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	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?	NO
If Yes, against whom?	

#### Circumstances of Accident

KINDLY REFER TO SKETCH PLAN. (VEHICLE NOTE IN FOR PHOTO TAKING DUE TO NO SIDE MIRROR AND ALREADY SENT TO WORKSHOP).

#### 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	YN1773B
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	NANDA KUMAR S/O RAMU
NRIC/Passport Number	S7414800Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**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 envelope/envelope 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/are 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 situated outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claim history for the purpose of fraud detection, investigation and management to 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.



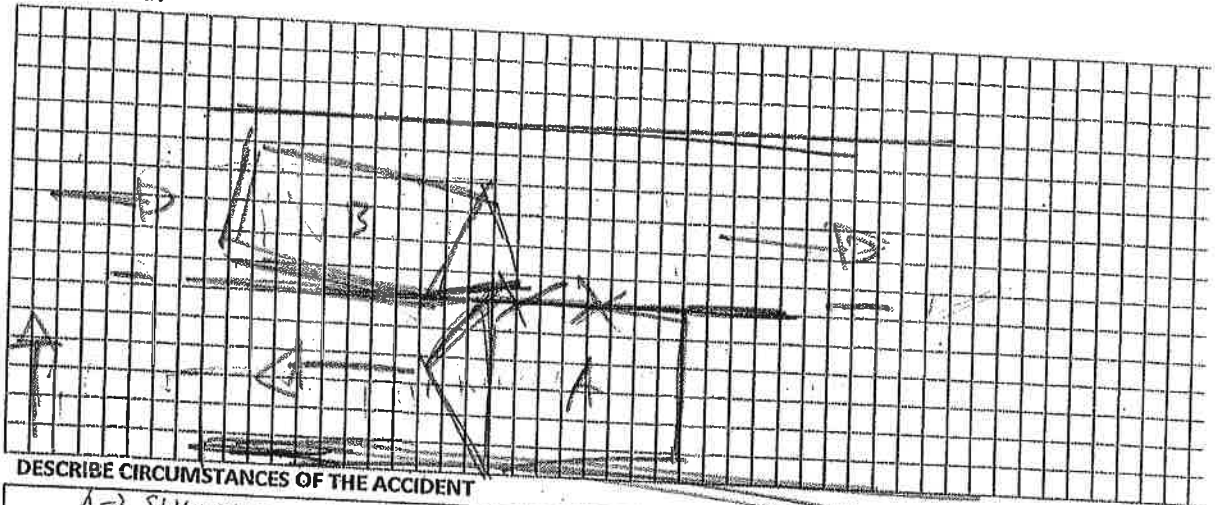
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
Date/Time:

MIARMC Sketch Plan Form No. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A → SLK43667 (MY car)  
B → Lorry YN1773B

I am driving on a straight road the lorry came out from the carpark. After he came out of the carpark, his lorry wasn't straight and the lorry hit my right side of the car.

**Important:**

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

	- Reporting Only
	- Claim OD
	- Claim TP
✓	- Claim OD/TP at other workshop

DECLARATION

I/WE declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time

Driver's Signature  
(If driver not the policyholder)  
Date & Time

Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1696197C**

Name: **TAN CHIEW KWANG ALEXANDER**

Birth Date: **11 Mar 1965**

Issue Date: **03 Apr 2003**

1000348503D

FOR ACCIDENT CLAIM  
USE ONLY

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1696197C**

Name: **TAN CHIEW KWANG ALEXANDER**

陈照光

Race: **CHINESE**

Date of birth: **11-03-1965** Sex: **M**

Country of birth: **SINGAPORE**

S1696197C

Land Transport Authority

**VOCATIONAL LICENCE**

Licence No: **S1696197C**

Name: **TAN CHIEW KWANG ALEXANDER**

FOR ACCIDENT CLAIM  
USE ONLY

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **06 Apr 2000**

Licence No: **S1696197C**

NP 428A

FOR ACCIDENT CLAIM  
USE ONLY

4500050

NRIC No. **S1696197C**

Date of issue: **21-12-2009**

Address: **APT BLK 866 JURONG WEST STREET 81 #12-539 SINGAPORE 640866**

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	24/05/2018

FOR ACCIDENT CLAIM  
USE ONLY

