

Accident Statement

☒ Mitsubishi ☐ Kia ☐ Citroen ☐ Others (Please tick accordingly)

Motor Accident Repair Basic Information

Date of Accident	27 / 03 / 2019
Time of Accident (24hr format)	08:05 AM
Exact Location of Accident	Exit Kuan ching Rd and turning into Jln Ahmad Ibrahim

Own Vehicle Details

Vehicle Registration Number	SLX 5972T
INSURED/ POLICY HOLDER (OWN VEHICLE)	
Name of Registered Owner	☒ Individual ☐ Company LUO HUAZHEN
ID of Registered Owner	☐ Co. Reg. No. ☒ NRIC No. ☐ Passport No. / FIN S77605206

Vehicle Particulars (Own Vehicle)

Model	Mitsubishi Attrage 1.2 CVT
Exact purpose for which vehicle was being used at the time of accident	Driving to work (meeting in Kallang place)
Are you claiming under your own Ins. Policy	☒ Yes ☒ 3rd Party ☐ Reporting Only
Vehicle Category	☒ Private Car ☐ Comm Veh / Goods Veh / Motor Trade / Government

Insurance Company (Own Vehicle)

Insurance Company	AIG
Type of Coverage	☒ Comprehensive / ☐ Third Party / ☐ Third Party Fire and / or Theft
Fleet Policy	☐ Yes ☒ No
Policy Number / Cover Note Number	1800031866

Driver

Name of Driver	LUO HUAZHEN
ID of Driver	☐ Co. Reg. No. ☒ NRIC No. ☐ Passport No. / FIN S77605206
Date of Birth	06 / 04 / 1977
Occupation	☒ Indoor ☐ Outdoor
Driving Pass Date	07 / 03 / 2013
Gender	☒ Male ☐ Female ☐ Not Specified
Mobile Phone No.	88111989
Office / Home / Other Numbers	6593 7044
Home Address	BLK 466 #08-520 Serong West St 41
Email Address	Huazhenluo@gmail.com
Was Driver an employee of the Insured's Company	☐ Yes ☒ No ☐ Reason: _____
Does the driver own any other vehicle? If YES, please indicate driver's own car vehicle number and insurance	☒ No ☐ Yes Vehicle No: Insurance:

OWNER/ DRIVER'S SIGNATURE: _____

[Signature] 28 Mar 2019

General Information Of The Accident

Type Of Accident	
Weather Condition	☒ Clear ☐ Raining ☐ Other If Others, please state the condition:
Road Surface	☒ Clear ☐ Raining ☐ Other If Others, please state the condition:
Other Information	
Was anybody injured in the accident?	☒ No ☐ Yes
Was any injured conveyed to hospital by ambulance?	☒ No ☐ Yes
Was any foreign vehicle involved in the accident?	☒ No ☐ Yes
Foreign Vehicle Registration Number	
Foreign Vehicle Category	
Number of vehicles involved in the accident	2 (Including my car)
Was there any witness? (Name, Phone, Email)	☐ No ☒ Yes Crystal / Alyssa
Was there any other vehicle or property damaged?	☐ No ☒ Yes
Was there any video captured by Car Camera?	☒ No ☐ Yes OVER - WRITE
Was the accident reported to the police?	☐ No ☐ Yes ☐ Click here if not in the above list
Was notice of intended Prosecution given?	☒ No ☐ Yes If Yes, against whom?
I have been approached by unknown person(s) soliciting/offering accident claims assistance	☒ No ☐ Yes
Number of Passengers (Including Driver)	3
Passenger (Name and Gender)	Crystal (Female) Alyssa (Female)
Circumstances of Accident	
Refer attachment	

Third Party Vehicle Detail

Details of Other Vehicle / Property	
Vehicle Registration No.	Unknown - TAXI - COMFORT SHD 3080H
Vehicle Make/ Model/ Colour	
Details of Property Damaged in Accident	
Vehicle Category	
Name Of Driver	Lim Leok Swee
Driver's NRIC	☐ Co. Reg. No. ☐ NRIC No. ☐ Passport No. / FIN
Contact Number	
Name of Insurance Company	
Nature of Damage	

	Vehicle Regn No. or Details of Property	Name of the Driver	Contact Number
Damages to Other Vehicles & Property (Other than Vehicles A & B)			

Details of Injured Person

Name	
Injury Sustained	
Injured person is on which vehicle?	
Were seat belts worn?	☐ Yes ☐ No

OWNER/ DRIVER'S SIGNATURE: [Signature] 28 Mar 2019

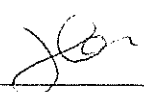
SKETCH PLAN

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. 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:

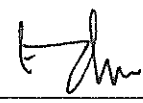
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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) 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")
- (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:
 - (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: 28 Mar 2018

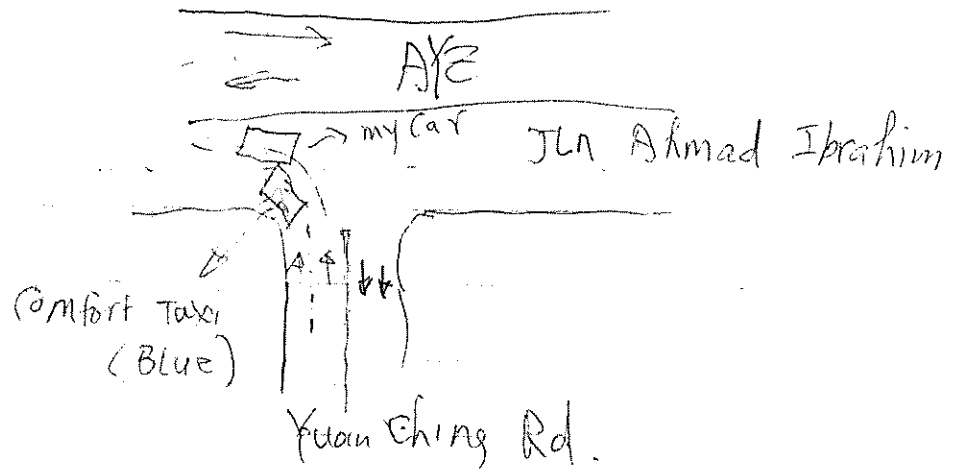
Driver's Signature

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


Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27 Mar 2019, ^{In the} morning around 8.00am, I drove to attend a meeting in Kallang place. Together with another 2 passages, Alyssa / Crystal Lin.

When I exit from Yuan Ching Rd. and turning into Jln Ahmad Ibrahim (towards AYE), my car rear ~~at~~ left tyre was hit by a comfort taxi during the turning. (pls refer to sketch above)

Because I was rush to attend a meeting at Kallang place and I thought it was a small scratch as my car was running well, so I didn't stop and exchange the contact info with taxi driver. I only found there was a big dent at rear left tyre area and advised by my colleagues / AIA phone support to report this accident to avoid the other party claimed insurance against me to protect myself from unfair charge. I will report the accident to police station too once police station opened.

Hope can claim the repair cost from the other party too if there's a claim against me. This is my first accident in past 6 years, so overlook the procedure of exchange drivers' info, ~~it's~~ it's not a hit & run case. In fact, I was

DECLARATION

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

the victim of the ~~accident~~ accident. So wish to claim the damage to the other party too.

Policyholder's Signature

Date & Time: 28 Mar 2019
08 30

Driver's Signature

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: