MAII18005458 / Auto Insure Pte Ltd - HQ ENTRY DATE & TIME 11/01/2018 15:22 SUBMITTED BY: Ngiaw Jie Ling

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 $\underline{\text{completed by the Policyholder and/or the Authorised Driver.}}$
- 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 ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policyliability 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 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.	<u> </u>
	ACCIDENT STATEMENT
Date Of Report	11/01/2018 15:22
Date Of Accident	10/01/2018 19:30
Exact Location Of Accident	JUCNTION OF NEW UPP CHANGIRD & BEDOK SOUTH RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN2300E
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	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	999995085
Cover Note Number	
Driver	
Name of Driver	LIM SHAO EN , JOEL

NRIC No S9435183I
Date Of Birth 20/09/1994
Occupation OUTDOOR
Date Of Driving Pass 04/03/2013

Driving Experience 4 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88212626

Fax Number

Contact Number

EMail Address NOEMAIL

Address Postcode

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

VIII B : ((N) - (B : 1) 0 VIII

Vehicle Registration Number of Driver's Own Vehicle

cie rregistration number of briver's Own verile

Insurance Company of Driver's Own Vehicle

OTHER - HIRER

6 MARSILING LANE

_

-

YES

NO

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?

Number of vehicles involved in the accident

Was any body injured in the Accident? NO Was any injured conveyed to hospital by ambulance? NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT

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 SHC2300K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI
Name of Driver SALLEH

NRIC/Passport Number

Contact Number 91252977

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 interested parties.
- 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:
 - 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 11/1/18

1425

Reporting Centra Personnel's Signature Name:

NRIC/FIN No.:

CH PLAN	N				
					A: 8W >300E
		- 1		A	
		1	1	В	B 2HQ 2300K
			1	A	
				IA	
			1		
	RCUMSTANCES				
00	10/1/3018 9	round 1	9-30hrs	1 was	travelling along new upp changi
			70. 7.		
At	the testile	junction	to B	edot North	Me I, on the right lane,
					a taxi in front of me.
ų.					
CLARATIO		vilner ner trock	la minorene	mark	
ve declare to	he foregoing partic	Sames or e true	ar every res	pt wish.	1 0
25	S (F) [6] (Rec. 14:	13	11/		11 1 11 1
icyholder's Sig	THE RESERVE TO SERVE AND ADDRESS.		de		THE PARTY OF THE P
a de cercas	mature ±	/ Winers	Signature er is not the p	policyholder)	Reporting Centre Personnel's Signature Name:
e & Times	industry (/ (If drive	100		



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$94351831





LIM SHAO EN, JOEL

林 恩 动

CHINESE 20-09-1994 M Country of birth SINGAPORE

894351031

4464786

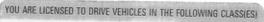




VOCATIONAL LICENCE Licence No : \$94351831 Name :LIM SHAO EN, JOEL

Card Issue Date : 06/12/2017

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



MOTORCYCLES NOT EXCEEDENG 100 CC MOTORCYCLES BETWEEN 300 CC AND 400 CC MOTOR CARS AND MOTOR TRACTORS THE WEIGH O WIECH UNLADEN DOES NOT EXCEED 1500 KILOGRA

S / No.9000229133

NP 428A



S9435183I



18-09-2009

APT BLK 812 YISHUN RING ROAD #08-4155 SINGAPORE 760812

NRIC No: \$9435183I

Date: 11/11/2016

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 06/12/2017





















