MWA118014620 / World Auto Pte Ltd - HQ ENTRY DATE & TIME 30/01/2018 12:08 SUBMITTED BY: Nghiem Thu Tra

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 30/01/2018 12:12

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number
Fax Number
Contact Number
EMail Address

Gender

- 1. Please report <u>correctly</u> 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 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 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.	
	ACCIDENT STATEMENT
Date Of Report	30/01/2018 12:08
Date Of Accident	27/01/2018 19:05
Exact Location Of Accident	ALONG TANJONG KATONG RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG9234D
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201604597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-62414992
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (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	999995174
Cover Note Number	
Driver	
Name of Driver	KOH KIM KEAT KENNETH
NRIC No	S7625365Z
Date Of Birth	22/08/1976
Occupation	OUTDOOR

03/06/2005

MAI F

NOEMAIL

12 YEARS AND 7 MONTHS

NOADDRESS Address Postcode

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured PAID DRIVER

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

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? 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?

If Yes, Please state which Police Station

Police Station Name JURONG POLICE DIVISIONAL HQ ('J' DIVISION)

NO

1

YES

ROAD: NO. 2 JURONG WEST AVENUE 5, POSTCODE: 649482, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-7910000 - FAX NO: 68965649

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT & SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YFS

SHD9320B

Remarks/ Reasons:

VIDEO OVERWRITTEN

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

lunderstand, 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;
- (ii) 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, involves, 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Driver's Signature (if driver is not the policyholder) / Date & Time

CONTINUE (if and in the policyholder) / Date

And the interest in the policyholder) / Date

ESSO

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date &	Oriver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
We declare the foregoing particular Sep. No. 2016/2016	s are true in every respect.	
Declaration		

Describe Circumstances of the Accident
Please see Watchpy as attached for images & online police repro.





1 01

Report No. J/20180127/7045

POLICE REPORT (NP299)

Police Station Of Origin Jurong Police Divisional HQ 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No:1800-7910000

Date/Time Report Made	Vide Report No.			Station Diary No.
27/01/2018 21:58				
Name Of Informant	Address			
KOH KIM KEAT KENNETH	i			
ID Type / ID No. NRIC NO / S7625365Z	Contact Home/C		Mobile:	
Nationality SINGAPORE CITIZEN	Email Address kk22o876@gmail.com			
Occupation	Sex	Age	Date of Birth	Race
Managing director/Chief executive officer	Male	41	22/08/1976	Chinese
Institution/School Name	Langua English	ge		
Date/Time Of Incident	Location Of Incident			
27/01/2018 19:04 - 27/01/2018 19:10	150 TANJONG KATONG ROAD NIL SINGAPORE		SINGAPORE	
	437154			
Brief details.				

I was travelling along Thiam Swee Road turning right on Tanjong Katong Road to pick up a Uber passenger at around 7.03pm. While i was at the junction, I am aware that there was a stationery taxi at the opposite side of the road. When the road was clear, i turned right onto the main road (tanjong katong road) and while i passed the stationery taxi, it suddenly turned onto my lane and hit the left hand side on the car which damaged both the doors and the side skid.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/01/2018 21:58
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180127/7045

As there was no injuries to both parties nor do we have passengers at that point of time, we shifted our vehicles to the side of the road and exchange the required particulars. I have contacted Lion City Rental and was advised to unplugged the vehicle dashcam and drive to the authorised workshop the next day. The video clip was extracted reference MOVI5663 showing clearly of how the accident took place.

My vehicle information

Make and Model: Honda Shuttle hybrid

Car plate number: SLG9234D

Other party information

Trans Cab Taxi (Red) SHD9320B

Driver Name: Kadir Hussain Bin Hadir Mastan

IC Number: S0122373I

Victim			
Person Name	KOH KIM KEAT KENNETH		
ID Type	NRIC NO	ID No	S7625365Z
Gender	Male	Age	41
Race	Chinese	Language	English
Occupation	Managing director/Chief executive officer	Address Type	

jexecutive officer	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/01/2018 21:58
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180127/7045

Address	APT BLK 551 CHOA CHU KANG STREET 52 #07-57 SINGAPORE 680551	Mobile No	96874622	
Is Informant A Victim?	Yes			
Person Name	KOH KIM KEAT KENNETH (I	nformant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/01/2018 21:58
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7625365Z





KOH KIM KEAT KENNETH

Race
CHINESE
Date of birth
22-08-1976
M
Country of birth
SINGAPORE

B76888052







NRC NA S7625365Z



Date of 10000 13-09-2006

7-57

NRIC No: \$7825365Z

Date: 22/08/2014 (R)

YOU ARE LICENSED TO DRIVE VEHICLES IN THE-FOLLOWING CLASSIES

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 03 Jun 2005

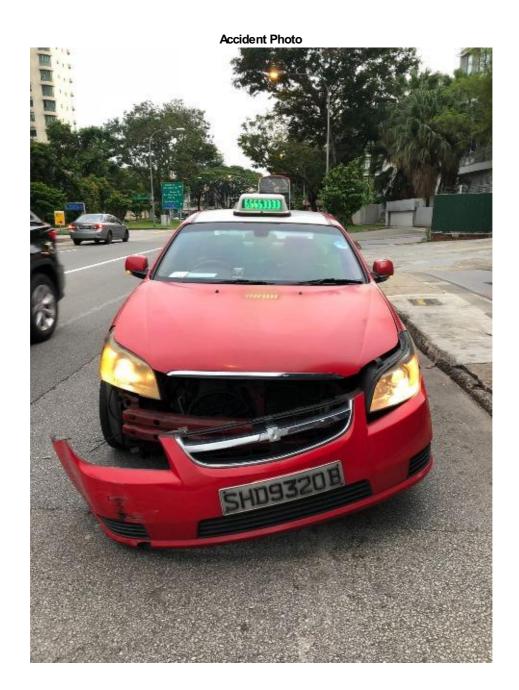
of the driver; and other motor vehicles =< 2500kg

License No. 57625365Z

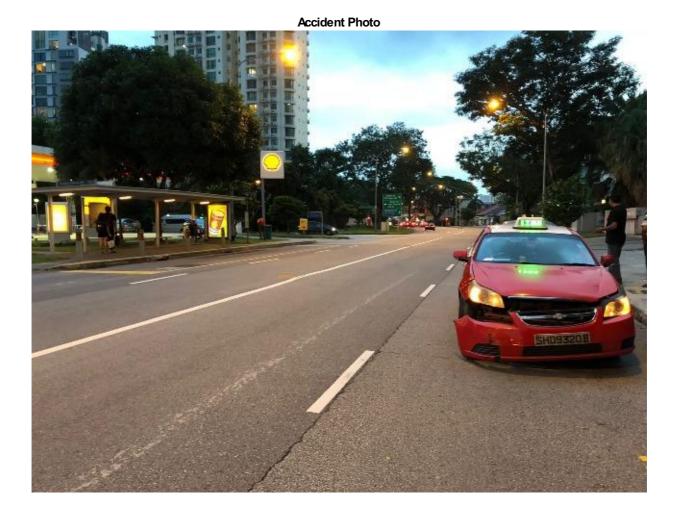
NP 428A











Accident Photo



Accident Photo





Accident Photo



