

## 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 ability.
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 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             | 12/06/2017 17:56   |
| Date Of Accident           | 11/06/2017 18:10   |
| Exact Location Of Accident | 112 TECK WHYE LANE |
| Country/State of Loss      | SINGAPORE          |

### DETAILS OF OWN VEHICLE

|                             |                             |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | SLN8979H                    |
| <b>Insured/Policyholder</b> |                             |
| 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 L SP.6EAT (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 CAR               |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | YES                                  |
| Policy Number             | 999995170                            |
| Cover Note Number         |                                      |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | THNG YU CONG         |
| NRIC No              | S8825565H            |
| Date Of Birth        | 18/07/1988           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 19/09/2011           |
| Driving Experience   | 5 YEARS AND 8 MONTHS |
| Gender               | MALE                 |

|   |                             |
|---|-----------------------------|
| Mobile Number                                       | (LOCAL) +65-97586660        |
| Fax Number  |                             |
| Contact Number                                      |                             |
| EEmail Address                                      | ALEX.THNG88@GMAIL.COM       |
| Address   | BLK 472B FERNVALE ST #12-43 |
| Postcode  | 792472                      |
| 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- SAME DIRECTION |
| Weather Conditions | CLEAR                      |
| Road Surface       | DRY                        |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Was any body injured in the Accident?   | 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)   | 4   |

#### 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

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         | SMB3395J       |
| Vehicle Make/Model/Colour           |                |
| Details Of Properties               |                |
| Name of Driver                      | LAI KOON SIUNG |
| NRIC/Passport Number                | G6898983W      |
| Contact Number                      |                |
| Address                             |                |
| Postcode                            |                |
| Insurance Company Name              |                |
| Nature Of Damage                    |                |
| No. Of Passenger (Including Driver) |                |

#### Details of Witness

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Name

Phone Number

Email Address

## Sketch Plan

### SKETCH PLAN

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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.
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' law yers/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' 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.

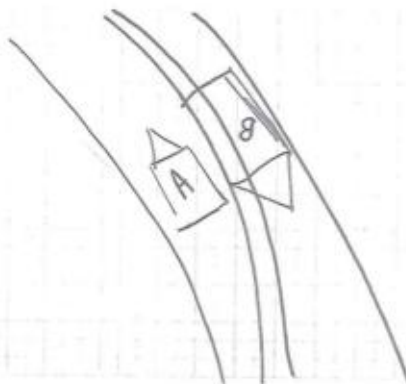


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



A: 9LN 8979H

B: 9MB 3395J

**Describe Circumstances of the Accident**

On 11/6/2017 around 18:10hrs. I was travelling 112 Tick Widge Lane.

and i turn left, before turning & left i saw bus coming so i slow down and take extra left but then bus turn right and ~~my car~~ hit on my car.

**Declaration**

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



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number: **S8825565H**  
 Name: **THNG YU CONG**  
 Birth Date: **18 Jul 1988**  
 Issue Date: **19 Sep 2011**


**D02001057J**

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S8825565H**



 Name: **THNG YU CONG**  
**湯 裕 聰**  
 Race: **CHINESE**  
 Date of birth: **18-07-1988** Sex: **M**  
 Country of birth: **SINGAPORE**

**S8825565H**

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

**EFFECTIVE DATE**

**Class 3** Motor Cars  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of the driver; and other motor vehicles  $\leq 2500\text{kg}$  **19 Sep 2011**


**Licence No: S8825565H**

**NP 428A**

**3953889**


**NRIC No: S8825565H**


 Date of Issue: **14-10-2006**

**APT BLK 4726 FERNVALE STREET #12-43**  
**SINGAPORE 792472**  
**NRIC No: S8825565H** Date: **07/06/2015**



HOTLINE TEL: (65) 6419-3000  
FAX: (65) 6415-3723

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

MZ 400

|  |  |   |              |
|--|--|---|--------------|
| COMPREHENSIVE COMMERCIAL MOTOR<br>CERTIFICATE NO. SLN8979H   |  | (The below excess is subject to GST)<br>ALL CLAIMS EXCESS S\$2000.00<br>WINDSCREEN EXCESS S\$100.00 |              |
| 1) VEHICLE REGISTRATION NO.  |  | SUM INSURED   | Market Value |
| 2) NAME OF INSURED   |  | INSURING WITH COE/PARF  | Yes          |
| 3) EFFECTIVE DATE OF THE COMMENCEMENT OF<br>INSURANCE FOR THE PURPOSES OF THE ACT  |  | SLN8979H  |              |
| 4) DATE OF EXPIRY OF INSURANCE   |  | LCRF Pte Ltd  |              |
| 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*   |  | 22 May 2017   |              |
|  |  | 24 February 2018  |              |
| Any person who is driving on the Insured's order or with their permission.   |  |   |              |
| If You or Your Authorised Driver is below the age of 21 years old and/or has less than 1 year driving experience, the excess is S\$3,500(All Claims).  |  |   |              |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.  |  |   |              |
| 6) LIMITATION AS TO USE*   |  |   |              |
| 1) Use for social, domestic, pleasure purposes and business purposes of Insured  |  |   |              |
| 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.  |  |   |              |
| 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.   |  |   |              |
| The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade. |  |   |              |
| LOSS OF USE  |  | Not Included  |              |
| HIRE PURCHASE COMPANY  |  | Refer to Policy Terms and Conditions  |              |

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third- Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 23 May 2017

AIG Asia Pacific Insurance Pte. Ltd.

030080-000  
Aon Singapore Pte Ltd  
2 Shenton Way  
#26-01 SGX Centre 1  
SINGAPORE 068804

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPSXL



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



**Accident Photo**





Accident Photo





Accident Photo



Accident Photo

