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 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 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.

By the lodgement of this report to the insurers, you hereby con aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	13/06/2018 13:36
Date Of Accident	13/06/2018 10:00
Exact Location Of Accident	ALONG PIE TWDS TUAS BEFORE KPE EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM8928K
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	KIA
Model	FORTE K3-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	f
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY

PRIVATE HIRE

Insurance C	ompany
-------------	--------

Vehicle Category

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage **COMPREHENSIVE**

Fleet Policy YES

Policy Number 999995087

Cover Note Number

Driver

Name of Driver NG ZHONG WEI NRIC No S8718587G Date Of Birth 16/06/1987 Occupation **OUTDOOR Date Of Driving Pass** 23/11/2005

Driving Experience 12 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88181510

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 166B YUNG KUANG RD #09-24 Address

Postcode

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 **CHAIN COLLISION**

Weather Conditions **CLEAR** Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

Was any other material or property damaged? YES

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

NO 2

NO

NO

Number of Passengers (Including Driver)

Passenger 1

NAME: : NA

GENDER: : MALE

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 YES Was there any video captured by Car Camera?

Remarks/ Reasons: **OVERWRITTEN**

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGT8602Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver KENNETH KONG JUNWEN

S9009894B NRIC/Passport Number **Contact Number** 96209078

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLK5927T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LEOW WHATT TAT

NRIC/Passport Number S9616477G

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLN1833R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LAU CHEE MENG

NRIC/Passport Number S7472190G

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLF9573E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver MUN YICK KONG

NRIC/Passport Number S8035037F Contact Number 87487350

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NG ZHONG WEI

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

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.
- S. 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:
 - 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/ran 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:
 - 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:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Con Name: NRIC/FIN No.: el's Signature

Accident Sketch Plan

KETCH PLAN	
Ka Kakuka Ku	A- amogrek
	B: 26T 8602Y
	C: SUKSONT
	D: \$1N1833R
	E: 80F9573E
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
On 13/6/2018 around 10-oothes. I was travelling	along PIE tuds
tuas before kpe Exit. There was heavy traffic	. Vehicle Inflort of me
3	
etopped. I managed to stop in time. Sudde	nly which 8 hit m
	J
The second secon	
The second secon	
The second secon	in this accident.
The state of the s	
The state of the s	in this accident.
The state of the s	in this accident.
The state of the s	in this accident.
The state of the s	in this accident.
The state of the s	in this accident.
The state of the s	in this accident.
The second secon	in this accident.
hum the real and another 3 cars involved	in this accident.
hum the real and another 3 cars involved	in this accident.
hum the real and another 3 cars involved	in this accident.
hum the real and another 3 cars involved	in this accident.
hum the real and another 3 cars involved	in this accident.
hum the real and another 3 cars involved	in this accident.
hum the real and another 3 cars involved	in this accident.
hum the reat and another 3 cars involved	in this accident.
hm the rear and another 3 cars involved	in this accident.
hum the reat and another 3 cars involved	in this accident.
hm the rear and another 3 cars involved	in this accident.
the teat and another 3 are involved. ECLARATION We declare the foregoing particulars are true in every respect.	in this accident.

SMANN Sheet Professor 3/3

Accident Sketch Plan Pg. 1

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8718587G



Name

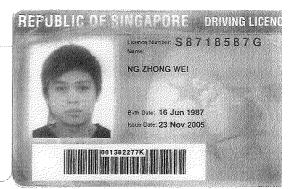
NG ZHONG WEI



忠 煒 Race CHINESE

16-06-1987 Country/Place of birth SINGAPORE

88718587G



5782873

NP 428A





11-08-2017

APT 5LK 166B YUNG KUANG ROAD #08-24 SINGAPORE 612166

NRIC No: S8718587G

Date: 10/01/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E

PASS DATE

Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors /vehicles =< 2500 kg

23 Nov 2005

Licence No: \$8718587G













