

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 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	21/06/2018 17:44
Date Of Accident	21/06/2018 13:15
Exact Location Of Accident	SEMBAWANG DR. AND ADMIRALTY LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR9676D
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-31584769

Vehicle Particulars

Manufacturer	HONDA
Model	GRACE 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	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	
Cover Note Number	

Driver

Name of Driver	GOH TUAH
NRIC No	S2042589Z
Date Of Birth	25/08/1950
Occupation	OUTDOOR
Date Of Driving Pass	06/08/1968
Driving Experience	49 YEARS AND 10 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96909938
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK846 TAMPINES ST 82 #03-177
Postcode	520846
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	COLLISION - HEAD TO REAR
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	Name: : PASSENGER Gender: : Male

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHONG PANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 141 YISHUN RING ROAD , POSTCODE: 760141 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7529999 - FAX NO: 67528913
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	TAKEN BY POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT7324Y
-----------------------------	----------

Vehicle Make/Model/Colour Details Of Properties	HONDA
Vehicle Category	PRIVATE CAR
Name of Driver	TAN PIAH SIN
NRIC/Passport Number	S7048237A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

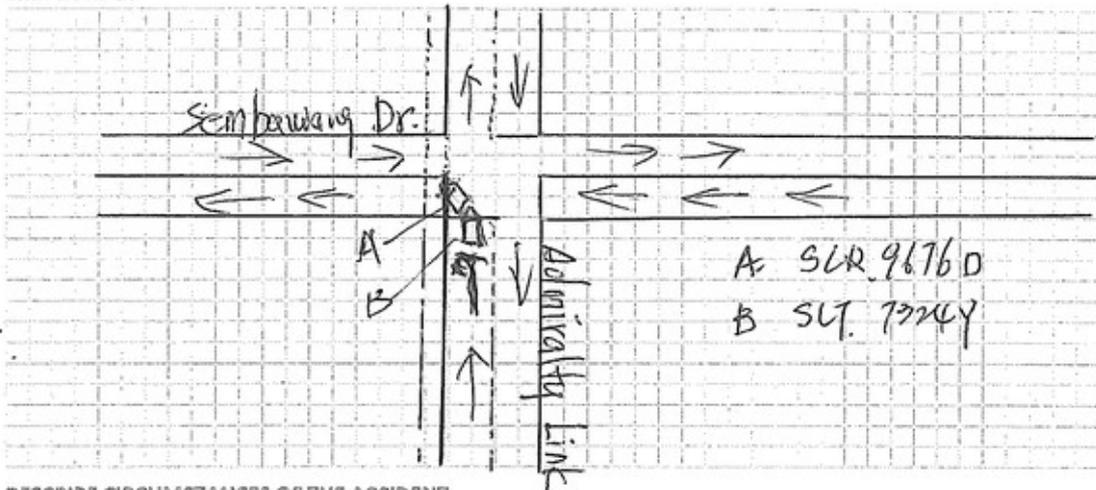
Name	TAN PIAH SIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLT7324Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	PASSENGER
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLT7324Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

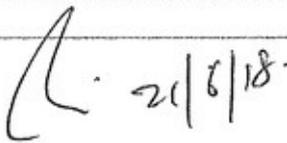
Refer to police reports attached.

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:


Reporting Centre Personnel's Signature
Name:
HRIC/FIN No.:

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:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Police Station Of Origin:
Chong Pang NPP
141 Yishun Ring Road SINGAPORE 760141
Tel No: 1800-7529999

2 of 3
Report No. T/20180621/2122

CONTINUATION OF REPORT

Driver			
Name	GOH TUAH	ID No.	S2042589Z
Related Vehicle	SLR9676D (Car)	Contact No.	96909938
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Tan Piah Sin	ID No.	S70488237A
Related Vehicle	SLT7324Y (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 21/06/2018 at around 1315hrs , I was driving along Sembawang Road and I stopped my car at the cross junction between Sembawang Road and Admiralty link and was wait to turn left as the traffic light was red. I stopped my car behind this vehicle SLT 7324Y and both of our cars were stationary at the junction waiting to turn left .

When the traffic light changed to green , the car infront of me moved off quickly and I moved off as well. While making the left turn , the vehicle infront of me stopped abruptly and I couldn't stop my car in time and I collided into the rear of the vehicle. The car driver and passenger were conveyed to the hospital by ambulance and I surrendered my in built car camera SD Card to the Traffic Police and was told to lodge a Traffic Accident Report. I do not have any injury but I felt pain at back of my neck.



Police Station Of Origin:
Chong Pang NPP
141 Yishun Ring Road SINGAPORE 760141
Tel No: 1800-7529999

3 of 3
Report No. T/20180621/2122

CONTINUATION OF REPORT

Sketch Plan

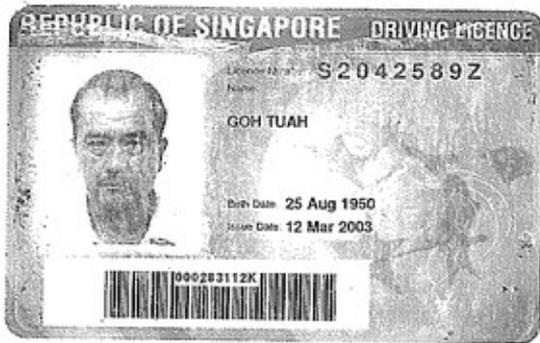
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Staff Sgt ZENG ZHIMIN, KEVIN	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476365	

Signature Of Informant: 
Date/Time: 21/06/2018 15:27
Classification Of Case: 

Authentication Stamp
NP168



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2042589Z



Name
GOH TUAH

Race
吴 瓊

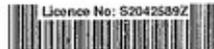
Race
CHINESE

Date of Birth Sex
25-08-1950 M

Country of Birth
CHINA

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	30 Nov 1970
Class 2A	Motorcycles between 201 cc and 400 cc	30 Nov 1970
Class 2	Motorcycles exceeding 400 cc	30 Nov 1970
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	06 Aug 1968
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	01 Mar 1978



License No: S2042589Z

NP 428A



1530690

NRIC No: S2042589Z



Blood Group Date of issue
O+ 21-12-1993

APT BLK 846 YAMPINES STREET #2 #03-177
SINGAPORE 520846

NRIC No: S2042589Z Date: 20/06/2015



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: F/20180621/0124 IO Section
I, Sgt Fathur Rahman 6547 6390
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)
of Trafalgar Place
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 one Micra SD HC IF 16GB (GUT-HX1735) card.
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

from Ash Tuan S2042589Z
(Name, NRIC or Passport No. / Rank and No.)
of B/546 Tampines St 82 #03-177 S(520846)
(Address / Police Station / NPC / NPP)
on 21/06/2018 at 1435hrs
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)
[Signature]
(Signature)
202253912
(Name, NRIC or Passport No. / Rank and No.)

Received by:
[Signature]
(Signature)

(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: _____



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

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1999 (MALAYSIA)

MZ400

		(The below excess is subject to GST)	
COMPREHENSIVE COMMERCIAL MOTOR		ALL CLAIMS EXCESS	S\$2000.00
CERTIFICATE NO.	SLR9676D	WINDSCREEN EXCESS	S\$100.00
		SUM INSURED	Market Value
		INSURING WITH COE/PARF	Yes
1) VEHICLE REGISTRATION NO.		SLR9676D	
2) NAME OF INSURED		LCRF Pte Ltd	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		25 February 2018	
4) DATE OF EXPIRY OF INSURANCE		24 February 2019	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*			
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 lullon, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst towing 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 169) 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 169) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 13 Feb 2018

AIG Asia Pacific Insurance Pte. Ltd.

030080-000
Aon Singapore Pte Ltd
2 Shenton Way
#25-01 SGX Centre 1
SINGAPORE 068804


AUTHORISED REPRESENTATIVE

SSPAH-N

ORIGINAL

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



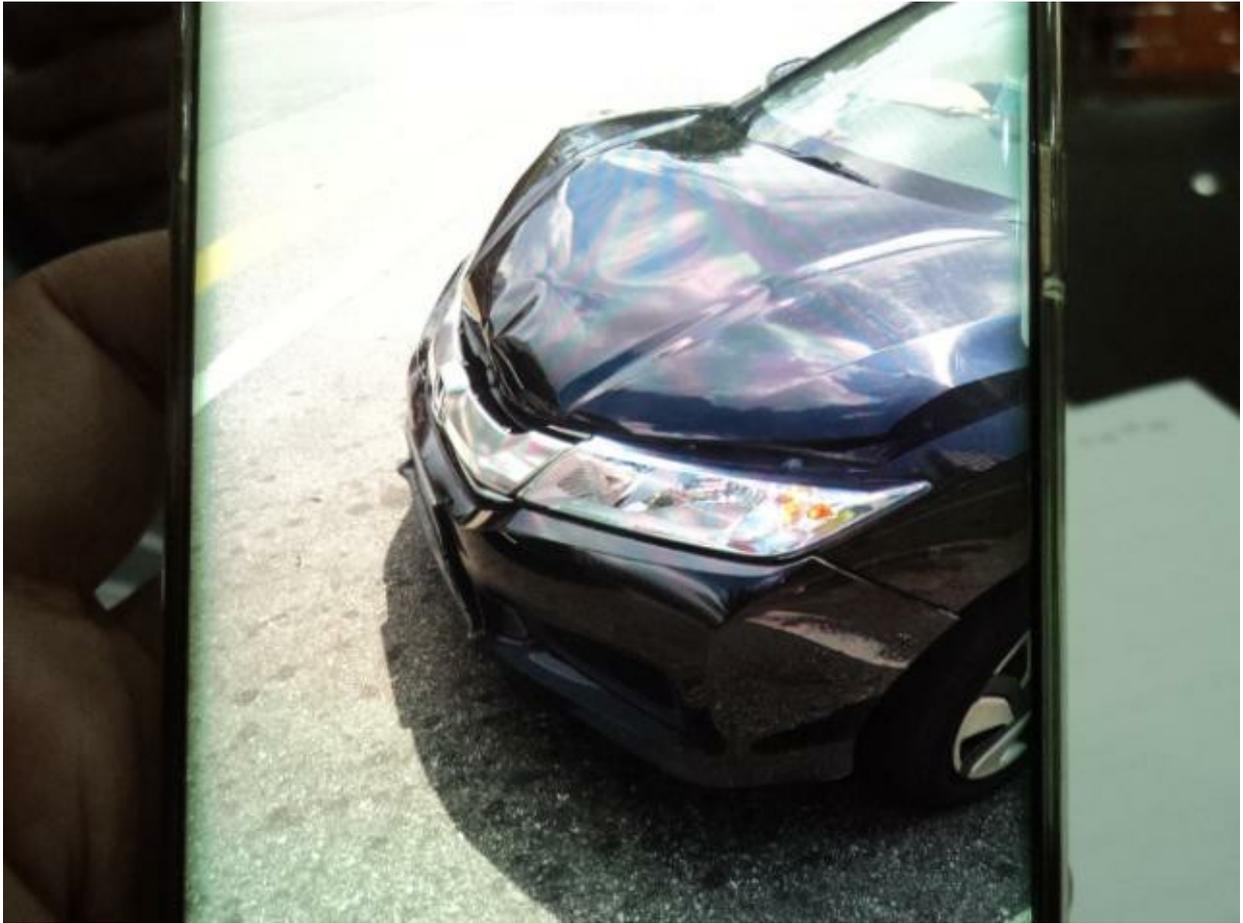
Accident Photo



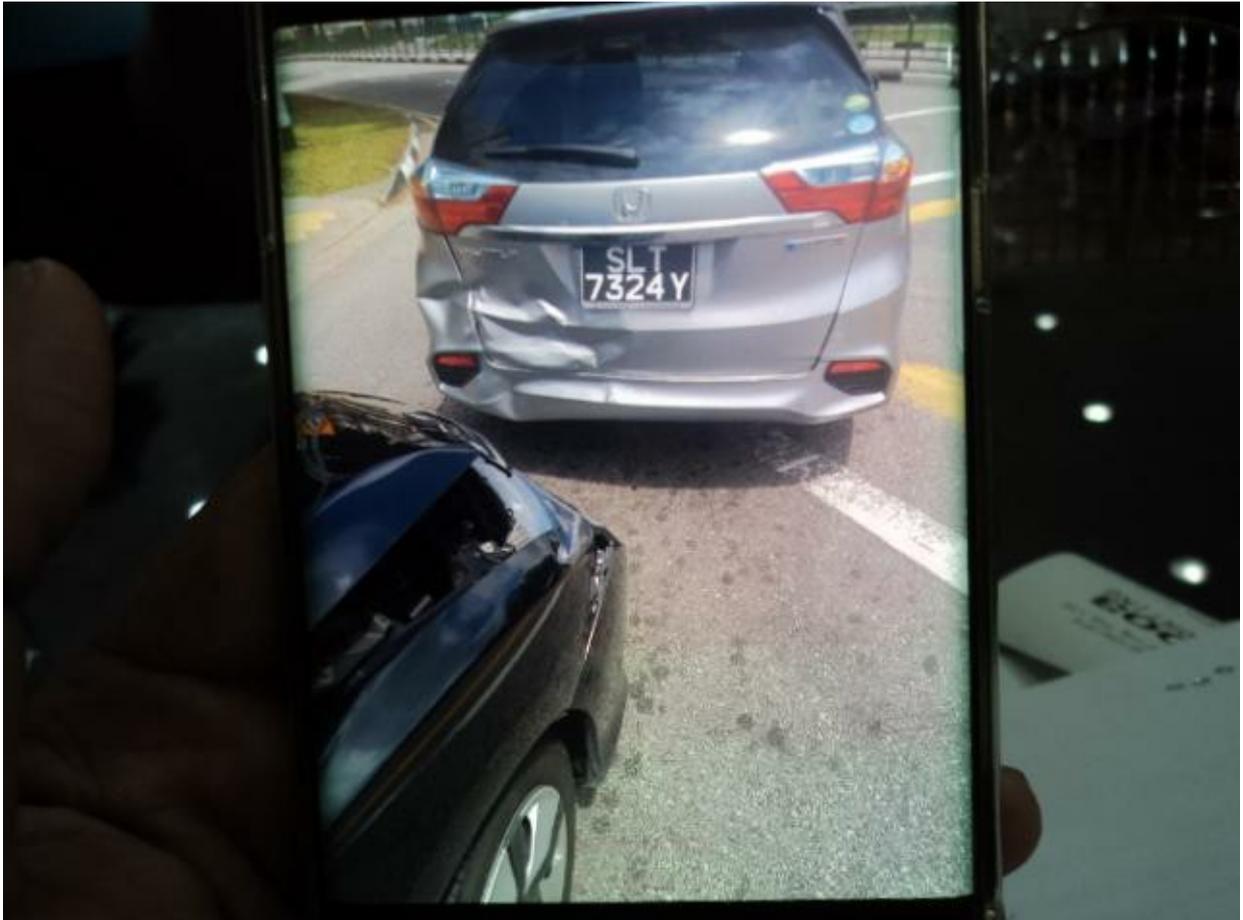
Accident Photo



Accident Photo



Accident Photo



Accident Photo

