MCD518081336 / ComfortDelGro Engineering Pte Ltd - Braddell ENTRY DATE & TIME: 25/06/2018 11:14 SUBMITTED BY: Brenda Ng Lay Hong

#### 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.
- 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             | 25/06/2018 11:14                          |
| Date Of Accident           | 25/06/2018 09:55                          |
| Exact Location Of Accident | MERCHANT ROAD (BETWEEN LAMPPOST 12 AND 14 |
| Country/State of Loss      | SINGAPORE                                 |

# DETAILS OF OWN VEHICLE

Vehicle Registration Number SLF6224H

Insured/Policyholder

Name Of Registered Owner LCRF PTE LTD
Co Reg No 201624597K

Email Address INSURANCE@LIONCITYRENTALS.COM.SG

Mobile Phone No

Alternative Phone No OFFICE-88888888

Vehicle Particulars

Manufacturer HONDA

Model VEZEL HYBRID 1.5X 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 NO

Policy Number SLF6224H

Cover Note Number

Driver

Name of Driver MANSOR BIN NAWAN

NRIC No S0024090G
Date Of Birth 07/07/1953
Occupation INDOOR
Date Of Driving Pass 14/05/1984

Driving Experience 34 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91275003

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 478 SEMBAWANG DRIVE #09-319

Postcode 750475

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 LIGHT DRIZZLING

Road Surface WET

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

NO

2

NO

NO

YES 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)

NAME: : MS

Passenger 1

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

# DETAILS OF OTHER VEHICLE PROPERTY 1

GBC1678C Vehicle Registration Number

Vehicle Make/Model/Colour NISSAN / CABSTAR

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver ARUNACHALAM ANANTHAN

NRIC/Passport Number G2825090H Contact Number 82300041

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

### SKETCH PLAN

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  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 Staffature

(If driver is 15t the policyholder)

Mame:

MRIC/FIN No.:

Reporting Centre Personnel's Signature

# Sketch Plan Pg. 2

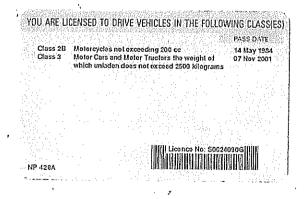
| Sketch Plan  |  | ·   |
|--|--|---|
| 1.0  | 3 4=10-01  | A = SLF 6224H B = GBC1678G No 12 and 14)                                      |
| DESCRIBE CIRCUMSTANCES OF TH   | IE ACCIDENT  |   |
| While driven I shoped my red and aid v Sudden by I h than a lorry sty byth aid | enicle due fe to rechicle ahead of enicle ahead of eard aloud bougant has hit may mar darroye. | Merchant Rd.  raffic Light turn  car was Stipped.  d I realised  my reer left |
| Date & Time:   | Driver's Signature (If driver is not till policyholder) Date & Time:                           | Reporting Centre Personnel's Signature Name: MRIC/FIN No.:                    |

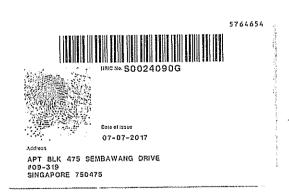
MRIC/FIN No.:

# Sketch Plan Pg. 3











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, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

M,Z,400

COMPREHENSIVE COMMERCIAL MOTOR CERTIFICATE NO. SLF6224H

(The below excess is subject to GST) ALL CLAIMS EXCESS WINDSCREEN EXCESS

\$\$2000,00 S\$100.00

SUM INSURED

Market Value

INSURING WITH COE/PARF Yes

SLF6224H

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

LCRF Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE

25 February 2018

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 of Your Authorised Driver is below the age of 21 years old and/or has less than 1 year driving experience, the excess is \$\$3,500(All Claims).

Provided that the person difving is permitted in accordance with the licensing or other faws 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 bahalf 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 traiter 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 Verkeles (Trurd-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Majaysia), are not to be included under these headings.

If 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 Componsation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Majaysia).

Issued in Singapore 13 Feb 2018

030080-000 Aon Singapore Pte Ltd 2 Shenton Way #26-01 SGX Centre 1 SINGAPORE 068804 AIG Asia Pacific Insurance Pte, Ltd.

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPAHN