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 STAT		

 Date Of Report
 09/07/2018 11:07

 Date Of Accident
 09/07/2018 10:00

Exact Location Of Accident 2 KAKI BUKIT AVE 1(CARPARK)

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR9596B

Insured/Policyholder

Name Of Registered OwnerLCRF PTE LTDCo Reg No201624597KEmail AddressNOEMAIL

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 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 0

Cover Note Number

Driver

Name of Driver JASON NG CONG RONG

NRIC No S8340967C
Date Of Birth 22/12/1983
Occupation OUTDOOR
Date Of Driving Pass 30/04/2004

Driving Experience 14 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91867974

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK212 PETIR ROAD #04-465

Postcode

670212

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

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: AKSHAY SHARMA

GENDER:

: MALE

Passenger 2

NAME:

: PASSENGER 2

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?

NO

NO

If Yes, against whom?

Circumstances of Accident

REFER TO REPORT ATTACHED

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

YES NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJM5653X

Vehicle Make/Model/Colour

KΙΑ

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

HUANG LING LAN

NRIC/Passport Number

S2720898C

Contact Number

92955134

Address

Postcode

Insurance Company Name

Nature Of Damage

No. 0f Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN	1 1
	De nie de la
	· ┤ ┾╅┩ ╡╘ ╬╅╇╬╃╃╀┺┞╁┶╎╬╂╬╬╏┸┸╁╏╬╓┇
Selly	
1951611	
	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DESCRIBE CIRCUIVISTANCES	OF THE ACCIDENT
1 was druin	of in to alight my rider while moving
slowly that	
than lot out	4 to find out Sym 5653x had crush
into mi	LHR
+	
)
	1
DECLARATION	
I/We declare the foregoing partie	ulars are true in every respect.
(Fix)	[/ A [1]
Policyholder's Signature	Driver's Signature Reporting Centre Personnel's Signature (If driver is not the pplicyhglder) Name:
Date & Time:	
<u>*</u>	Date & Time: 09/07/18 NRIC/FIN No.:
MERCO ORSOLOR DISERVA	· ·

जा-देश्यों अध्यक्षित क्षप्रकार हुत

Sketch Plan Pg. 2

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.
- 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.
- 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 freud, 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)

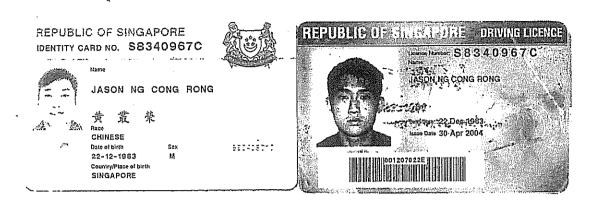
Date & Time:

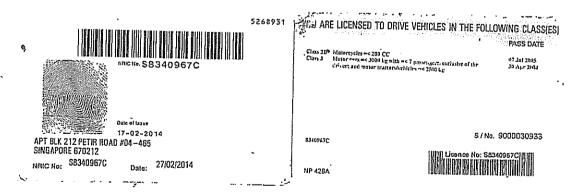
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR CERTIFICATE NO. SLR9596B

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

\$\$2000.00 \$\$100.00

SUM INSURED INSURING WITH COE/PARF

Market Value

SLR9596B LCRF Pte Ltd

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

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

25 February 2018 24 February 2019

4) DATE OF EXPIRY OF INSURANCE

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 one of 21 years old and/or has less than 1 year driving experience, the excess is SS3.500/AII Claims).

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Metor 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
- tise for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- 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 fullon, 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-Parly Risks and Compensation) Act (Chapter 169) and Section 95 of the Road Transport Act, 1987 (Malaysia), 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 Compensation) Act (Chapter 189) 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 Ple Ltd 2 Shenion Way #26-01 SGX Centre 1 SINGAPORE 068804

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPAHN