

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	16/07/2018 09:02
Date Of Accident	14/07/2018 12:15
Exact Location Of Accident	SLIP RD OF WOODLANDS AVE 5 TWDS WOODLANDS AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF4864Z
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 1.5X CVT ABS D/AIRBAG 2WD 5DR

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	NO
Policy Number	SLF4864Z
Cover Note Number	

Driver

Name of Driver	SOH CHIN LIANG PETER
NRIC No	S1325640C
Date Of Birth	19/11/1958
Occupation	INDOOR
Date Of Driving Pass	25/01/1979
Driving Experience	39 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91907478
Fax Number	
Contact Number	
Email Address	LEANA@YAHOO.COM.SG

Address	BLK 150 WOODLANDS ST 13 #02-791
Postcode	730150
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	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
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)	1

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

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

Vehicle Registration Number	SLF6990D
Vehicle Make/Model/Colour	JEEP / WRANGLER UNLIMITED SAHARA 3.8 AT 4WD
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOSES LEE SIU WEN
NRIC/Passport Number	S7228975G
Contact Number	98577277
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

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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.

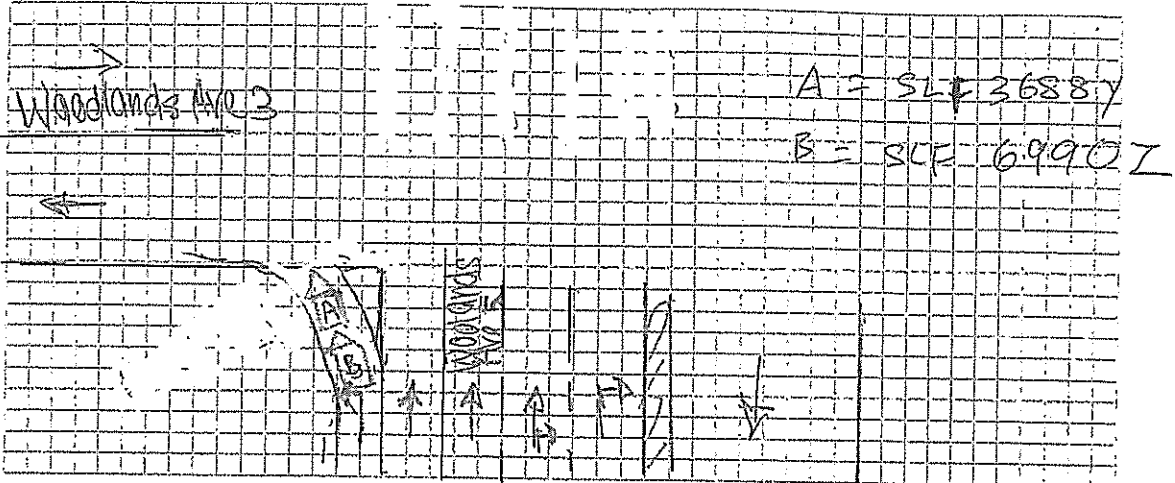


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

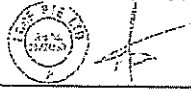


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

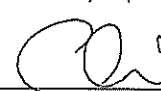
I WAS WAITING TO FILTER OUT SUDDENLY
I FELT AN IMPACT COMING FROM THE REAR
OF MY VEHICLE I WENT OUT OF MY VEHICLE
TO CHECK AND REALISE THAT VEHICLE B
(SLF 6990 Z) HAD REAR ENDED MY VEHICLE
FROM BEHINE

DECLARATION

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


Policyholder's Signature

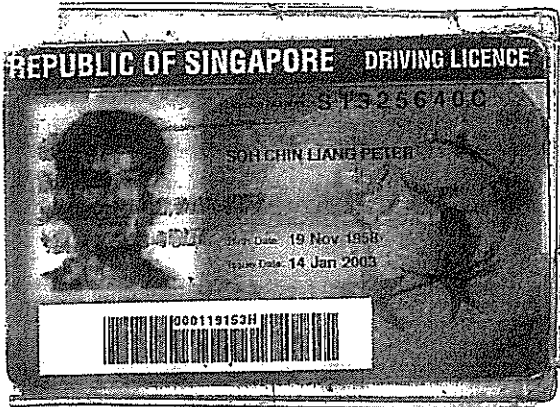
Date & Time:


Driver's Signature

(If driver is not the policyholder)
Date & Time:


Reporting Centra Personnel's Signature

Name:
NRIC/FIN No.:



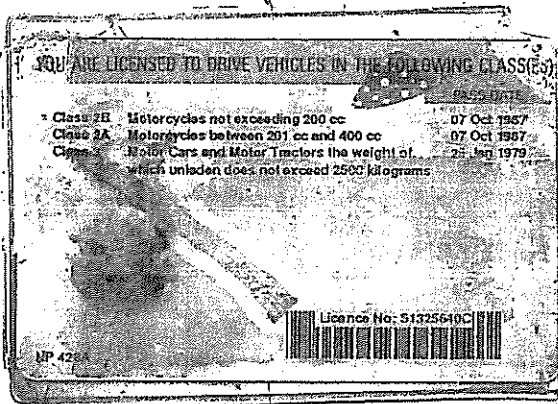
REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1325640C



SOH CHIN LIANG PETER

Race
CHINESE
Date of birth
19-11-1958
Country of birth
SINGAPORE

Sex
M



34730

NRIC No. S1325640C



Date of issue
18-02-2004

APT BLK 150 WOODLANDS STREET 13 #02-791
SINGAPORE 730150

NRIC No: S1325640C

Date: 11-12-2008 No: 6641420



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, 1968

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

MZ-409

<p>(The below excess is subject to GST)</p>	
<p>COMPREHENSIVE COMMERCIAL MOTOR CERTIFICATE NO. SLF4864Z</p>	<p>ALL CLAIMS EXCESS S\$2000.00 WINDSCREEN EXCESS S\$100.00</p>
<p>1) VEHICLE REGISTRATION NO. 2) NAME OF INSURED 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 4) DATE OF EXPIRY OF INSURANCE 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*</p>	<p>SUM INSURED Market Value INSURING WITH COE/PARF Yes SLF4864Z LCRF Pte Ltd 25 February 2018 24 February 2019</p>
<p>Any person who is driving on the Insured's order or with their permission.</p> <p>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).</p> <p>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.</p>	
<p>6) LIMITATION AS TO USE*</p> <p>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.</p> <p>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.</p>	
<p>LOSS OF USE</p>	<p>Not Included</p>
<p>HIRE PURCHASE COMPANY</p>	<p>Refer to Policy Terms and Conditions</p>
<p><small>*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.</small></p>	

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 13 Feb 2018

AIG Asia Pacific Insurance Pte. Ltd.

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

Marilo

ORIGINAL

AUTHORISED REPRESENTATIVE

S5PAHN