MLHM18092169 / Lai Huat (Meng Kee) Motor Pte Ltd - Sin Ming ENTRY DATE & TIME: 17/07/2018 13:15 SUBMITTED BY: Jenny Lim Lai Foong

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 <u>truthful and accurate</u> 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

	ACCIDENT STATEMENT
Date Of Report	17/07/2018 13:15
Date Of Accident	16/07/2018 17:45
Exact Location Of Accident	AYE TOWARDS TUAS NEAR CLEMENTI AVENUE 2
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SJJ1005J
Insured/Policyholder	
Name Of Registered Owner	SHIN-HAN LIMO SERVICE
Co Reg No	53315973C
Email Address	VNGC77@GMAIL.COM
Mobile Phone No	
Alternative Phone No	Office-98575910
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Гуре Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994611
Cover Note Number	
Driver	
Name of Driver	MAHDI BIN ABDUL AZIZ
NRIC No	S8810500A
Date Of Birth	19/03/1988

OUTDOOR

04/07/2011

7 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94844514

Fax Number

Contact Number

EMail Address MAHDI_SAM@HOTMAIL.COM

Address BLK 219 BUKIT BATOK STREET 21 #04-397

Postcode 650219

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? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

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

. 2

Number of Passengers (Including Driver)

Passenger 1 Name: : PASSENGER

Gender: : Female

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

REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD9357X

Vehicle Make/Model/Colour TRANSCAB TAXI

Details Of Properties

Vehicle Category TAXI

Name of Driver BAN CHYE THIAM

NRIC/Passport Number S1479163I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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

for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

1 7 JUL 2018

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

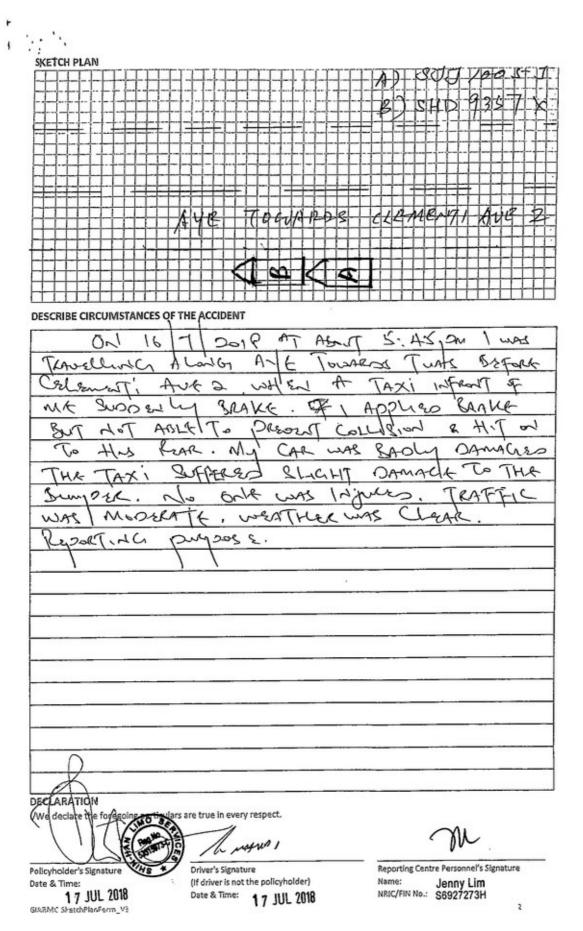
1 7 JUL 2018

Reporting Centre Personnel's Signature

Name:

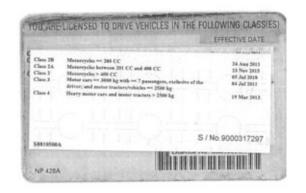
NRIC/FIN No.:

Jenny Lim S6927273H











Done

SJJ1005J.pdf





CERTIFICATE OF INSURANCE

THIRD PARTY COMMERCIAL MOTOR
CERTIFICATE NO. SJJ1005J
POLICY NO. 99994611

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

ROAD TRANSPORT ACT, 1967 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1909 (MALAYSIA)

(The below excess is subject to GST)
POLICY EXCESS \$\$2000.0

POLICY EXCESS S\$2000.00 (Sect II)
WINDSCREEN EXCESS NA

SUM INSURED

INSURING WITH COE/PARF NA

SHIN-HAN LIMO SERVICES

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* 08 May 2019

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Matter Ve 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"

f) Use for social, domestic, pleasure purposes and business purposes of financed 2) Use for social, domestic, pleasure purposes and business purposes of any pencial which the vehicle is hined. 3) Use for the centrage of passengers for hir or moset by any pencies to show the vehicle is hined.

Not included

HIRE PURCHASE COMPANY

NA.

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Ripks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), airs not to be included under these headings.

I / We havely Certify that the policy to which this Certificate relates is issued in accordance with the provision (Third- Party Roles and Compensation) Act (Chapter 189) and Part N of the Rolet Transport Act, 1997 (Malays

Issued in Singapore 09 May 2018

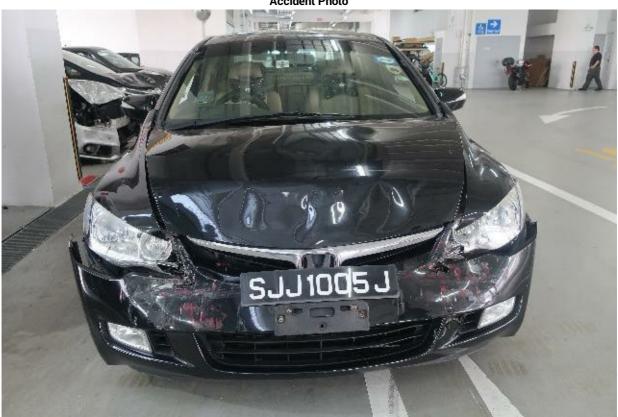
503052-000

Hund 55 Lorong L Telok Kurau 802-59 Bright Centre Singapore 425500

ORIGINAL



Accident Photo



Accident Photo







Accident Photo

