MAII18096496 / Auto Insure Pte Ltd - HQ ENTRY DATE & TIME: 26/07/2018 11:21 SUBMITTED BY: Ngiaw Jie Ling

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 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

 By the loagement of this report to the insurers, you hereby conse aforesaid. 	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	26/07/2018 11:21
Date Of Accident	25/07/2018 21:30
Exact Location Of Accident	ALONG PAYA LEBAR FLYOVER TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP1171G
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597k
Email Address	REPORTING@AUTOINSURE.COM.SG
Mobile Phone No	
Alternative Phone No	Office-31572626
Vehicle Particulars	
Manufacturer	MAZDA
Model	3-1.5 SEDAN EU6 (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	999995087
Cover Note Number	
Driver	
Name of Driver	CHONG KAH HEAN DAVIN
NRIC No	S9446402A
Date Of Birth	08/12/1994

OUTDOOR

21/10/2015

2 YEARS AND 9 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-88168567

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 571 ANG MO KIO AVE 3 #02-3255

Postcode 560571 Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - HIRER

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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

4

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)

Passenger 1 Name: : NA

> Gender: : Female

Passenger 2 Name: : NA

> Gender: : Female

Passenger 3 Name: : NA

Gender: : Female

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 51 ANG MO KIO AVE 9, POSTCODE: 569784, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4849999 - FAX NO: 62181399

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

OVERWRITTEN Remarks/ Reasons:

93809045

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJL5114R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle CategoryPRIVATE CARName of DriverLAM HOI SEAHNRIC/Passport NumberS0145918Z

Address Postcode

Contact Number

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm thatChong Kah Hean Davin,	
NRIC/FIN, has reported to the Police a non-injury trafaccident	fic
which occurred atPaya Lebar Flyover towards PIE Changi Airport	
on 25/07/2018 at 2130 am/pm involving the following vehi	cles:
On 25th July 2018 at around 2130 hours, I was driving my vehicle bearing regis number SLP1171G along the above mentioned road when a vehicle bearing region number SJL5114R just swerve onto my lane and hit the right side of my vehicle caused the right side doors of my vehicle to have dents and scratches. I was fer passengers at that point in time.	istration which
After some time, my passengers complained of pain and I send them to Changi Hospital. There were no other visible injuries found on any parties.	General
The particulars of the other party is Lam Hoi Seah bearing S0145918Z.	
2 If this accident was reported to the Police within 24 hours of its occ	urrence,
Then he/she has complied with Sec 84(2) of the Road Traffic Act, C	Cap 276.

Rank/Name of Issuing Officer: W/Sgt(2) Maslina

Date: _26/07/2018__

Time: ___

S/D Ref: __[]4

Ang Blo Kie Kie Ace of the Ace of Vision 50024 Police Post/Unit: Ang Mo Kio South NPC

Original – to be issued to informant Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002

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 (all insurers) 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 Signature

(If driver is not the policyholder)
Date & Time: 26/7/18

ace of rume: 20/ +/ /

11 21 am

NRIC/FIN No.:

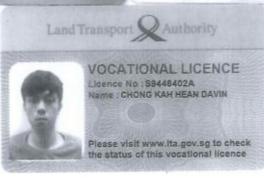
Name:

Reporting Centre Personnel's Signature

						A: 9(P1171G
						B: 0315114R
				M		
				A B		
CIRCUMSTANC	ES OF THE A	CCIDENT				
pefer	to	Police	Report			
1 1111		14100	1.1.			
ION						
ION the foregoing pa	erticulars are t	rue in every resp	ect.			
the foregoing pa	_	rue in every resp	ect.			
the foregoing pa	TE	rue in every resp	ect.			14A)
the foregoing pa	O TE	Devi	ect.	Banari		
the foregoing pa	S. No.	ver's Signature				assomer's Signature
the foregoing pa	Dri	ver's Signature	olicyholder)	Name:	7/	
the foregoing pa	Dri	ver's Signature driver is not the p te & Time: 26/	olicyholder)	Name:		MA

11 20 am







This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request, if found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Description Type

13

Issue Date

PRIVATE HIRE CAR VL 16/05/2018





















