

## 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             | 25/06/2018 14:37  |
| Date Of Accident           | 25/06/2018 13:10  |
| Exact Location Of Accident | GEYLANG LORONG 35 |
| Country/State of Loss      | SINGAPORE         |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SLH5789R |
|-----------------------------|----------|

### 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  | GRACE HYBRID 1.5DX 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                                       | REPORTING ONLY       |
| 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             | SLH5789R                             |
| Cover Note Number         |                                      |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | LOO SOON CHIANG ANDREW |
| NRIC No              | S8012130Z              |
| Date Of Birth        | 24/04/1980             |
| Occupation           | INDOOR                 |
| Date Of Driving Pass | 31/05/1999             |
| Driving Experience   | 19 YEARS AND 0 MONTHS  |

|   |                                 |
|---|---------------------------------|
| Gender  | MALE                            |
| Mobile Number                                       | (LOCAL) +65-97488512            |
| Fax Number  |                                 |
| Contact Number                                      |                                 |
| EMail Address                                       | ANDREWLOO8@HOTMAIL.COM          |
| Address   | BLK 249 PASIR RIS ST 21 #08-121 |
| Postcode  | 510249                          |
| Was driver an employee of the Insured's Company     | NO                              |
| If No, Relationship of the Driver with the Insured  | OWNER                           |
| 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?  | 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)   | 3                              |
| Passenger 1   | Name: : MR 1<br>Gender: : Male |
| Passenger 2   | Name: : MR 2<br>Gender: : Male |

#### 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 | SLP757Z     |
| Vehicle Make/Model/Colour   | TOYOTA      |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |

Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

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7. 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:
  - (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.

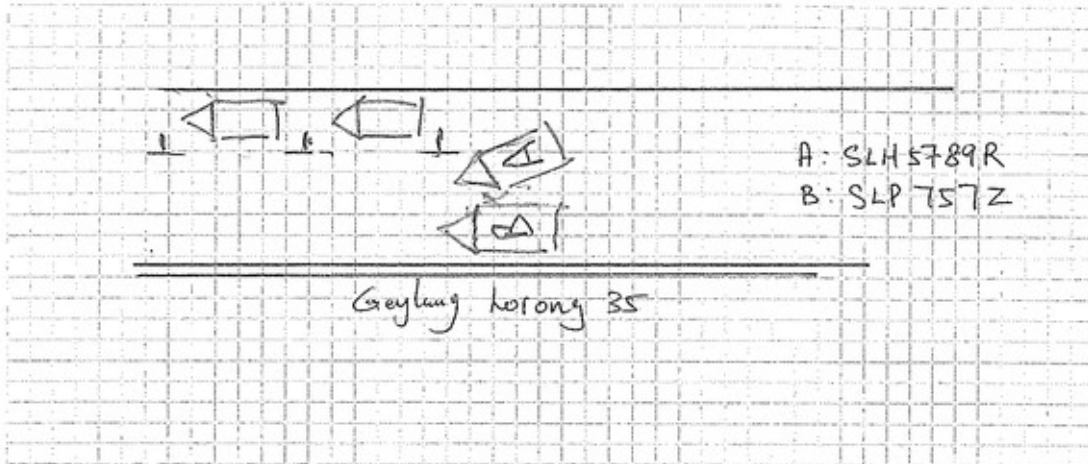


Policyholder's Signature  
Date & Time:

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

On 25.06.2018 (6) about 1308hrs, I was driving SLH 5789R along Greyling Lor 35. And I stopped the car at the side of the road behind a parked car. After that I started to ~~drive~~ drive out the car and ~~after~~ after looking clear on the on coming traffic I start driving out but soon after I turn out a car SLP 757Z driving fast toward the road so I stopped the car and wait for him to pass by but ended up he ~~hit~~ hit into my <sup>left</sup> side of the car (SLH 5789R).

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 Centre Personnel's Signature  
Name:  
NRIC/PIH No.:



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE 31 May 1999

NP 428A





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)

MZ400

|  |          |                                      |              |
|--|----------|--------------------------------------|--------------|
| COMPREHENSIVE COMMERCIAL MOTOR   |          | (The below excess is subject to GST) |              |
| CERTIFICATE NO.  | SLH5789R | ALL CLAIMS EXCESS                    | S\$2000.00   |
|  |          | WINDSCREEN EXCESS                    | S\$100.00    |
|  |          | SUM INSURED                          | Market Value |
|  |          | INSURING WITH COE/PARF               | Yes          |
| 1) VEHICLE REGISTRATION NO.  |          | SLH5789R                             |              |
| 2) NAME OF INSURED   |          | LCRF Pte Ltd                         |              |
| 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT   |          | 25 February 2018                     |              |
| 4) DATE OF EXPIRY OF INSURANCE   |          | 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 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).  |          |                                      |              |
| 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.  |          |                                      |              |
| 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 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-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.

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

AUTHORISED REPRESENTATIVE

SSPAHN

ORIGINAL

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

