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

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 Date Of Report
 21/09/2018 11:09

 Date Of Accident
 20/09/2018 10:55

Exact Location Of Accident JUNCTION OF PICKERING ST & CHINA ST

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG9700A

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 SHUTTLE 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
PRIVATE HIRE

Vehicle Category

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number SLG9700A

Cover Note Number

Driver

 Name of Driver
 FOK KAR LAM

 NRIC No
 \$7870958H

 Date Of Birth
 02/06/1978

 Occupation
 INDOOR

 Date Of Driving Pass
 29/06/2002

Driving Experience 16 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87423935

Fax Number

Contact Number

EMail Address FOKKARLAM@YAHOO.COM

Address

è

BLK 116B JALAN TENTERAM #11-551

Postcode

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 - MAJOR/MINOR RD

Weather Conditions

CLEAR DRY

Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YE\$

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

NO

Number of Passengers (Including Driver)

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

SJA3998C

Vehicle Make/Model/Colour

BMW / Z4

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

INTORTANT ROTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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 disciosure 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 "Purpcess")
- (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

10:260

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

Folicyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time: 21/09/15

Reporting Centre Personnel's Signature Warne:

NRIC/FIR No.:

| SKETCH PLAN | | |
|---|---|--|
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| | | 1146012 S1 |
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| DESCRIBE CIRCUMSTANCE | | |
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| provide nane | from ching &1 tail class, hit dieser in ight Lady china drive d conder number. Drive cff | Just say clai |
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| DECLARATION I/We declare the foregoing par | ticulars are true in every respect. | · And |
| Policyholder's Signature Date & Time: | Driver's Signature (If driver is not the policyholder) | Reporting Centre Personnel's Signature Name: |

Date & Time: 21 km/18

GIARMC SketchPlanForm_V3

NRIC/FIN No.:



HOTLINE TEL: (65) 6419-3000 FAX: (65) 6416-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

61,2,400

COMPREHENSIVE COMMERCIAL MOTOR CERTIFICATE NO. SLG9700A

ALL CLAIMS EXCESS WINDSCREEN EXCESS

S\$2000,00 S\$100.00

SUM INSURED

Market Value

INSURING WITH COE/PARF Yes

SLG9700A

LCRF Pte Ltd

(The below excess is subject to GST)

2) NAME OF INSURED
3) EFFECTIVE DATE OF THE COMMENCEMENT OF

INSURANCE FOR THE PURPOSES OF THE ACT

25 February 2018

4) DATE OF EXPIRY OF INSURANCE

1) VEHICLE REGISTRATION NO.

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 \$\$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 sociat, 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, maing, pade-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disobled mechanically propolled 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 inoparative 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).

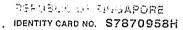
Issued in Singapore 13 Feb 2018

030080-000 Aon Singapore Pte Ltd 2 Shenton Way #26-01 SGX Centre 1 SINGAPORE 068804 AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISEO REPRESENTATIVE

SSPAHN

ORIGINAL





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HUNDE

FOK KAR LAM

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Race CHINESE Date of birth 02-06-1978

02-06-1978 Country/Place of Birth HONG KONG Sex M





