MAII18155057 / Auto Insure Pte Ltd - HQ ENTRY DATE & TIME: 30/11/2018 12:59 SUBMITTED BY: Ngiaw Jie Ling

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 30/11/2018 13:04

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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 liability.
- 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		
Octo Of Dancet			
Date Of Assistant	30/11/2018 12:59		
Date Of Accident	09/08/2018 16:50		
Exact Location Of Accident	ALONG ANSON ROAD (BESIDE M HOTEL)		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
/ehicle Registration Number	SLL3606C		
nsured/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 L 4-DOOR SEDAN SP.6EAT (A)		
Exact Purpose for which vehicle was being used at ime of accident			
Are you claiming under your own insurance policy or repair to your vehicle?	NO		
f No, Please state action to be taken	REPORTING ONLY		
/ehicle Category	PRIVATE HIRE		
nsurance Company			
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	YES		
Policy Number	999995166		
Cover Note Number			
Driver			
Name of Driver	LOO TEAK SING		
NRIC No	S0068739A		
Date Of Birth	07/04/1948		

OUTDOOR

20/03/1974

44 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93855154

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 207B PUNGGOL PLACE #08-958

Postcode 822207

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

nicie

Insurance Company of Driver's Own Vehicle

risulance Company of Driver's Own Verlicie

General Information of the Accident

Type Of Accident NO COLLISION

Weather Conditions CLEAR
Road Surface DRY

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

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

NO

Was any other material or property damaged? YES

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

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON 09/08/2018 AROUND 1650HRS, I WAS TRAVELLING ALONG ANSON ROAD (BESIDE M HOTEL). UPON THE TIME EVERTHING WAS NORMAL AND NO COLLISION OR IMPACT WHILE TRAVELLING ALONG THE SAID ROAD. HOWEVER, ON 28/11/2018 I RECEIVED AN EMAIL FROM MY RENTAL COMPANY REQUEST ME TO LODGE AN ACCIDENT REPORT FOR ACCIDENT ON 9/8/2018. I WISH TO CONFIRMED THAT NO COLLISION AND IMPACT UPON THAT TIME AND MY VEHICLE NEVER SUSTAIN ANY DAMAGE. I LODGE THIS REPORT FOR REPORTING ONLY.

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLU4752D

Vehicle Make/Model/Colour

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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- 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;
 - (iii) 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.

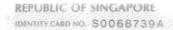
Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

KETCH PLAN			
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ECLARATION			***
We declare the foregoing particulars	are true in every respect.	_	1
THE PTE	2-11 2-1		
licyholder's Signature	Driver's Signature (If driver is not the policyholder)	Name:	Centre Personnel's Signature
	Date & Time:	NRIC/FIN I	Vo.:







LOO TEAK SING



强 德 新 CHINESE

07-04-1948 B SINGAPORE





VOCATIONAL LICENCE Licence No : S0088739A Name : LOO TEAK SING

Please visit www.lta.gov.sg to check the status of this vocational licence

TOU ARE EIGENSED TO DRIVE VEHICLES IN THE FULLOWING CLASSIES)

PASS DATE

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



8+ 17-05-1993

APT BLK 2078 PUNGGOL PLACE #08-958 SINGAPORE 822207 S0068739A

16/10/2013

000010



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.

Type

Description

Issue Date

13

PRIVATE HIRE CAR VL 17/07/2018