Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 30/10/2018 08:54

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 |
|---|--------------------------------------|
| | ACCIDENT STATEMENT |
| Date Of Report | 29/10/2018 17:36 |
| Date Of Accident | 27/10/2018 13:45 |
| Exact Location Of Accident | GRANGE RD |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| /ehicle Registration Number | SLK8735K |
| nsured/Policyholder | |
| Name Of Registered Owner | LCRF PTE LTD |
| Co Reg No | 201624597K |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | Office-62414992 |
| /ehicle Particulars | |
| Manufacturer | HONDA |
| Model | VEZEL-1.5 (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. |
| ype Of Coverage | COMPREHENSIVE |
| Fleet Policy | YES |
| Policy Number | 99995003 |
| Cover Note Number | |
| Oriver | |
| Name of Driver | LIM KIM KWANG |
| NRIC No | S1398504I |
| Date Of Birth | 14/11/1959 |

OUTDOOR

18/04/1977

41 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90481489

Fax Number

Contact Number

EMail Address NOEMAIL
Address NOADDRESS

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PAID DRIVER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle -

-

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?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver) 4

Passenger 1 Name: : NONAME

Gender: : Male

Passenger 2 Name: : NONAME

Gender: : Male

Passenger 3 Name: : NONAME

Gender: : Female

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE SEE ATTACHED SKETCH

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

SMB102A

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

BUS

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurence 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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 :
- (f) processing, handing 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;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the melting 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's-Signature / Date &

Sketch Plan

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

& Yime

Wilnessed by Reporting Centre

B. SMB 102A (SMPT)

pooy

BUS

Sketch Plan #2

| | nstances of the Acc | | | | |
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Declaration

IWe declare the foregoing particulars are true in every respect.

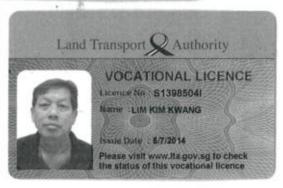
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

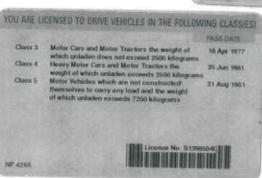
Witnessed by Reporting Centre Personnel











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

Type Description Issue Date.

02 TAXI VL 15/07/2003

03 BUS VL 18/11/2002

04 BUS ATTENDANT 18/11/2002





Accident Photo







Accident Photo







Accident Photo







