Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 07/11/2018 17:31

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 <u>truthful and accurate</u> 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 aforesaid.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	07/11/2018 12:54
Date Of Accident	04/11/2018 02:50
Exact Location Of Accident	SUMANG WALK / PUNGGOL FIELD JUNCTION
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG7394M
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-90023623
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE-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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SLG7394M
Cover Note Number	
Driver	
Name of Driver	TAN LOH PIN ROBIN (CHEN LUOBIN ROBIN)
NRIC No	S7113631J
Date Of Birth	19/04/1971

OUTDOOR

24/11/1988

29 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90023623

Fax Number

Contact Number

EMail Address LOHPINN888@YAHOO.COM

Address BLK 302C ANCHORVALE LINK #04-40

Postcode 543302

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

insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions LIGHT RAINS

Road Surface WET

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

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) 1

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

REFER TO STATEMENT

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 SHB5516R
Vehicle Make/Model/Colour TOYOTA PRIUS

Details Of Properties

Vehicle Category TAXI

Name of Driver TNG THOE YUAN

NRIC/Passport Number S7816860I Contact Number 86855990 Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report conrectly the details of the accident to speed up the claims process.
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- Information provided must be as <u>trustiful</u> and <u>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.
- 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: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Date & Time:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7113631J





TAN LOH PIN ROBIN (CHEN LUOBIN ROBIN)

陈罗宾

Auce CHINESE 19-04-1971

SINGAPORE





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Class 28 Motorcycles not exceeding 200 cc
Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilogram

NP 428A

HOTLINE TEL: (85) 6419-3000 FAX: (65) 6415-3723



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND : OMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND (OMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RUL! 5, 1959 (MALAYSIA)

M Z 400

COMPREHENSIVE COMMERCIA . MOTOR CERTIFICATE NO. SLG7394M

(The below excess is subject to GST) ALL CLAIMS EXCESS WINDSCREEN EXCESS

S\$2000.00 \$\$100,00

SUM INSURED INSURING WITH COE/PARF

Market Value

1) VEHICLE REGISTRATION NC. 2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT OF

SLG7394M LCRF Pte Ltd

INSURANCE FOR THE PURPOS IS OF THE ACT

25 February 2018 24 February 2019

4) DATE OF EXPIRY OF INSURANCE

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 i 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 right disqualified by order of a Court of Law or by n

6) LIMITATION AS TO USE*

- 1) Use for social, domestic, pix isure purposes and butiness purposes of insured
- 2) Use for social, domestic, pie isure purposes and business purposes of any person whom the vehicle is hired.
- 3) Use for the carriage of pass- ngers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Usr. for fulfion, driving test, racing, pace-making, reliability trial or speed-truling, 2) Use whilst drawing a staller 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

ns 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 (Maleysia), are not to be included under rese headings.

If We hereby Certify that the policy to which his 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 058804

AUTHORISED REPRESENTATIVE

SSPAHN

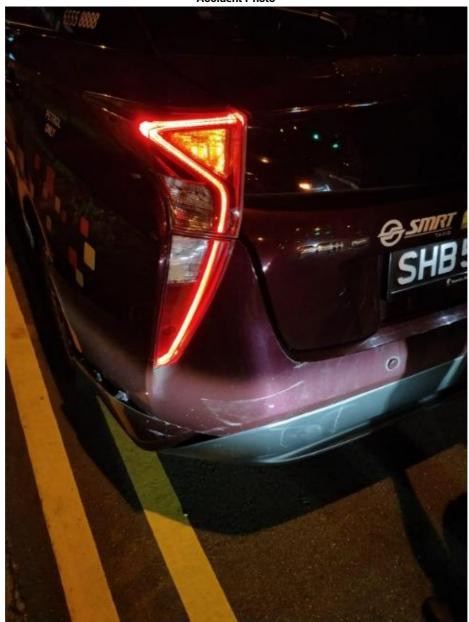
ORIGI IAL

AIG ASIA PACIFIC INSURANCE PTE LTD

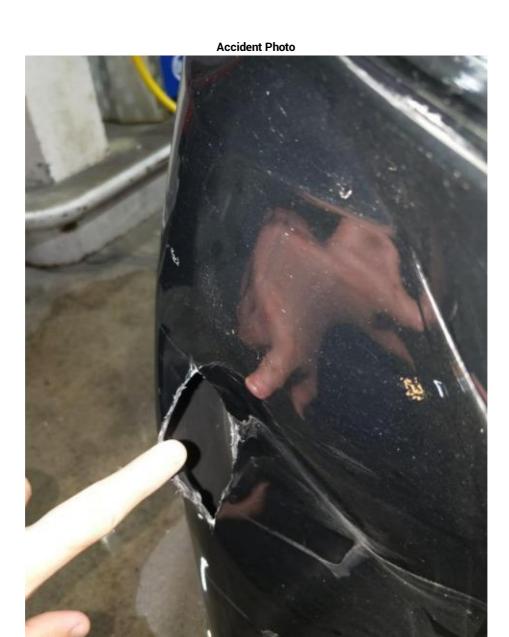
MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: ROBINTAN
VEHICLE NUMBER	: SLG-7394M.
DATE/TIME OF ACCIDENT	: 4/NOV18/024861C
PLACE OF ACCIDENT	: Sumony Walk/ Punggo LFreld.
THIRD PARTY VEHICLE (IF ANY)	: YES "
************	我去我的我的我们我们的我们的,我们就是我们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们
BEFORE THE ACCIDENT?	Surney and where was the intended destination
Proceed to pickup	
VEHICLES INVOLVED?	N AND THE EXTENSIVENESS OF THE DAMAGES TO ALL COLYSION and minor damage to bumper
V	'S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU
	1/2 ()
Name: POSINTAN	

I Affirmed The Above Information Is Given To My Best Knowledge.











Identification Card



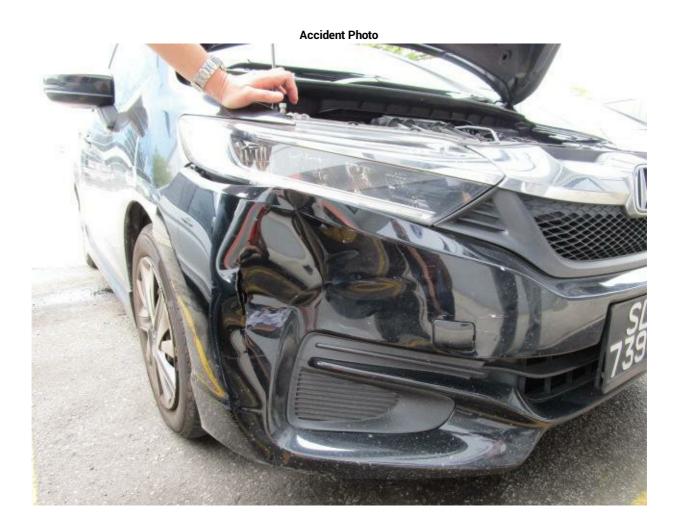
















chassis





