MAII18162007 / Auto Insure Pte Ltd - HQ ENTRY DATE & TIME: 17/12/2018 12:54 SUBMITTED BY: Ngiaw Jie Ling

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 conse aforesaid. | nt to the archiving of this report at the centre and to copies of the report being made available |
|---|---|
| | ACCIDENT STATEMENT |
| Date Of Report | 17/12/2018 12:54 |
| Date Of Accident | 15/12/2018 22:20 |
| Exact Location Of Accident | LOR 21 GEYLANG TURNING INTO SIMS AVE |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLL1530A |
| Insured/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 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 | YES |
| Policy Number | 999995002 |
| Cover Note Number | |
| Driver | |
| Name of Driver | LIM LEONG HOCK |
| NRIC No | S6838385D |
| Date Of Birth | 16/09/1968 |

OUTDOOR

22/03/2010

8 YEARS AND 8 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-84243038

Fax Number

Contact Number

EMail Address NOEMAIL

Address 41 EDEN GROVE

Postcode 1953 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 - HEAD TO REAR**

Weather Conditions DRIZZLING 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

1

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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 15/12/2018 AROUND 2220HRS, I WAS TRAVELLING ALONG LOR 21 GEYLANG TURNING INTO SIMS AVE . BEFORE TURNING I CHECK FOR THE ON COMING VEHICLE. THERE WAS NO ANY VEHICLE SO I PROCEED TO TURNING VEHICLE B IN FRONT OF ME SUDDENLY STOPPED AND I HIT ONTO VEHICLE B. THERE WAS A DOUBLE YELLOW LINE AND VEHICLE B STOPPED FOR PICK-UP PASSENGER.

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 SLV7619L

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE HIRE Vehicle Category

Name of Driver

NRIC/Passport Number Contact Number

90588433

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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.
- 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 liability.
- 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. 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers [awyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - 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 invoive 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:
 - 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

NRIC/FIN No.:

| KETCH PLAN | | Cot 3 | 1 acylang | turning | into eims |
|---|-------------------------------|-----------|--|------------------|-----------|
| | | | | | |
| | В | | A- 84153 | OA | |
| | | | B. SLV ? | 6196 | |
| | A | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| ESCRIBE CIRCUMSTANCES OF THE AC | CIDENT | | | | |
| On 15/12/2018 around 2 | a-aohre - 1 was | thaulling | along | Lor of | Geylang |
| | | | | | · J |
| turning into sims are . B | efore turning 1 | duck | for thu | oncomina | 3 |
| | | | | | |
| vehicle. There was no | any vehicle 80 | i procee | d to | turming | |
| | -0 -1 -1 | Au de al | -les | -1 - 1 | |
| which B | nfront of mi | suacunic | stopped | d and | 1 |
| Li i alia o tur | a de a | , li | tout | 4 .434. | |
| hit onto which B. Mull | was a abub | u yellow | line an | d vehicle | 8 |
| observed De Dick up and | ocena (II- | | | | |
| stopped for pick-up pa | sseriger | | | | |
| | | | | 17 | |
| | | | | | |
| * | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| DECLARATION | | | | | |
| /We declare the foregoing particulars are tru | e in every respect. | | 11 | | |
| DE REPLED | 1/ 1 | | 94/14 | $AA \rightarrow$ | |
| Policyholder's Signature Prive | er's Signature | | Reporting Centr | e Personnel's Si | gnature |
| Date & Time: # (If dr | iver is not the policyholder) | | Name: NRIC/FIN No.: | | |
| Date Date Date Date Date | 17/12/18 12-15 pm. | | THINGS IN THE STATE OF THE STAT | | |
| | in it om. | | | | |
| | 12-15 | | | | |





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 10/07/2018































