

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 withholding 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.

ACCIDENT STATEMENT	
Date Of Report	02/01/2019 13:30
Date Of Accident	31/12/2018 20:10
Exact Location Of Accident	MARINA GARDENS DRIVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLF3523P
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-31584769
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL-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	YES
Policy Number	
Cover Note Number	
Driver	
Name of Driver	SNG HUNG MENG @MOHD HAIDI BIN ABDULLAH
NRIC No	S0147407C
Date Of Birth	26/09/1949
Occupation	OUTDOOR
Date Of Driving Pass	12/11/1974
Driving Experience	44 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-93636215
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 130 PASIR RIS ST 11 #07-291
Postcode	510130
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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.	NO
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 REPORT 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	SHB431J
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

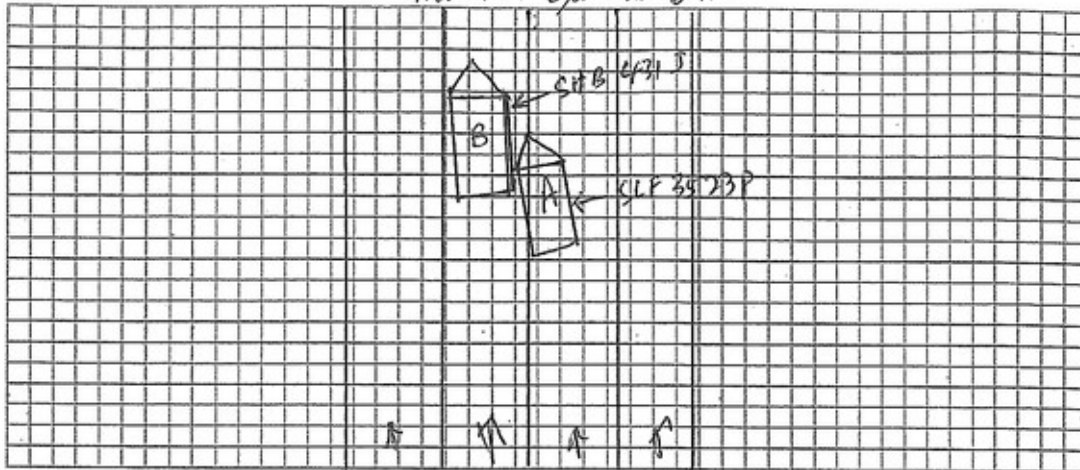
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31-12-2018 @ 2015 hrs. Driving along Marina Garden Drive at the second lane. Intended to change lane to left, so slow down and signal left. When slide to left slightly ~~an accident occurred~~ suddenly an accident occurred from my left. Taxi SHB 431 J came from the rear of my left side and ~~hit~~ hit the left front portion of my car and causes slight scratches. Taxi SHB 431 J damages on the rear right portion slight scratches. No one injured. I had checked my left and ~~road~~ was clear. Taxi SHB 431 J was driving in a fast speed. That's all.

DECLARATION

I/We 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: 04/11/2019

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

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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 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:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 2/11/2019 @ 11:55 AM

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

2/11/19



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

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1989

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

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

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR
CERTIFICATE NO. SLF3523P

(The below excess is subject to GST)

ALL CLAIMS EXCESS S\$2000.00
WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value
INSURING WITH COE/PAF Yes
SLF3523P
LCRF Pte Ltd

- 1) VEHICLE REGISTRATION NO.
- 2) NAME OF INSURED
- 3) EFFECTIVE DATE OF THE COMMENCEMENT OF
INSURANCE FOR THE PURPOSES OF THE ACT
- 4) DATE OF EXPIRY OF INSURANCE
- 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

25 February 2018
24 February 2019

*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 S\$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 social, 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, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer 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

*Limitations 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 (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.

M. Marib

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPAHN

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S0147407C**

Name:
SNG HUNG MENG
 @ MOHD HAIDI BIN
 ABDULLAH

Birth Date: **26 Sep 1949**
 Issue Date: **23 Jul 2011**

001984672F





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES


	EFFECTIVE DATE
Class 2B Motor cycles <= 200 CC	18 Mar 1987
Class 3 Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	12 Nov 1974

S0147407C

S / No. 9000193070

NP 428A

Licence No: S0147407C





VOCATIONAL LICENCE

Licence No : S0147407C
Name : SNG HUNG MENG @MOHD
HAIDI BIN ABDULLAH

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0147407C



Name

SNG HUNG MENG
@MOHD HAIDI BIN ABDULLAH

محمد حيدى بن عبدالله

Race

CHINESE

Date of birth

26-09-1949

Sex

M

S0147407C

Country/Place of birth

SINGAPORE

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.

5602072

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	06/08/2018
03	BUS VL	09/05/2011
04	BUS ATTENDANT	09/05/2011



NRIC No. S0147407C



Date of issue

23-05-2016

Address

APT BLK 130 PASIR RIS STREET 11
#07-291
SINGAPORE 510130

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



本田技研工業株式会社
型式 DBA-RU1
車台番号 RU1-1204742
T7AG7C1-YR635M -A -J

Accident Photo



Accident Photo

