

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	08/02/2019 08:36
Date Of Accident	02/02/2019 02:00
Exact Location Of Accident	JUNC OF SYED ALWI RD/KAMPONG KAPOR RD/VERDUN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG9261A
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-88888888

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID 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	SLG9261A
Cover Note Number	

Driver

Name of Driver	YONG TUCK MENG
NRIC No	S1663466B
Date Of Birth	26/02/1964
Occupation	INDOOR
Date Of Driving Pass	21/04/1999
Driving Experience	19 YEARS AND 9 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-82284242
Fax Number	
Contact Number	
E-Mail Address	CYONG09@SINGNET.COM.SG
Address	BLK9A BOON TIONG ROAD #35-505
Postcode	162009
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?	NO
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)	2
Passenger 1	Name: : NG SUI MOI Gender: : Female

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

PLEASE REFER TO 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	SLN4736T
Vehicle Make/Model/Colour	SSANGYONG TIVOLI
Details Of Properties	OH CHIN HIN
Vehicle Category	PRIVATE HIRE
Name of Driver	

NRIC/Passport Number	S7432116Z
Contact Number	
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.
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. 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.
7. 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:
- (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.

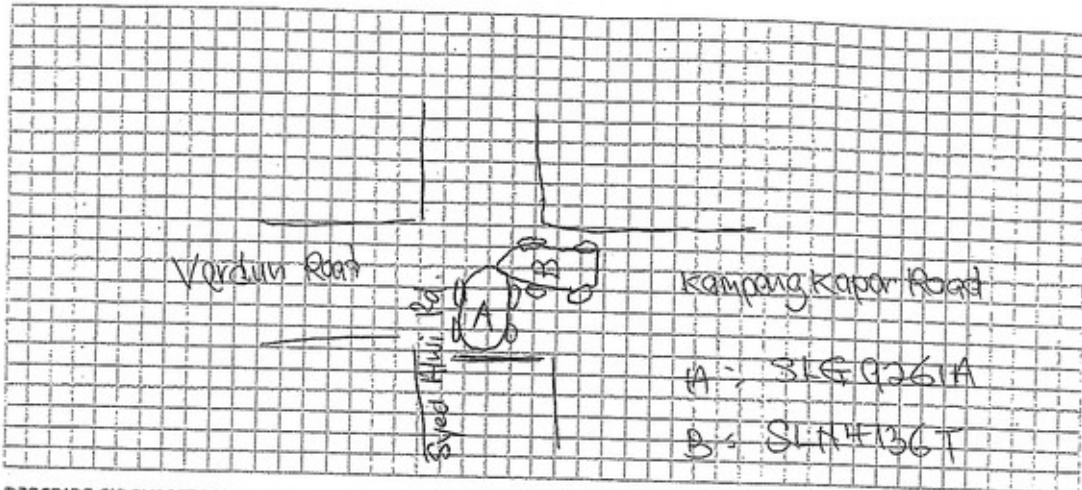


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Syed Alwi Rd after coming out of my parking lot. At the junction suddenly a car drive very fast towards me at the junction. We did not stop in time and collide.

I was late for reporting, because I have to fly off for holiday. Called Spant and was ask to inform LCR, I have inform LCR.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1663466B



Name

YONG TUCK MING

熊达明

Race

CHINESE

Date of birth

26-02-1964

Country/Place of birth

SINGAPORE

Sex

M

S1663466B

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1663466B

Name:

YONG TUCK MING

Birth Date: 26 Feb 1964

Issue Date: 15 Oct 2004



001293238E

5307894



NRIC No: S1663466B



Date of issue

22-05-2014

APT BLK 9A BOON TIONG ROAD #35-505
SINGAPORE 162009

NRIC No: S1663466B

Exp. D: 02/07/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS: 1.

PASS DATE

21 Apr 1999

... of the driver; and motor tractors
/vehicles <= 2500 kg

NP 428A



Licence No: S1663466B



**AUTHORIZED REPORTING CENTRE/WORKSHOP
POST-ACCIDENT REPORTING CHECKLIST
(FOR 50-50 & DOWN CASES)**

- Hirer has understood that rental is ongoing even if car is currently in workshop for repairs.
- Hirer understands that he is not entitled to rental reimbursement due to being partially/fully liable for the accident.
- Allocation of replacement car is subject to payment of excess or partial payment and balance in installment payments. Payment options will have be discussed in person at Accident Service Centre (ASC) at PLOC. ASC is open from Monday to Friday (Excluding Public Holidays) between 10am to 6pm.
- Hirer understands and agrees that the allocation of replacement car is subject to availability and will not be the exact same model as the original car.

I, the Hirer, acknowledged and understood the above.

Name of LCR Hirer:
(FULL Name as per I/C)

Yong Tuck MINH

LCR Veh Plate:

SLG 9261A

Date of Accident:

2/2/19

Hirer Signature:

Date:

8/2/19

Signature:
(FOR ARC PERSONNEL)

Date:

8/2/19

**assessment of liability is accurate at time of accident reporting and is subject to change upon further investigation*

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : YONG TUCK MING
VEHICLE NUMBER : SLG 9261A
DATE/TIME OF ACCIDENT : 2/2/19 2am
PLACE OF ACCIDENT : Syed Alwi Rd
THIRD PARTY VEHICLE (IF ANY) : SCN 4736 T

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

I start my journey from BIK 9A Boon Tiong Rd.
to Mustafa Centre. I intend to go home from Mustafa
Centre.

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

No.

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

minor, my front right to the other vehicle front
left.

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No one injured


Name:

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

