

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm GST Registration No: M400017735

TAX INVOICE

Our Ref No:

GR-19-148850

Date of Request: 10/09/2019

Your Ref No:

AP/2019/001654

A P LAW PRACTICE 151 Chin Swee Road #10-03/05 Manhattan House Singapore 169876

Dear Sir/Madam,

Date of Accident

08/09/2019

Vehicle No: Place of Accident:

SMM4824R ALONG JALAN BESAR ROAD

Involving Vehicle No:

SLH9132J

DOCUMENTS	application for the accident report, we have attached the fol ACCIDENT LOCATION	PER DOC (S\$)	lon.	The same of the sa
SLH9132J	ALONG JALAN BESAR ROAD		QTY	AMOUNT (S\$)
GST Amount		14	.00 1	13.08
Total Amount Due (GS)	I Indusive)			0.92
				14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[X] GIRO [] Cash [] Cheque

CONTRACTOR OF THE PROPERTY OF



Hoon Ang Ping has successfully logged out. Your last login date and time was 10 Sep 2019, 14:17:07. To return to ONE MOTORING, please click here For security reasons, please CLEAR YOUR CACHE after each session.

Session Transaction History

Ammi 10: SLH9132J

Paraector Type
18.19 Enquire Veh Owner Info (Others) by Law Firm

7,49

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 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.
- 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	
Date Of Report	10/09/2019 09:37	
Date Of Accident	08/09/2019 11:55	
Exact Location Of Accident	ALONG JALAN BESAR ROAD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMM4824R	
Insured/Policyholder		
Name Of Registered Owner	E-CUBE VEHICLE RENTAL PTE LTD	
Co Reg No	201607761H	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-82827673	
Alternative Phone No	OFFICE-82827673	
Vehicle Particulars		
Manufacturer	HONDA	
Model	FREED	
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE HIRER USE	
Are you claiming under your own insurance policy or repair to your vehicle?	NO	
f No, Please state action to be taken	THIRD PARTY	
/ehicle Category	PRIVATE HIRE	
nsurance Company		
lame of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
ype Of Coverage	COMPREHENSIVE	
leet Policy	NO	
olicy Number	5106778237	
Cover Note Number		
Priver		
ame of Driver	CHONG SZE WEI	

CHONG SZE WEI NRIC No S7642255I Date Of Birth 26/12/1976 Occupation OUTDOOR **Date Of Driving Pass** 17/04/1997

Driving Experience 22 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82827673

Fax Number Contact Number **EMail Address**

NOEMAIL

Address BLK 124 BEDOK NORTH ROAD #08-143 Postcode 460124 Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2 involved in the accident

Was any body injured in the Accident? NO Was any injured conveyed to hospital by

NO ambulance? Was any other material or property damaged? YES

I have been approached by unknown person(s) NO 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 ATTACHED

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 Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

SLH9132J

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

IMPORTANT NOTICE

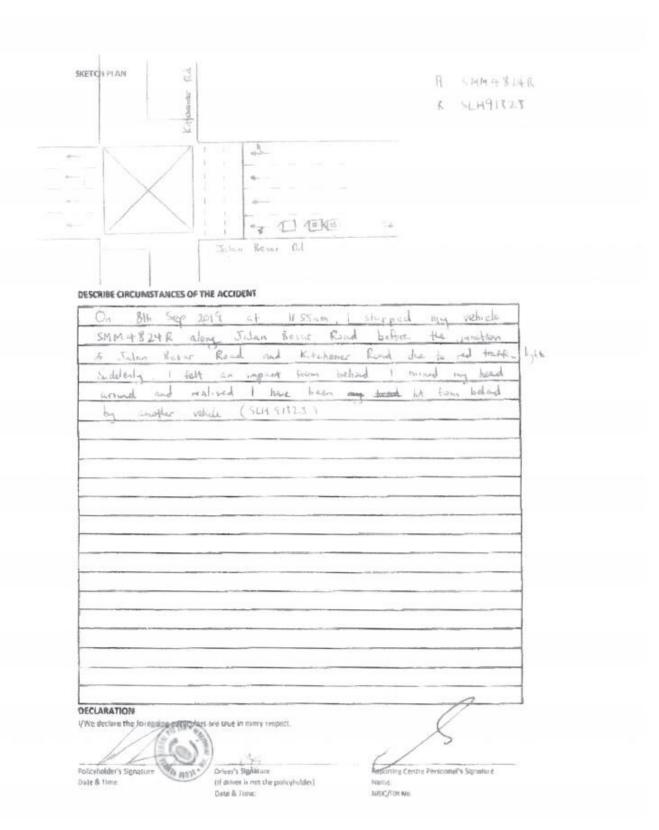
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- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consens that:

- (a) My insurer, my workshop and the General insurance Association of Sugapore, ("GIA") may/are permitted to reflect, 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 "Fersonal 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' lowyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (avide as the police), for the purpose(s) of:
 - processing, handling and/or essing with my claims including the settlement of the claims and any necessary investigations retains to the claims;
 - (ii) Investigating the accident and/or my claims,
 - (iii) currying out and/or dealing with my instructions or responding to any enquiries by may
 - (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 extend cover of envelopes/enall packages), and/or.
 - (v) complying with applicable is with administering, processing, handling end/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this socidors and the insurers' lowyers/law farms, may/are permitted to collect, use, disclose and/or process my Personal information for once or more of the above Purposes; and
- (c) my Personal Inferrestion may/can be disclosed by any of the Insurers and/or GIA to their third party service providers of agants(including their lawyers/few firms), which may be sized consider of Singapore, for one or core of the above Purposes.
- (d) my Personal Information will also be contexted and used to compile trains history for the gurgose of fraud detection, investigation and management in present and all future claims.
- (c) the information so collected under (d) above may be shared / disclosed:
 - to all interess and/or any other third parties that assist in evoluting, investigating, controlling or managing fraud, regulators, law enforcement and government against as reasonably required for the purposes stated, or

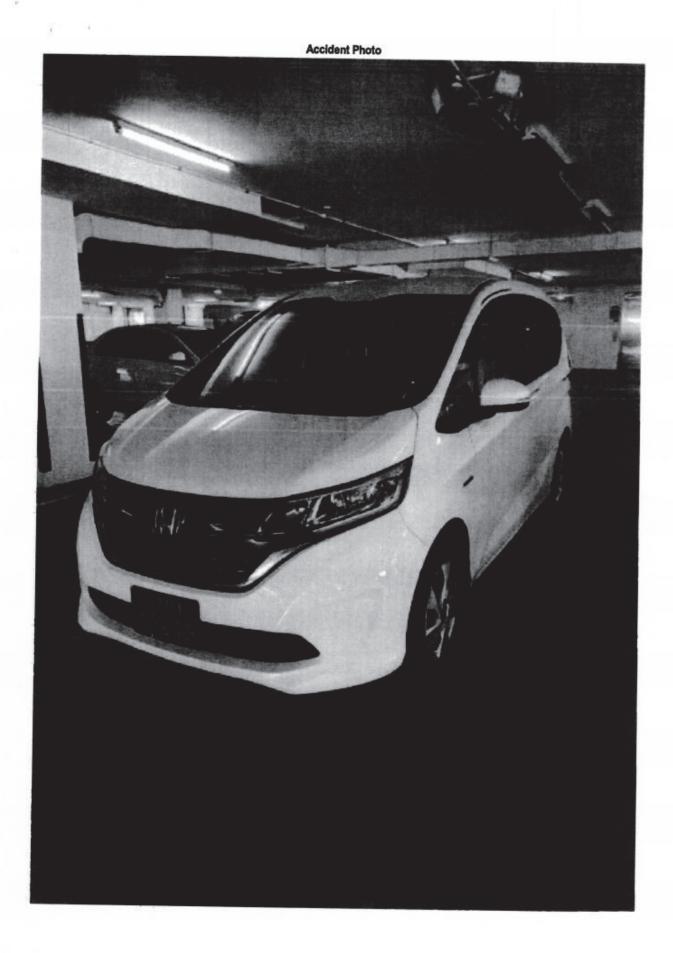
(ii) Far complying and a send-coments under any regulations, laws or court ersers.

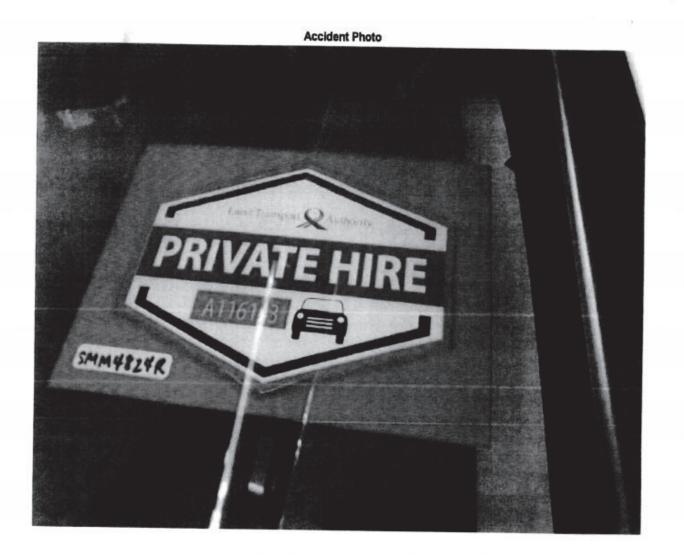
Pulleyhelder's Signature Onto B Time: Oriver's Reporture of driver is not the poleybolider) Date & Time: Reporting Centre Personnel's Signature Nance NBACATA No.

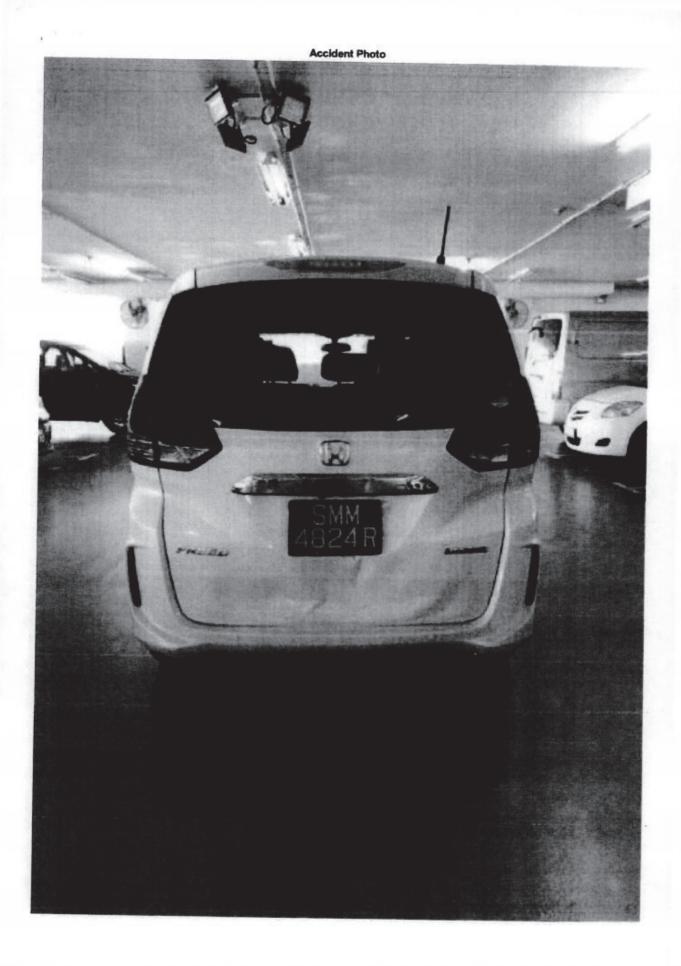


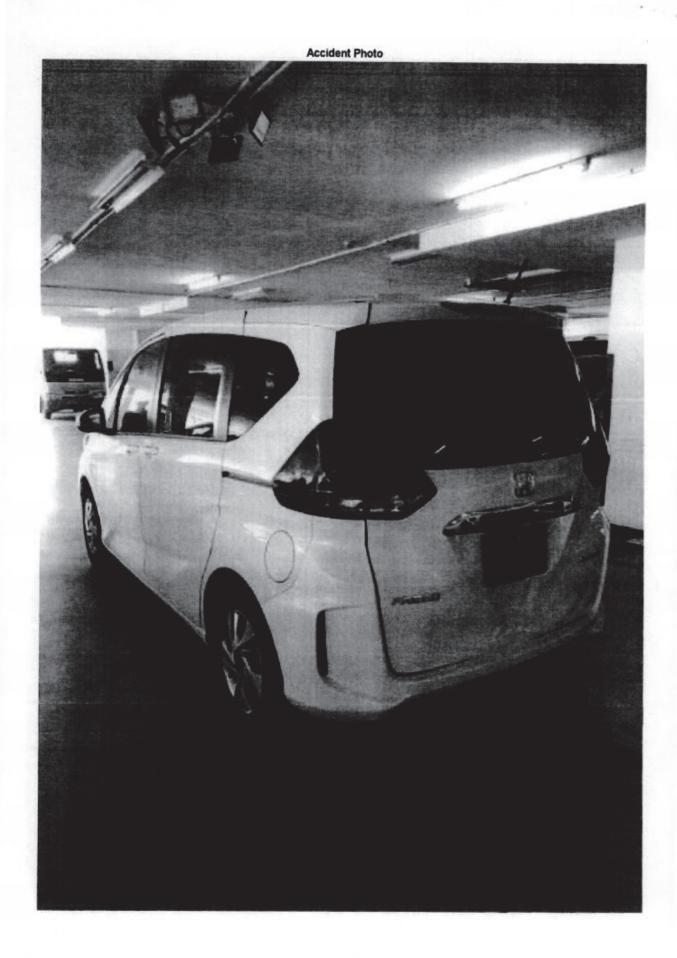


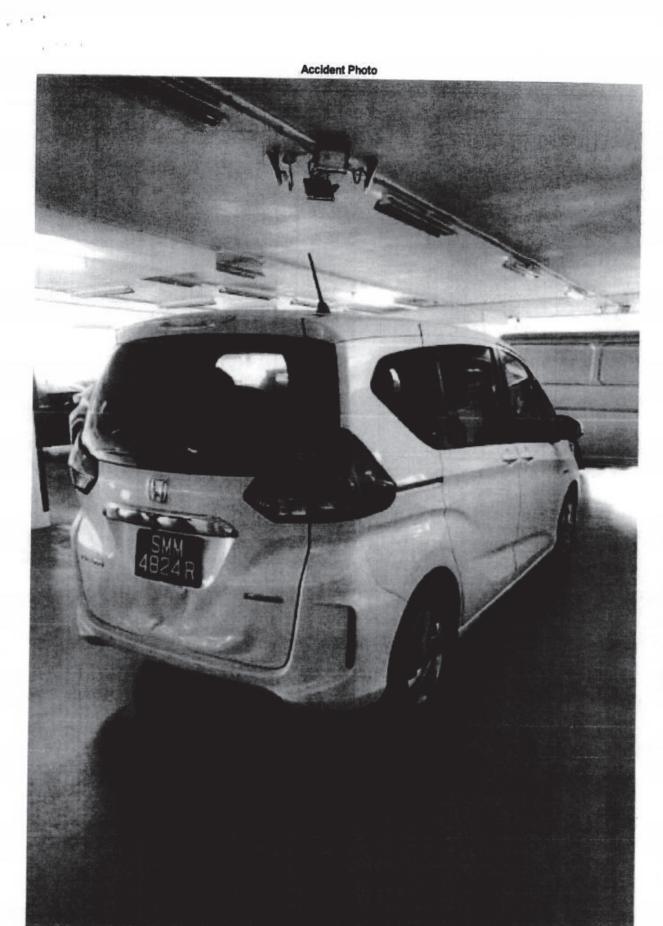


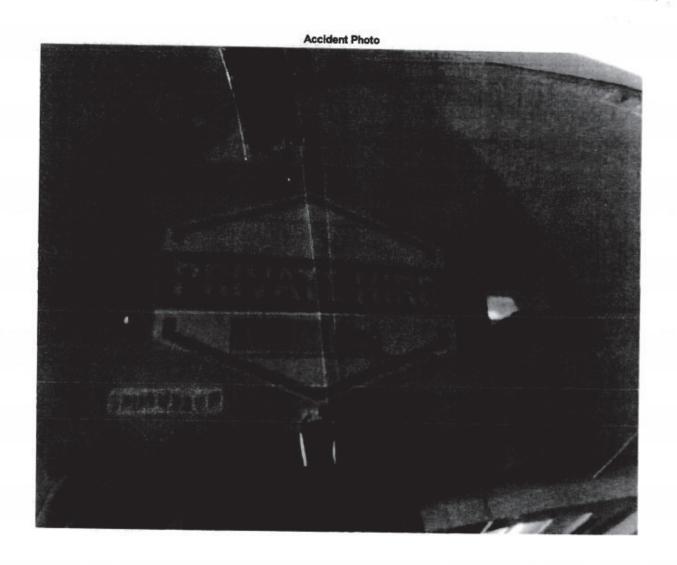












SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

F F F 1

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	ACCIDENT STATEMENT	
Date Of Report	08/09/2019 17:51	
Date Of Accident	08/09/2019 11:40	
Exact Location Of Accident	JALAN BESAR	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLH9132J	
Insured/Policyholder		
Name Of Registered Owner	LIM WAH HONG (LIN HUAFENG)	
Vehicle Particulars	Dantochemic viscos Attendentida Telt.	
Manufacturer	MERCEDES-BENZ	
Model	BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE	
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	2100490635-02	
Cover Note Number		
Oriver		
lame of Driver	LIM WAH HONG (LIN HUAFENG)	
IRIC No	S7835026A	
ddress	BLK 38A BENDEMEER ROAD #11-816 SINGAPORE	
Seneral Information of the Accident		
ype Of Accident	COLLISION - HEAD TO REAR	
eather Conditions	CLEAR	
Other Information		
las any foreign unhigh invehed in this series		

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? NO
Was any other material or property damaged? NO
Number of Passengers (Including Driver) 1

Circumstances of Accident

Circumstances Of Accident #straightroad Accident_Scenario Moving straight & Diving straight Blue Car Slh9132j White Car Smm4824r Smm4824r was in front of slh9132j. Both cars are on the same lane in Jalan Besar road in stationary mode as it was a red light traffic junction. Slh9132j sees the green light being flashed and moved car forward however smm4824r was still in stationary mode hence causing collision.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was	there	anv	audio	recorded?
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NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour Name of Driver Insurance Company Name

Sketch Plan

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