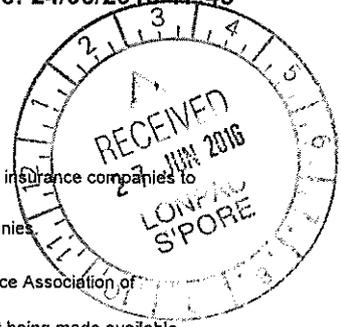


SINGAPORE ACCIDENT STATEMENT



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 ability
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 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	24/06/2016 17:30
Date Of Accident	17/05/2016 08:15
Exact Location Of Accident	ALONG MARYMOUNT LANE TURNING TWDS LORNIE VIADUCT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA650U
Insured/Policyholder	
Name Of Registered Owner	GLANCE AUTO PTE LTD
Co Reg No	201227960H
Email Address	sales@glanceauto.com
Mobile Phone No	
Alternative Phone No	Office-64404517

Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO CARGO 1.9MJTD
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	Third Party
Vehicle Category	Commercial Vehicle

Insurance Company

Name of Insurance Company	Lonpac Insurance Bhd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z/16/VC00/097651
Cover Note Number	

Driver

Name of Driver	NGIAM ZHENG JIE
NRIC No	S8328470F
Date Of Birth	09/09/1983
Occupation	Outdoor
Date Of Driving Pass	30/07/2008
Driving Experience	7 Years And 9 Months
Gender	Male
Mobile Number	(Local) +65-84444244
Fax Number	
Contact Number	
EEmail Address	ngiamalex@gmail.com

Address BLK 319 ANG MO KIO AVE 1 #10-1501
 Postcode 560319
 Was driver an employee of the Insured's Company Yes
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident Side Swipe- Same Direction
 Weather Conditions Clear
 Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
 Was any body injured in the Accident? No
 Was any other material or property damaged? Yes
 Was there any video captured by Car Camera? 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 sketch plan.
 Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD5980Y
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

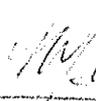
Details of Witness

Name
 Phone Number
 Email Address

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
 2. The Form must be completed by the Policyholder and/or the Authorized Driver.
 3. Information provided must be as frank 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 Traffic Police Department for investigation.
 6. The report will be forwarded by the Insurers to 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.
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' law firm/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 correspondences, 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' law firm/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 lawyer/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

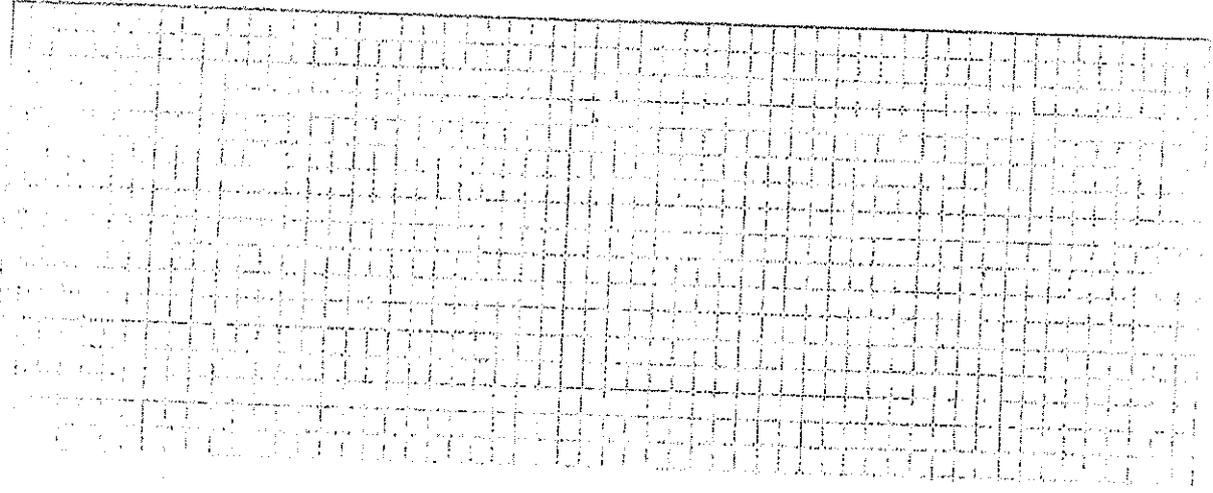




Policyholder's Signature / Name & Time _____ Driver's Signature (if driver is not the policyholder) / Date _____ Witnessed by Reporting Centre Personnel



Sketch Plan

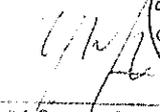


Describe Circumstance of the accident

On date 17/5/2016 @ 8.16am I was travelling along Marymount lane turning towards Lorraine Viandol. Suddenly vehicle No. 5HJ 59244 Swift and collided onto my vehicle. No injury.

Declaration

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


Reporting Party's Signature / Date & Time




Driver's Signature (if driver is not the policyholder) / Date



Witnessed by Reporting Centre Personnel

Lornie Viaduct

