

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 22/09/2016 20:27
Date Of Accident 22/09/2016 13:05
Exact Location Of Accident ALONG LORONG LIPUT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YM5389G
Insured/Policyholder
Name Of Registered Owner STVE PTE LTD
Co Reg No 198703585C
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No Office-82447234

Vehicle Particulars

Manufacturer ISUZU
Model NPR71LU5GY
Exact Purpose for which vehicle was being used at time of accident Commercial
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 First Capital Insurance Ltd
Type Of Coverage Third Party
Fleet Policy Yes
Policy Number D-16083837MFCV
Cover Note Number N.A.

Driver

Name of Driver MUHAMMAD FAZUWAN BIN ABDUL WAHID
NRIC No S9435664D
Date Of Birth 29/09/1994
Occupation Outdoor
Date Of Driving Pass 16/11/2013
Driving Experience 2 Years And 10 Months
Gender Male
Mobile Number (Local) +65-82447234
Fax Number
Contact Number
Email Address NOEMAIL

Address
 Postcode
 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 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) 2

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

ON THE DATE AND TIME MENTIONED, I WAS DRIVING ALONG HOLLAND ROAD TURNING INTO LORONG LIPUT, WHEN MY VEHICLE WAS HIT FROM THE REAR BY VEHICLE B. MY VEHICLE A WAS AT STATIONERY WHEN IT WAS HIT, AS I STOPPED MY VEHICLE, BEHIND VEHICLE C, WHO WAS GIVING WAY TO PEDESTRIAN CROSSING. WHEN I WENT DOWN TO EXCHANGE PARTICULARS WITH DRIVER OF VEHICLE B. BUT WAS NOT GIVEN, AND HE MOVED OFF. NOBODY WAS INJURED.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLB5618H
 Vehicle Make/Model/Colour LAND ROVER / RANGE ROVER/ WHITE
 Details Of Properties NA
 Name of Driver UNKNOWN
 NRIC/Passport Number
 Contact Number NA
 Address NA
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

SKETCH PLAN**IMPORTANT NOTICE**

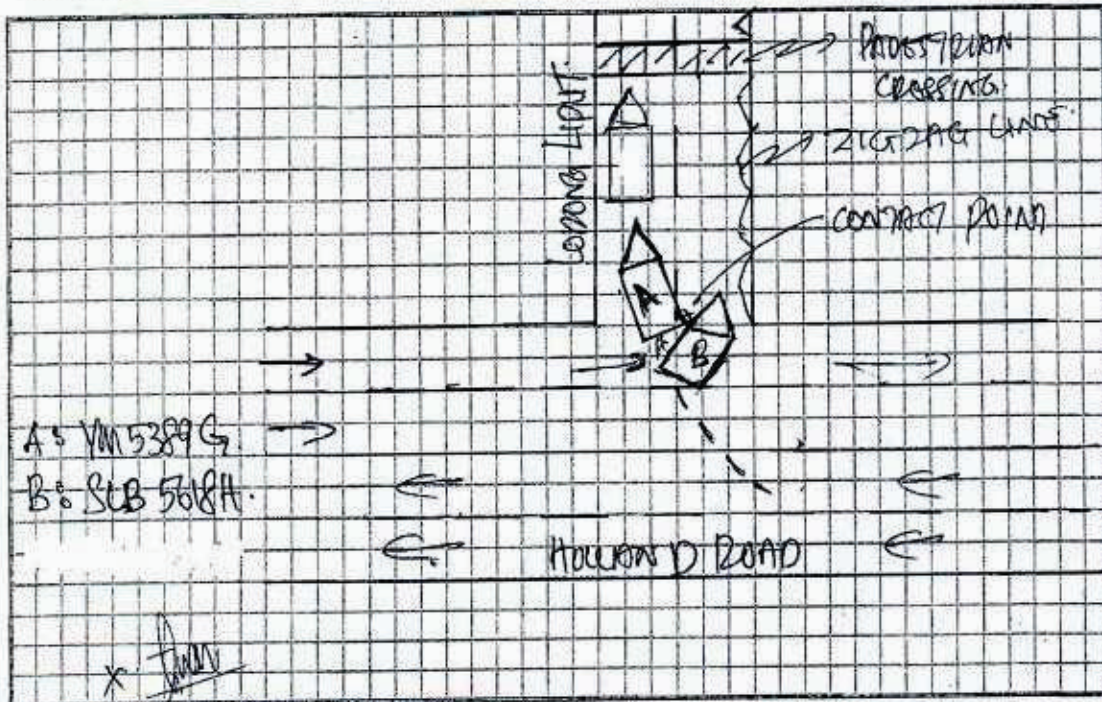
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8. **Consent under the Personal Data Protection Act (PDPA)**
 - I understand, acknowledge, agree and consent that:
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose 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.
 - (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.

VARIFIED BY
MARS AGENT
HASHIM
S1439236Z

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

Describe Circumstances of the Accident

On the date and time mentioned, I was driving along Holland road turning into Lorong Liput, when my vehicle was hit from the rear by vehicle B. My vehicle A, ~~was~~ at stationary when it was hit, as I stopped my vehicle, behind vehicle C, who was giving way to pedestrian crossing. When I went down to exchange particulars with driver of vehicle B, BUT was not given, and he moved off. Nobody was injured. Statement read to me and I acknowledged it.

X. Juan

Declaration:

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

Juan

Policyholder's Signature / Date & Time

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

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MARS AGENT
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S1439236Z

Witnessed by Reporting Centre
Personnel