

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 | 21/10/2016 17:31 |
| Date Of Accident | 21/10/2016 13:05 |
| Exact Location Of Accident | YISHUN AVE 9 & YISHUN AVE 6 JUNCTION |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | GBC404D |
|-----------------------------|---------|

Insured/Policyholder

| | |
|--------------------------|-------------------------------|
| Name Of Registered Owner | EQUIPE 101 MANAGEMENT PTE LTD |
| Co Reg No | - |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | Office-62527088 |

Vehicle Particulars

| | |
|--|----------------------------------|
| Manufacturer | NISSAN |
| Model | NV200 1.5L MT ABS AIRBAG 2WD 6DR |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 | AIG Asia Pacific Insurance Pte. Ltd. |
| Type Of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 2100246962-05000 |
| Cover Note Number | - |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | MOHD JUHARI BIN MD JANI |
| NRIC No | S7131510Z |
| Date Of Birth | 15/09/1971 |
| Occupation | Outdoor |
| Date Of Driving Pass | 25/08/1995 |
| Driving Experience | 21 Years And 1 Month |
| Gender | Male |
| Mobile Number | (Local) +65-94596374 |
| Fax Number | |
| Contact Number | Office-94596374 |
| EEmail Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | BLK 359C ADMIRATLY DRIVE #16-30 |
| Postcode | 753359 |
| 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 | Collision- Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | No |
| Was any body injured in the Accident? | Yes |
| Was any other material or property damaged? | Yes |
| Was there any video captured by Car Camera? | No |
| 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

PLEASE REFER TO ATTACHED STATEMENT.

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
|---|-----|

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|--------|
| Vehicle Registration Number | PC554M |
| 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 | |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SKX5208D |
| 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

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJD404D
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

DETAILS OF INJURED PERSON 1

Name MOHD JUHARI BIN MD JANI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GBC404D
Were seat belts worn? Yes
Was injured conveyed to hospital by ambulance? No
Address
Postcode

Sketch Plan

SKETCH PLAN

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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' 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

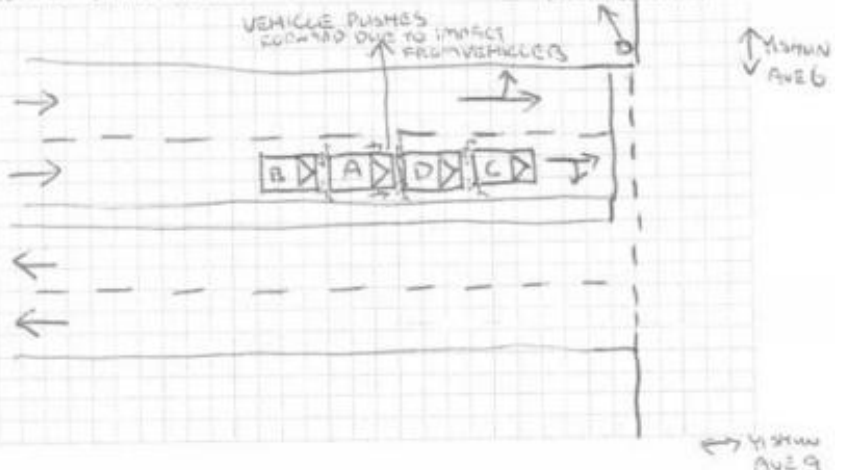
AT YISHUN AVE 9 AND YISHUN AVE 6 JUNCTION

Sketch Plan

ALONG YISHUN AVE 9 TOWARDS YISHUN CENTRAL INTERSECTION

TRAFFIC LIGHT

VEHICLE A - G1BC 404D
VEHICLE B - PC55 4M
VEHICLE C - SKX5205D
VEHICLE D - SS0404D



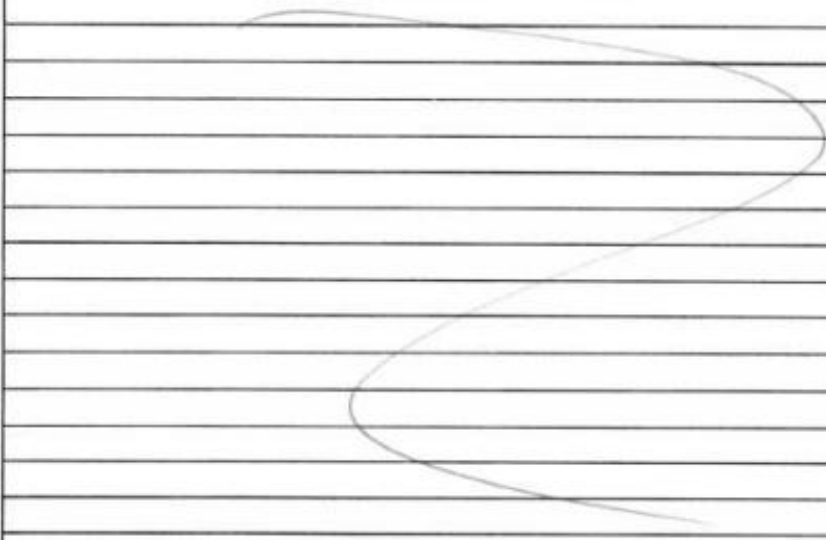
Sketch Plan #2

Describe Circumstances of the Accident

I WAS TRAVELLING ALONG YISHUN AVE 9 TOWARDS THE DIRECTION OF YISHUN CENTRAL ON A TWO LANE ONE WAY TRAFFIC. AT THE JUNCTION OF YISHUN AVE 9 AND YISHUN AVE 6 JUNCTION. AS IT WAS RED LIGHT SHOWN ON THE TRAFFIC LIGHT MY VEHICLE AND VEHICLES INFRONT OF ME WAS STOPPED. SUDDENLY I FELT A VERY GREAT IMPACT FROM THE REAR OF MY VEHICLE AND THE IMPACT WAS SO HUGE THAT ACTUALLY PUSHES ME FORWARD AND HIT ON THE VEHICLE INFRONT OF ME (STD404D), SO I ALIGHTED FROM MY VEHICLE AND REALIZED, VEHICLE (PC554M) HAD COLLIDED TO THE REAR OF MY VEHICLE (GBC404D) AND THE IMPACT PUSHES ME TO HIT THE VEHICLE INFRONT (STD404D) AND END UP WITH A CHAIN ACCIDENT INVOLVING 4 CARS.

AT THE TIME OF ACCIDENT I WAS DRIVING ON THE RIGHT LANE OF THE TWO LANE ONE WAY TRAFFIC. AND THE WEATHER WAS CLEAR AND THE FLOWE WAS DAY.

VEHICLE A - GBC 404D
 VEHICLE B - PC 554M
 VEHICLE C - SKX 5208D
 VEHICLE D - STD 404D



Declaration

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

Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

