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 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	14/12/2017 16:43			
Date Of Accident	13/12/2017 22:50			
Exact Location Of Accident PIE (CHANGI) BEFORE STEVEN RD EXIT				
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	GBA8474J			
Insured/Policyholder				
Name Of Registered Owner	SIANG HOCK HOLDING PTE LTD			
Co Reg No	198400681M			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-98792002			

Alternative Phone No **Vehicle Particulars**

Manufacturer ΚIΑ

KIA 2900L 5 M/T Model

Exact Purpose for which vehicle was being used at WORKING

time of accident

OFFICE-98792002

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-17087637MFCV/17

Cover Note Number

Driver

Name of Driver MYO WIN Passport No/FIN G7108770R Date Of Birth 17/05/1971 **OUTDOOR** Occupation **Date Of Driving Pass** 14/05/2013

Driving Experience 4 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81326646

Fax Number

Contact Number OFFICE-81326646

EMail Address NOEMAIL Address 21 JALAN MASJID

Postcode 418946

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

-

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General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface WET

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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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 SHC1815Z

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number S1770117G Contact Number 83486334

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 6

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name LIN MIN AUNG

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? GBA8474J

Were seat belts worn?

Was injured conveyed to hospital by ambulance? NO

Address Postcode

SKETCH PLAN

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- 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.
- 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:
 - 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:
 - 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 Seneture

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

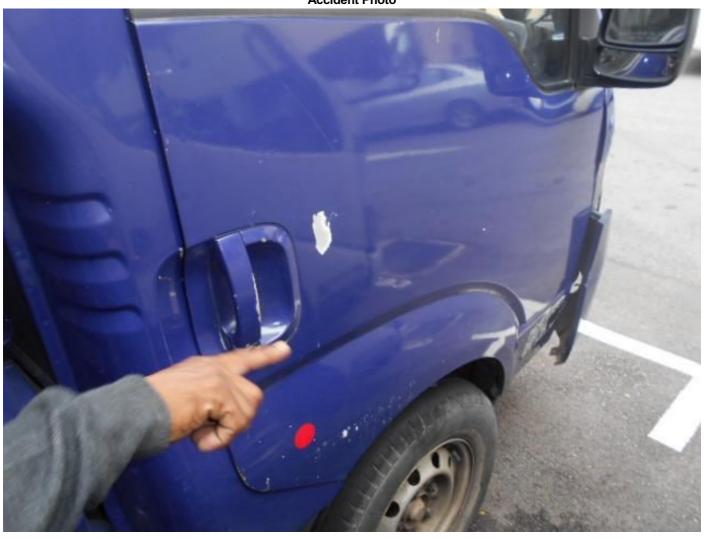
NRIC/FIN No

SKETCH PLAN				
PIE (changi) Where	83 83		514C1817Z	
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2	[2]			
	ES OF THE ACCIDENT			
on 13/12/17 22:50	I was fravelling	along PIE Cohan	gi) that before	steven Rd
	ddely vehicle 8 com Ad onto my vehic	now		
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DECLARATION	second - v			
we declare the foregoing part	iculars are true in every respect.		0.0	
1	4		Im	
olicyholder's Signature late & Time:	Driver's Signature (If driver is not the policy)	nolder) Na	porting Centre Personnel	's Signature
	Date & Time:		UC/FIN No.:	

NRIC/FIN No.:











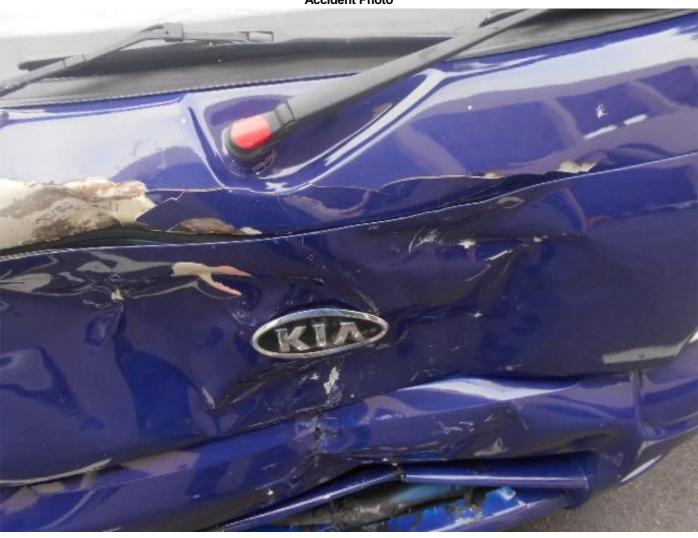






















Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

	ADDENDUM					
A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:					
	Original Report No : MNA 17 164 694	Vehicle Registration No: 664 8474				
	Name(as shown in NRIC): MYO UIN					
	Vehicle Driver / Vehicle Owner) () Please delete as appropriate					
	Address : 21 Julan Masjid	Singapore(41894)				
	Contact (Tel) :	Mobile No.: 8132 C64C				
	Email Address :					
	Date of Accident : [13 13 17	Time of Accident :				
	Place of Accident : 112 Cchangi) Seta Hern Rd Exit					
	InsuranceCompany: # FC1					
	Add in injuries person.					
	4.	Am				
	Policyholder / Driver's Signature Date:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:				

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