SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 <u>truthful and accurate</u> 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	26/12/2017 12:08		
Date Of Accident	23/12/2017 10:45		
Exact Location Of Accident	BLK 184 JELEBU ROAD		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SJA7241B		
Insured/Policyholder			
Name Of Registered Owner	WAY TRUTH LIFE		
Co Reg No	53368957X		
Email Address	LOWBHUAT@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-90078828		
Alternative Phone No	OFFICE-90078828		
Vehicle Particulars			
Manufacturer	NISSAN		
Model	LATIO 1.5L T		
Exact Purpose for which vehicle was being used at time of accident	GRAB USE		
Are you claiming under your own insurance policy for repair to your vehicle?	NO		
If No, Please state action to be taken	REPORTING ONLY		
	REPORTING ONLY PRIVATE HIRE		
If No, Please state action to be taken			
If No, Please state action to be taken Vehicle Category			
If No, Please state action to be taken Vehicle Category Insurance Company	PRIVATE HIRE		
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company	PRIVATE HIRE CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.		
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage	PRIVATE HIRE CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE		
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy	PRIVATE HIRE CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO		
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number	PRIVATE HIRE CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO DMHCSN3067211700		
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number	PRIVATE HIRE CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO DMHCSN3067211700		
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver	PRIVATE HIRE CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO DMHCSN3067211700 22/8/2017 - 21/8/2018		
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver	PRIVATE HIRE CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO DMHCSN3067211700 22/8/2017 - 21/8/2018 LOW BENG HUAT		
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No	PRIVATE HIRE CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO DMHCSN3067211700 22/8/2017 - 21/8/2018 LOW BENG HUAT S1496751F		
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth	PRIVATE HIRE CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO DMHCSN3067211700 22/8/2017 - 21/8/2018 LOW BENG HUAT S1496751F 11/07/1961		
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation	PRIVATE HIRE CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO DMHCSN3067211700 22/8/2017 - 21/8/2018 LOW BENG HUAT S1496751F 11/07/1961 OUTDOOR		
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass	PRIVATE HIRE CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO DMHCSN3067211700 22/8/2017 - 21/8/2018 LOW BENG HUAT S1496751F 11/07/1961 OUTDOOR 11/10/1989		
If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience	PRIVATE HIRE CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. COMPREHENSIVE NO DMHCSN3067211700 22/8/2017 - 21/8/2018 LOW BENG HUAT S1496751F 11/07/1961 OUTDOOR 11/10/1989 28 YEARS AND 2 MONTHS		
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LOWBHUAT@GMAIL.COM

BLK 184 JELEBU ROAD #18-36 Address

670184 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **COLLISION - HEAD ON COLLISION**

Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA9124G

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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CLEAR

NO

NO

NO

YES

NO

1

NO

NO

NO

NO

Sketch Plan

SKETCH PLAN

VEHICLE NO .: SJA 724/B

INSURER DATE & TIME: 25/12,

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 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
- 5. Any false reporting may be referred to the Police for Investigation.
- 6. 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.
- 7. 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)
 - (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
- 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:
 - (i) 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.

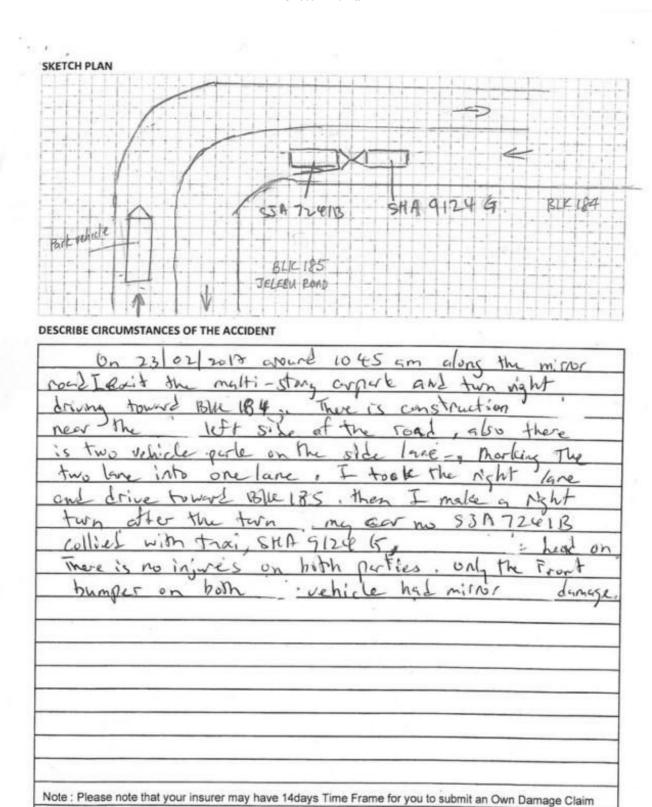
Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time: 26/12/2013

Reporting Centre Personnel Name:

NRIC/FIN No.:



under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

*	20/11/201	2. Wandy	26/12/2017
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personne Name:	's Signature
Contract statement property	Date & Time: () Claim Own Policy () Claim Third Party	NRIC/FIN No.: (✓) Reporting Only	(* -)
	() Claim OD/TP at other workshop (









Date: 22/08/2017

INTORMATION RESOURCES

Business Profile (Business) of WAY TRUTH LIFE (53368957X)

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Former Name(s) if any Date of Change of Name Registration No. Registration Date 21/08/2017 Commencement Date 18/08/2017 Status Date Explry Date Explry Date Explry Date Explry Date Explry Date Principal Place of Business 18/08/2020 NO Constitution of Business 18/08/2020 NO Constitution of Business 18/08/2020 NO Constitution of Business 18/08/2020 Activities (I) ACTIVITIES OF HOUSEHOLDS AS EMPLOYERS OF OTHER DOMESTIC PERSONN HOUSEKEEPERS) (97002) TO TRANSPORT PASSENGERS			
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Description TRANSPORTATION	(492.18)		
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Telling Sole Responsible Personals	X		

Page 1 of 2

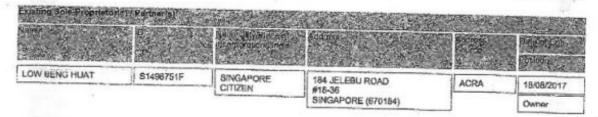


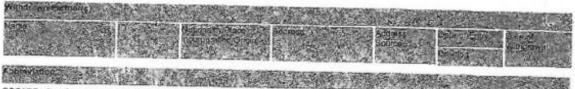
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Business Profile (Business) of WAY TRUTH LIFE (53368957X)

Date: 22/08/2017





OSCARS - Che Step change of Address Reporting Service by Immigration & Checkpoint Authority.

PLEASE NOTE THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED WITH THE AUTHORITY

FOR REGISTRAR OF COMPINIES AND BUSINESS NAMES

RECEIPT NO.

: ACRA170822133332

DATE

; 22/08/2017

This is computer generated. Hence no signature required.

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