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 <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

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|--|---|--|--|--|--|--|
| | ACCIDENT STATEMENT | | | | | |
| Date Of Report | 02/01/2018 15:43 | | | | | |
| Date Of Accident | 01/01/2018 16:00 | | | | | |
| Exact Location Of Accident | JURONG POINT BASEMENT CARPARK | | | | | |
| Country/State of Loss | SINGAPORE | | | | | |
| DETAILS OF OWN VEHICLE | | | | | | |
| Vehicle Registration Number | GBE8270J | | | | | |
| Insured/Policyholder | | | | | | |
| Name Of Registered Owner | WELLBUILT PTE LTD | | | | | |
| Co Reg No | 200921221H | | | | | |
| Email Address | LXDWY@YAHOO.COM | | | | | |
| Mobile Phone No | | | | | | |
| Alternative Phone No | OFFICE-66946065 | | | | | |
| Vehicle Particulars | | | | | | |
| Manufacturer | NISSAN | | | | | |
| Model | NV200-1.5 D ABS AIRBAG 2WD 6DR (M) | | | | | |
| 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 | PRIVATE CAR | | | | | |
| Insurance Company | | | | | | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD | | | | | |
| Type Of Coverage | COMPREHENSIVE | | | | | |
| Fleet Policy | NO | | | | | |
| Policy Number | 5078661476-01 | | | | | |
| Cover Note Number | | | | | | |
| Driver | | | | | | |
| Name of Driver | LIU XUDONG | | | | | |
| NPIC No | \$27100027 | | | | | |

Name of Driver

NRIC No

S2719902Z

Date Of Birth

Occupation

Outdoor

Date Of Driving Pass

LIU XUDON

3/03/1964

03/03/1964

04/12/2007

Driving Experience 10 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97566116

Fax Number

Contact Number

EMail Address LXDWY@YAHOO.COM

46 WOODLANDS DRIVE 16 Address

#12-51 737777

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **RAINING** Road Surface WET

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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

On 01/01/2018 at about 1600hrs, I stopped & turn on signal light and check the traffic. indented to parking the side empty parking lot, suddenly one car (B:SKz4703L)came from behind without any stop & check and hit onto my van's rear right portion. Nobody was injured in the scene, Van A: No passenger on-board. Vehicle B: One passenger on-board.

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 SKZ4703L Vehicle Make/Model/Colour MAZDA **Details Of Properties VEHICLE B** PRIVATE CAR Vehicle Category

Name of Driver MOHAMAD HAFIAN BIN AHMAD FUA'AD

NRIC/Passport Number S9134166B Contact Number 94389498

BLK 676 CHOA CHU KANG CRESCENT Address

#10-455

2

Postcode 680676

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 22

Sketch Plan Pg. 1

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.
- 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) 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.
- (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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

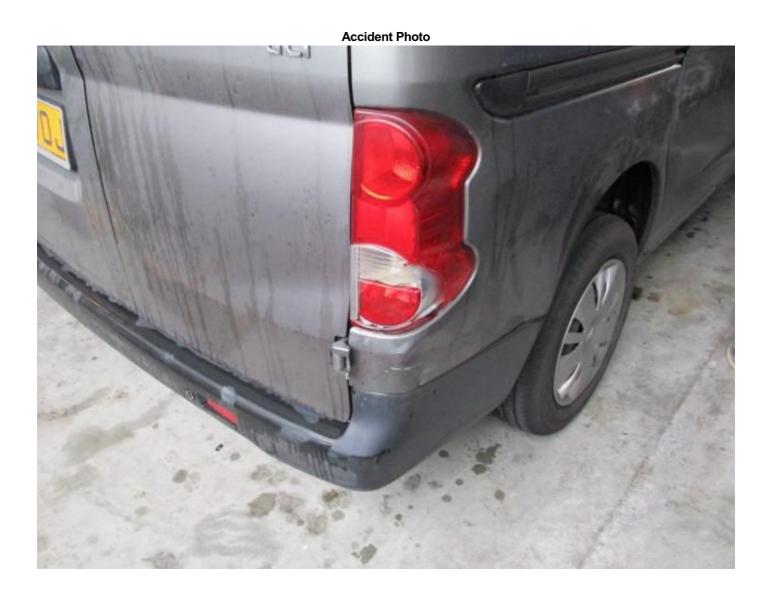




















GBE8270J

Accident Photo GBE 8270J

SCENE PHOTO





