

## 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 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 03/02/2018 12:48  
Date Of Accident 03/02/2018 00:55  
Exact Location Of Accident JLN TODAK  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJY5705S  
~~Insured Policyholder~~  
Name Of Registered Owner CARSZONE LEASING PTE LTD  
Co Reg No 201725860Z  
Email Address NOEMAIL  
Mobile Phone No  
Alternative Phone No OFFICE-92237799

### Vehicle Particulars

Manufacturer MERCEDES-BENZ  
Model C180

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 HIRE

### Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number 5094681218(CLASSIC)  
Cover Note Number

### Driver

Name of Driver BOO LIJUN  
NRIC No S8848953E  
Date Of Birth 05/12/1988  
Occupation INDOOR  
Date Of Driving Pass 29/09/2008  
Driving Experience 9 YEARS AND 4 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-92237799  
Fax Number  
Contact Number  
Email Address NOEMAIL

Address BLK 442B FAJAR RD #11-20  
 Postcode 672442  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - RENTAL  
 Vehicle Registration Number of Driver's Own Vehicle -  
 Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION  
 Weather Conditions CLEAR  
 Road Surface DRY

#### Other Information

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?  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 3

#### 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

PLS REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER.

#### 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 SLF992M  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

### SKETCH PLAN

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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. (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:

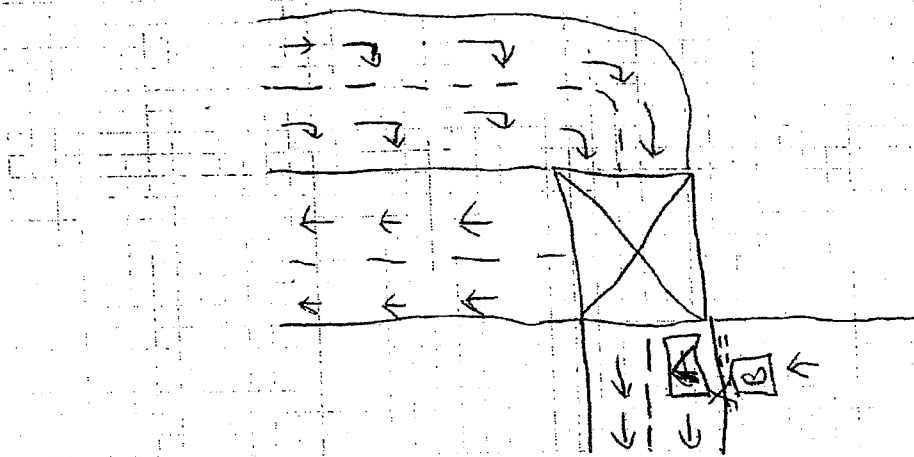
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 03 FEB 2018  
1303 MRS

1DAC BUKIT RATOK (VAC)

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**Sketch Plan #2 Pg. 1**

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

ON DATED 3 FEB 2018, 12:56 AM

I WAS TURNING IN FROM A INTERSECTION FROM UPPER THOMSON ROAD TOWARDS JALAN TODAK ~~AND~~ SLOWLY WHEN THE TRAFFIC LIGHT TURN GREEN ~~AND~~ AT MY FAVOUR. JUST AS I'M ENTERING JALAN TODAK A VEHICLE KIA CERATO (SLF992M) DRIVEN BY NG GUAN HAO (NRIC 69006094E) WHICH WAS STOPPING AT MINOR ROAD (UPPER THOMSON RD) ~~BE~~ BEHIND A GIVE WAY LINE IN FRONT OF A KTV PUB "TALK CORK SING SONG" SUDDENLY DROOF OUT ~~AND~~ HIT MY REAR PASSENGER DOOR. NOBODY IS INSURE DURING THE ACCIDENT - THAT'S ALL.

**DECLARATION**

I/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: 3 FEB 2018  
13:03 PM

IDAÇ BUKIT BATOK (VAC)  
511 00117

Reporting Centre Personnel's Signature  
Name:  
NRIC/EIN No.:

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**NOTICE OF COMPLIANCE**

1. This is to inform that Boo Li Jun NRIC S8848953E, HP 92237799 residing at Blk 442B Fajar Road #11-20 has report to the Police a non-injury traffic accident which occurred at Jalan Todak Road on 03/02/2018 at 0056hrs involving the following vehicles:

I SJY5705S (Black, Mercedes, C180)

II SLF992M (Black, Kia Cerato)

2. If the accident was reported to Police within 24 hours of its accident occurrence, He/she therefore has complied with Sec 84(2) of the Road Traffic Act, 276

Rank/Name of Issuing Officer: SGT Kaize Chua

Date : 03/02/2018

S/D Ref : 25

Police Post/ Unit : Bukit Panjang NPC

Original	-	To issue to informant
Duplicate	-	To be retained at NPC or Police Post

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