

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 | 10/02/2018 10:10 |
| Date Of Accident | 09/02/2018 13:25 |
| Exact Location Of Accident | ALONG CASSIA LINK TOWARD GULLEMARD ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------------|
| Vehicle Registration Number | SLK8596U |
| Insured/Policyholder | |
| Name Of Registered Owner | ALLSWELL LEASING & LIMOUSINE PTE LTD |
| Co Reg No | 201432541Z |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-64625405 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | TOYOTA |
| Model | PRIUS HYBRID-1.8 S (A) |
| 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 | YES |
| Policy Number | 5087620250-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LEONG AH CHEOW |
| NRIC No | S6837725J |
| Date Of Birth | 03/10/1968 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 07/11/1988 |
| Driving Experience | 29 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90096823 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | APT BLK 316C ANCHORVALE LINK #05-203 |
| Postcode | 543316 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER & LEASEE |
| 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 TO REAR |
| 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) | 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 09/02/2018 , about 01:25pm , as i was driving along cassia link , i stopped near the junction between Gullemard Road and Cassia link ,due to red light.Suddenly,a subaru car hit the back of my car and make a impact.I went down from the car and witnessed on damage at the rear of my car.

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 | SKX1948C |
| Vehicle Make/Model/Colour | SUBARU |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | WONG CHEE KAN |
| NRIC/Passport Number | |
| Contact Number | 96685424 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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. 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: 9/2/2018

Driver's Signature
(If driver is not the policyholder)
Date & Time: 9/2/2018

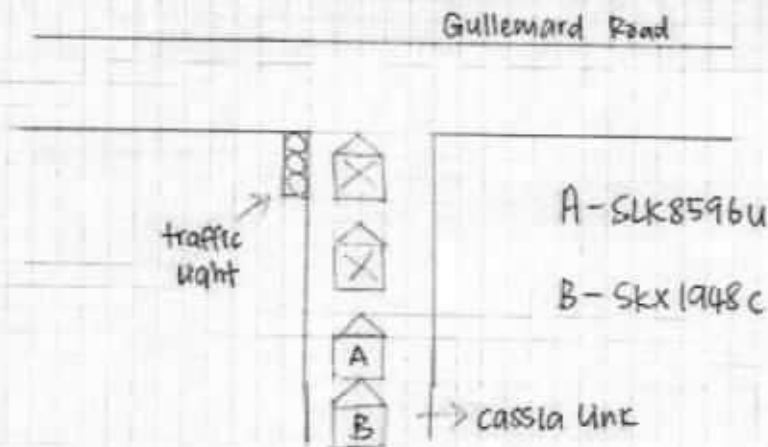
Reporting Centre Personnel's Signature

Name: Yanyee

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/2/2018, about 1.25pm, as I was driving along Cassia Link, I stopped near the junction between Gullebard Road and Cassia Link, due to red light.

Suddenly, a Subaru car hit the back of my car and make a impact.

I went down from the car and witnessed on damage at the rear of my car.

DECLARATION

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



Policyholder's Signature:

Date & Time: 9/2/2018

Driver's Signature
(if driver is not the policyholder)
Date & Time: 9/2/2018

4m

Reporting Centre Personnel's Signature

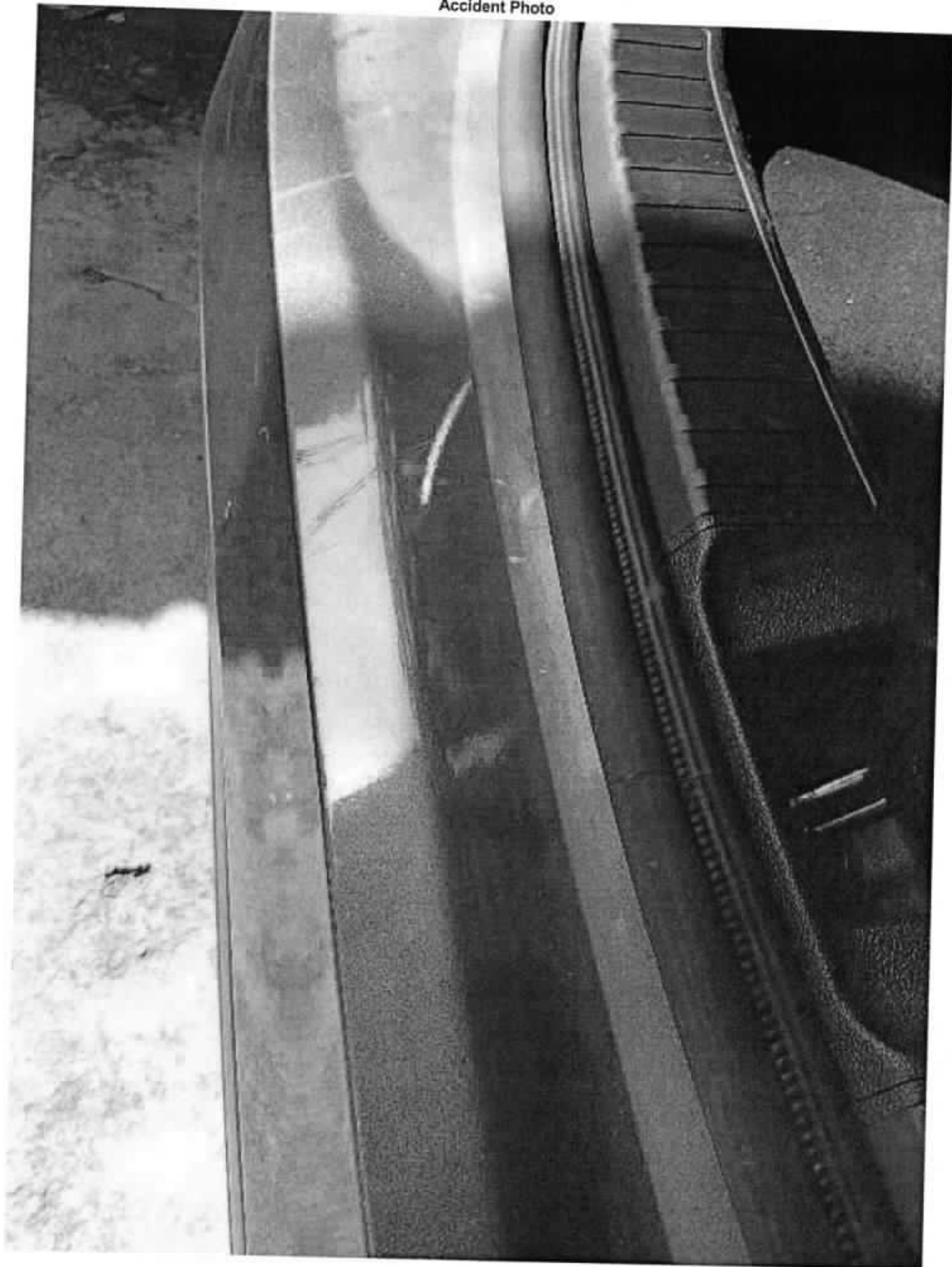
Name: Chan Yee

NRIC/FIN No.:

A black and white photograph showing the rear of a dark-colored car. The rear window is visible, featuring a 'TEXACO' logo. The car is parked on a light-colored surface, and a portion of a metal grate is visible on the right.



Accident Photo



Identification Card



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Wilson (LKKAUTO)

From: Wilson (LKKAUTO)
Sent: Monday, 9 April, 2018 1:55 PM
To: OOI, Ben
Subject: SLK 8596U - FINALISATION

Dear ben,

Finalised the above at \$815 (Part By Part – Subject to Insurance Approval) / 2 Days Repair.

Rdgs.

Wilson Syrveyor
LKK Auto Surveyor

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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.

ACCIDENT STATEMENT

| | |
|----------------------------|-------------------------------------|
| Date Of Report | 09/02/2018 16:11 |
| Date Of Accident | 06/02/2018 09:25 |
| Exact Location Of Accident | BOON TIONG ROAD TOWARDS HDB BLK 10B |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------------|
| Vehicle Registration Number | SLK8596U |
| Insured/Policyholder | |
| Name Of Registered Owner | ALLSWELL LEASING & LIMOUSINE PTE LTD |
| Co Reg No | 201432541Z |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-64625405 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | TOYOTA |
| Model | PRIUS HYBRID-1.8 S (A) |
| 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 | YES |
| Policy Number | 5087620250-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LEONG AH CHEOW |
| NRIC No | S6837725J |
| Date Of Birth | 03/10/1968 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 07/11/1988 |
| Driving Experience | 29 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90096823 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | APT BLK 316C ANCHORVALE LINK #05-203 |
| Postcode | 543316 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER & LEASEE |
| 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 | 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, | YES |
| 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

At about 09:25am on 06/02/2018, As i was driving into Boon Tiong Road HDB block 10B to fetch a lady as i was private car driver. I stopped at the left of boon tong road because the vehicle no SJD8306B stopped on opposite lane and the car had cut into the left lane and blocking my way to advance. Suddenly, the driver moved the car and hit the front of my car and he had made damages to my car.

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 | SJD8306B |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | ZHANG GUANG LIANG |
| NRIC/Passport Number | |
| Contact Number | 86825188 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Sketch Plan

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.



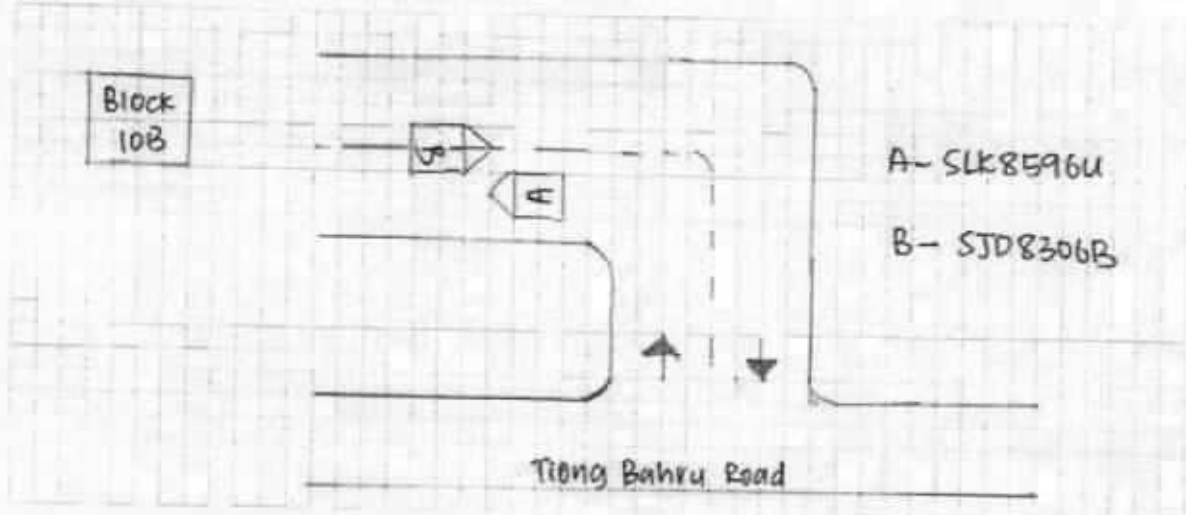
Policyholder's Signature
Date & Time: 7/2/2018

Driver's Signature
(If driver is not the policyholder)
Date & Time: 7/2/2018

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 9:25am on 6/2/2018, As I was driving into Boon Tiong Road HDB Block 10B to fetch a lady as I was private car driver.

I stopped at the left of Boon Tiong Road because the vehicle no. SJD 8306B Stopped on opposite lane and the car had cut into the left lane and blocking my way to advance.

Suddenly, the driver moved the car and hit the front of my car. And he had made damages to my car.



Policyholder's Signature
Date & Time: 7/2/2018

Driver's Signature
(If driver is not the policyholder)
Date & Time: 7/2/2018

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



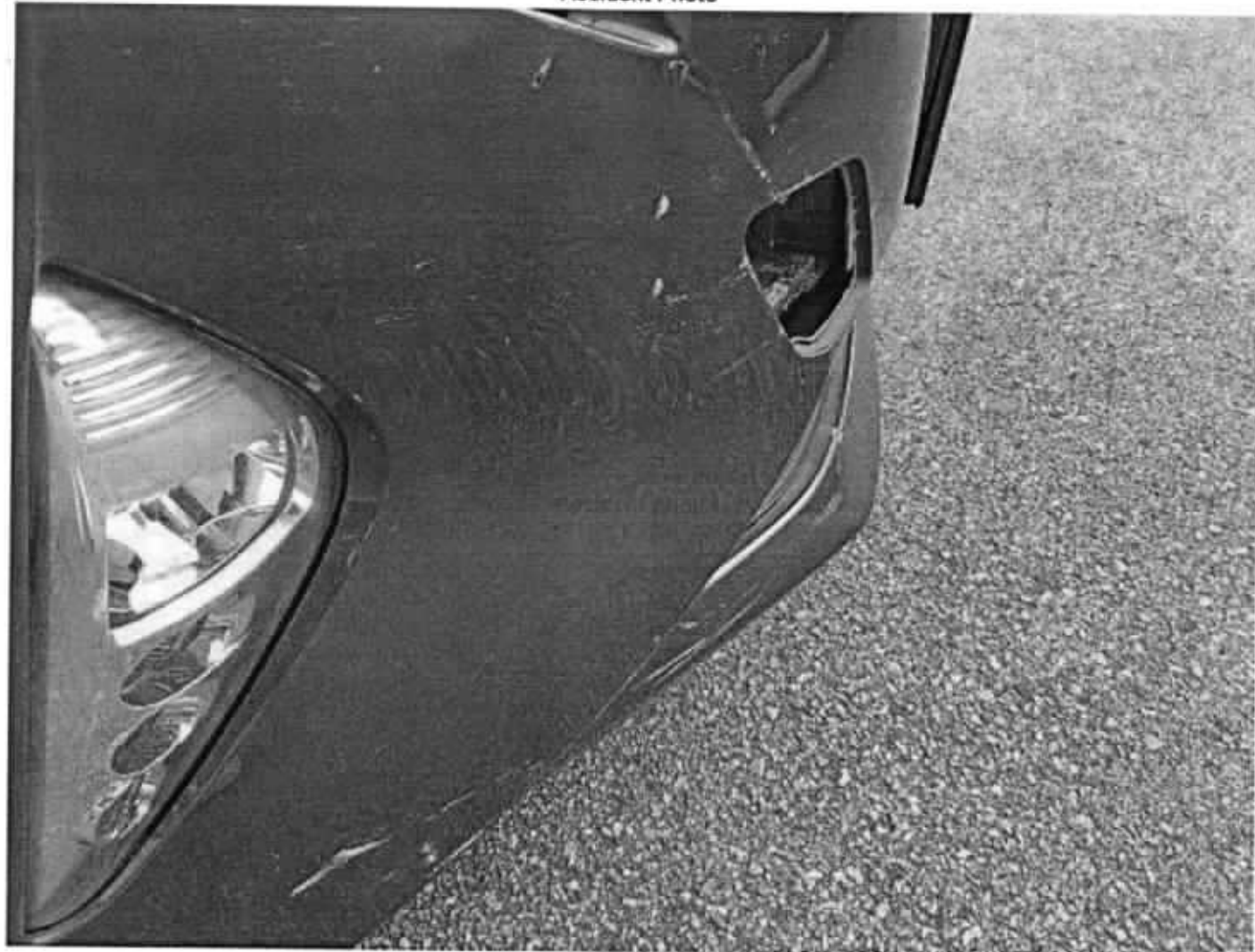
Accident Photo



Accident Photo



Accident Photo



Accident Photo



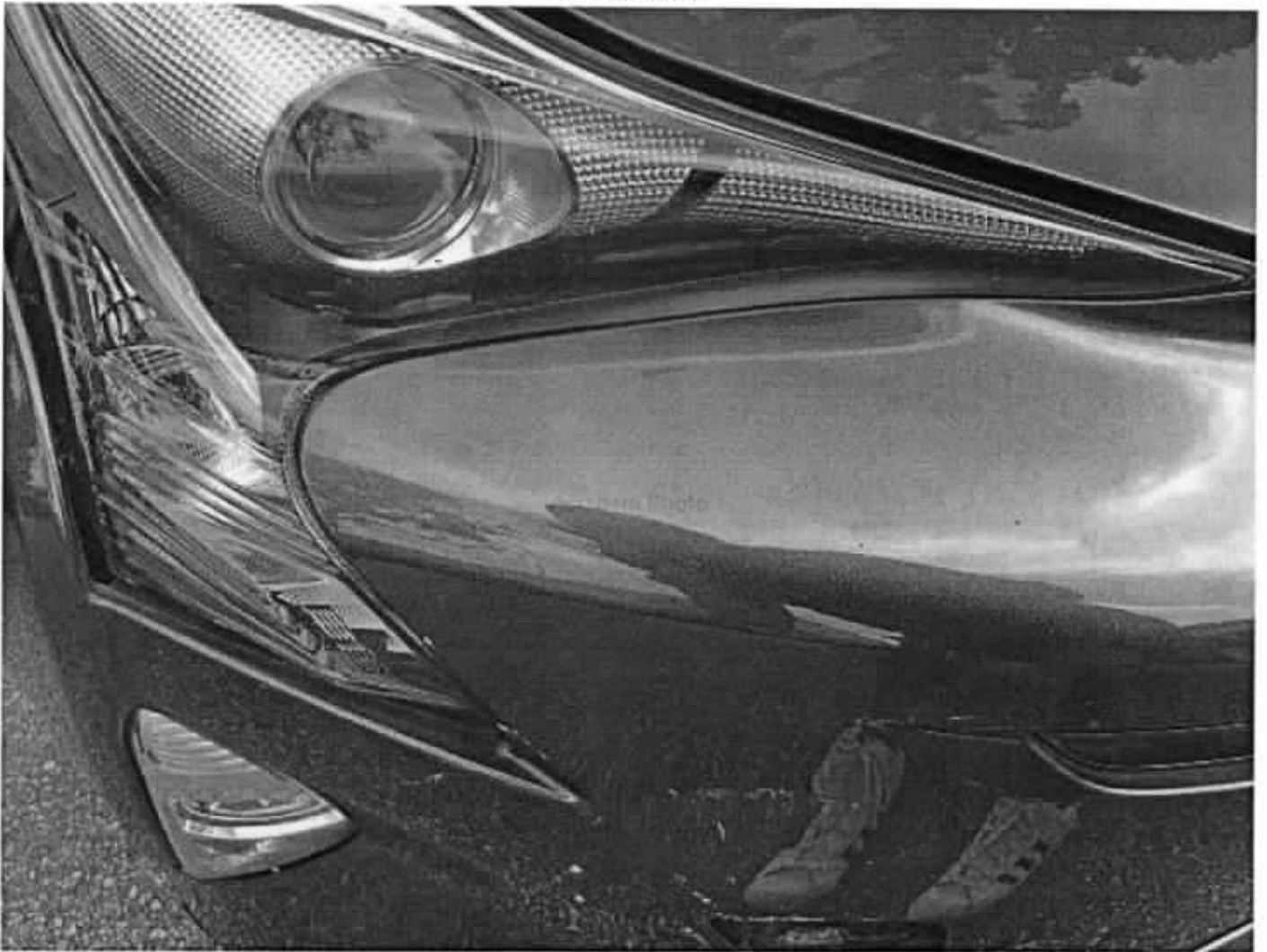
Accident Photo



Accident Photo

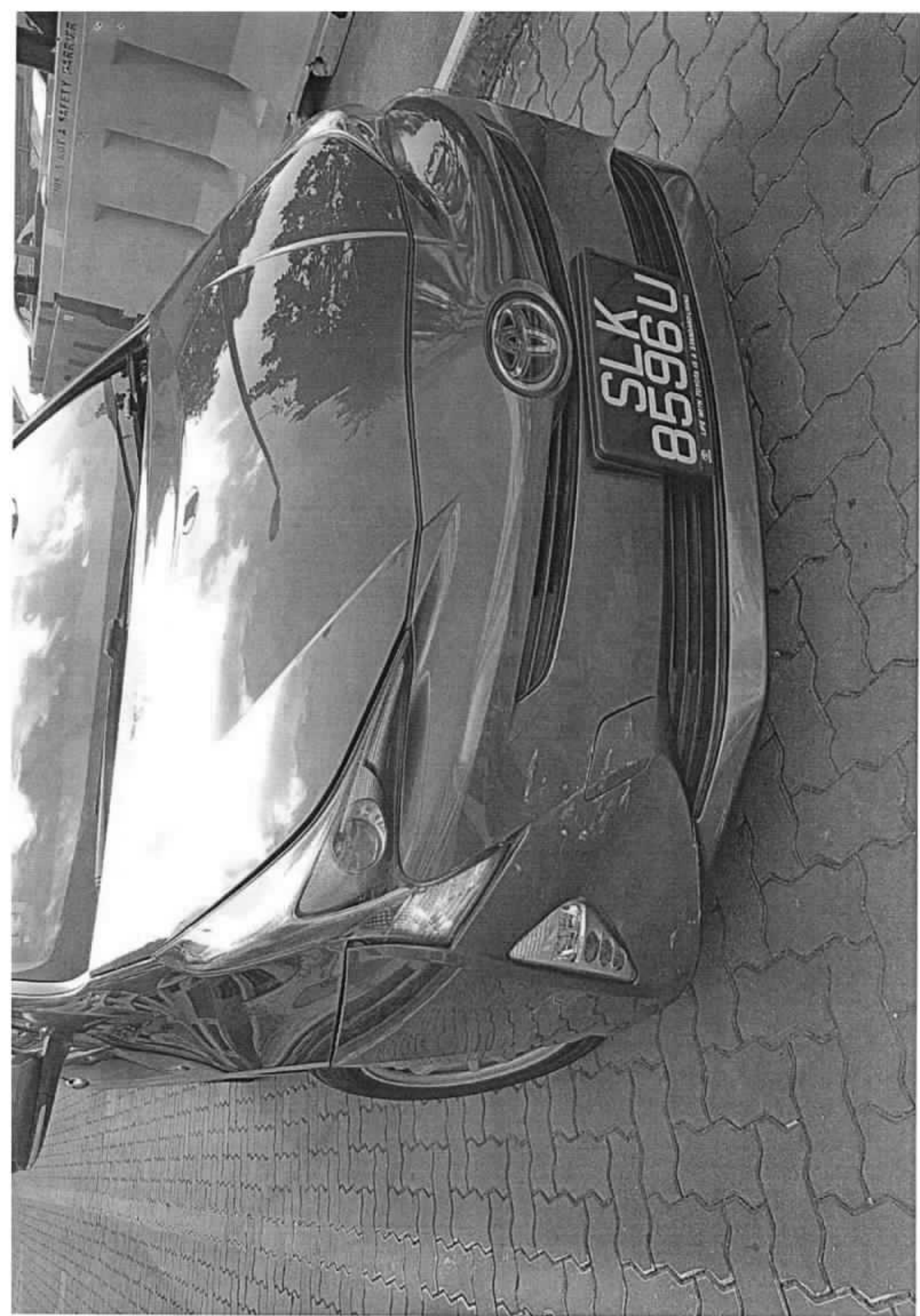


Accident Photo





| | | | |
|--------------------------------|-----------------|------|-------|
| TOYOTA MOTOR CORPORATION JAPAN | | | |
| MODEL | DAA-ZVW50-AHXEB | | |
| ENGINE | 2ZR-FXE | 1797 | mL |
| FRAME No. | ZVW50-6069350 | | |
| | COLOR | TRIM | PLANT |
| | 1G3 | FB20 | A41 |
| TRANS./MILE | P610 | -01A | 873 |



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #13-00 Singapore 048500
Tel (65) 6724 0090 Fax (65) 6724 0090
Operating Hours : Monday to Friday, 09:00 – 17:00
URL: 586580200 / GST Reg. No.: M480057735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : NAAMT 18020204-01 Vehicle Registration No: SLK8596U
Name (as shown in NRIC) : Chan Yan Yee NRIC/FIN/Passport No : G2864308Q
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 25 befu lane 9 Singapore (539246)
Contact (Tel) : 6679 1146 Mobile No. : _____
Email Address : account5@allsuremotor.com.sg
Date of Accident : 6/2/2018 Time of Accident : 09:25 am
Place of Accident : Boon Tiong Road Towards HDB BLK 108
Insurance Company : NTUC Income

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Type of accident: head to collision

Policyholder / Driver's Signature

Date: 9/2/2018



Reporting Centre Personnel's Signature

Name: YAN YEE

NRIC/FIN No.:

Date: