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 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 ladgement 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

sent to the archiving of this report at the centre and to copies of the report being made available
ACCIDENT STATEMENT
14/02/2018 22:39
13/02/2018 12:40
ALONG HARBOURFRONT WALK
SINGAPORE
DETAILS OF OWN VEHICLE
GBF1677K
STVE PTE LTD
198703585C
NOEMAIL
OFFICE-64942833
FIAT
DOBLO CARGO MAXI-1.6 D MTJ AMT GLAZE (M)
t en
NO
THIRD PARTY
COMMERCIAL VEHICLE
MS FIRST CAPITAL INSURANCE LTD
THIRD PARTY
YES

Policy Number D-17087422MFCV

Cover Note Number

Driver

Name of Driver XU JIALUN, TERRENCE

NRIC No S8513786G Date Of Birth 30/04/1985 Occupation **OUTDOOR Date Of Driving Pass** 29/11/2005

Driving Experience 12 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94234145

Fax Number

Contact Number

EMail Address NOEMAIL Address BLK 293C COMPASSVALE CRESCENT #14-47

Postcode 543293

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - LESSEE

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

-

NO

General Information of the Accident

Type Of Accident SIDE SWIPE
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.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON MENTIONED DATE/TIME, I WAS TRAVELLING ALONG HARBOURFRONT WALK TOWARDS VIVO CITY'S B1/B2 CARPARK. I WAS TRAVELLING WITHIN MY LANE AND WAS APPROACHING THE CARPARK ENTRANCE WHEN I FELT AN IMPACT ON MY LEFT. I TOPPED MY VEHICLE IMMEDIATELY AND ALIGHTED TO CHECK. I REALIZED THAT VEHICLE B HAD COLLIDED INTO MY VEHICLE, CAUSING DAMAGES. NO ONE WAS INJURED.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLS9613E

Vehicle Make/Model/Colour MITSUBISHI / ATTRAGE

Details Of Properties VEH B

Vehicle Category PRIVATE CAR

Name of Driver NORFARHANA MOHAMED ISMAIL

NRIC/Passport Number S8602606F

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage FRONT RIGHT SIDE PORTION

5

No. Of Passenger (Including Driver)

Page 2 of 18

SHETCH PLAN

ZHTON THATROPHA

- Please report correctly the details of the accident to speed up the claims process.
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- 5. Any false reporting may be referred to the Police for investigation-
- 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 to trive of the incurrers 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 এই বিভাগত claims.
- (e) the information so collected under (d) above may be shared / disclosed:

12 40th

- 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.

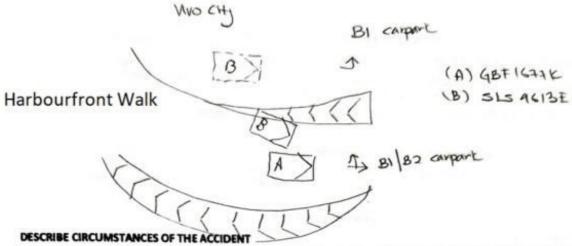
Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time:

GRE 10 27

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN



ON MENTIONED DATE/TIME, I WAS TRAVELLING ALONG
HARBOURFRONT WALK TOWARDS VIVO CITY'S B1/B2 CARPARK. I
WAS TRAVELLING WITHIN MY LANE AND WAS APPROACHING THE
CARPARK ENTRANCE WHEN I FELT AN IMPACT ON MY LEFT. I TOPPED
MY VEHICLE IMMEDIATELY AND ALIGHTED TO CHECK. I REALIZED
THAT VEHICLE B HAD COLLIDED INTO MY VEHICLE, CAUSING
DAMAGES. NO ONE WAS INJURED.

DECLARATION

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

Policyholder's Signature Data & Time:

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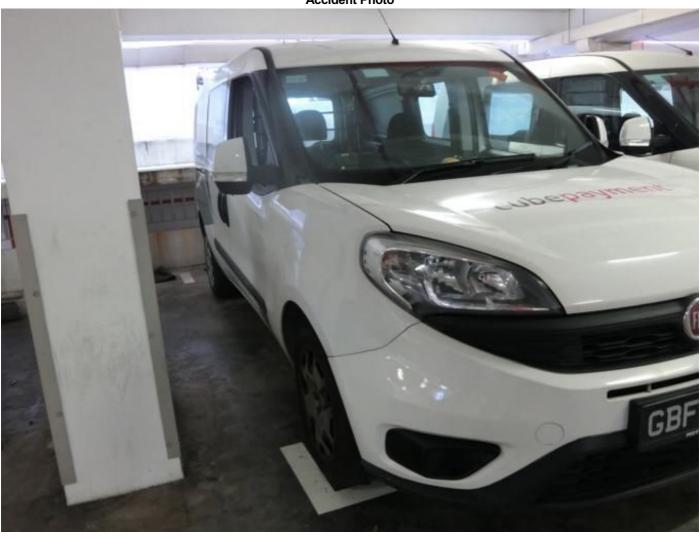
cur

Oriver's Signature (If driver is not the policyholder) Date & Thine:



Reporting Centre Personnel's Signature Name:











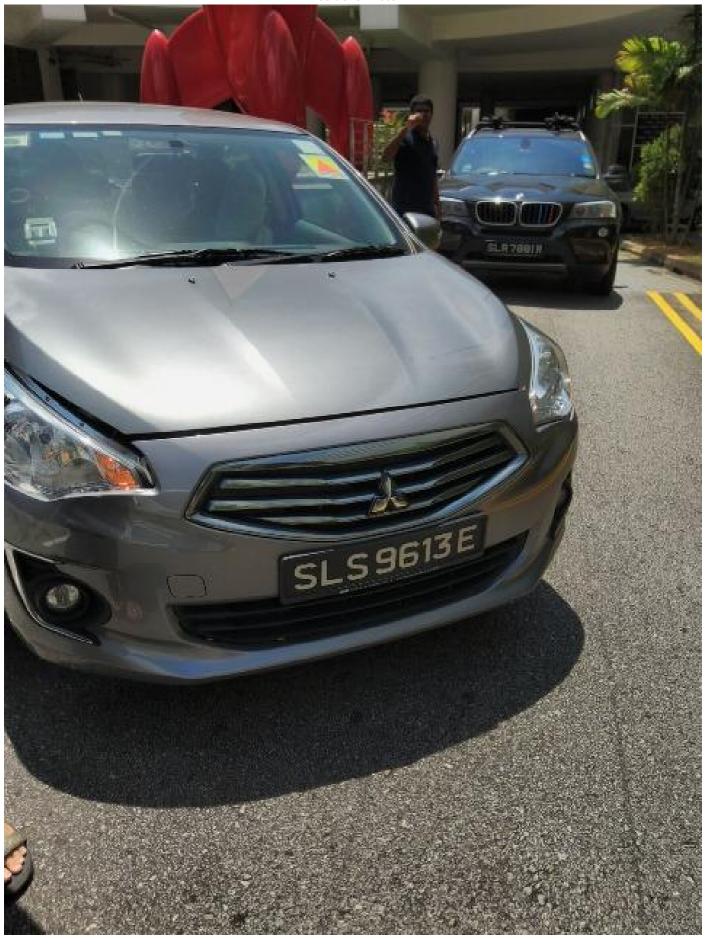


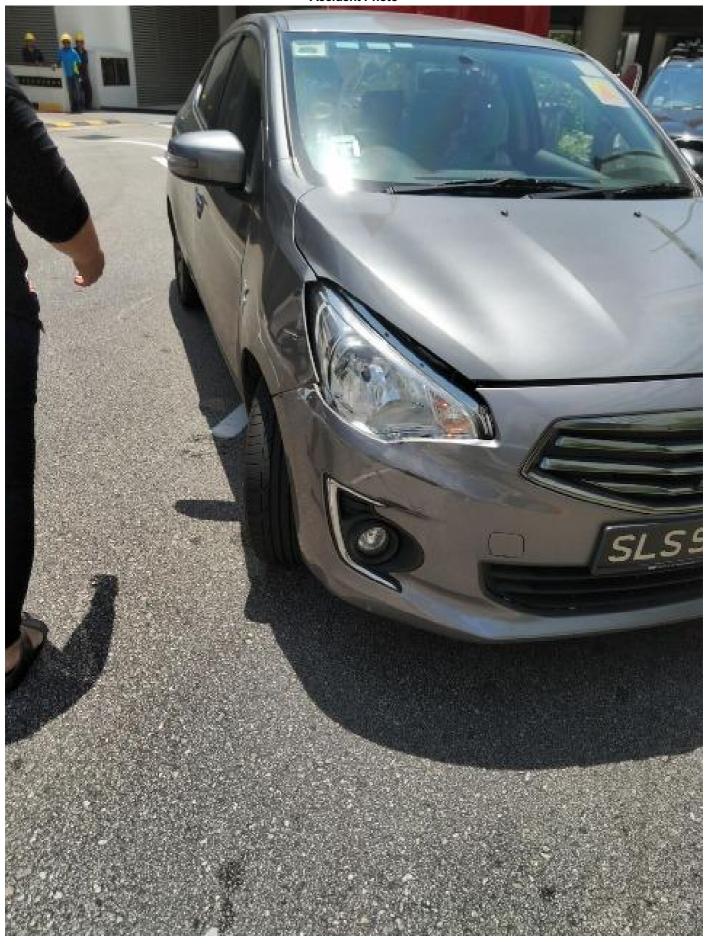


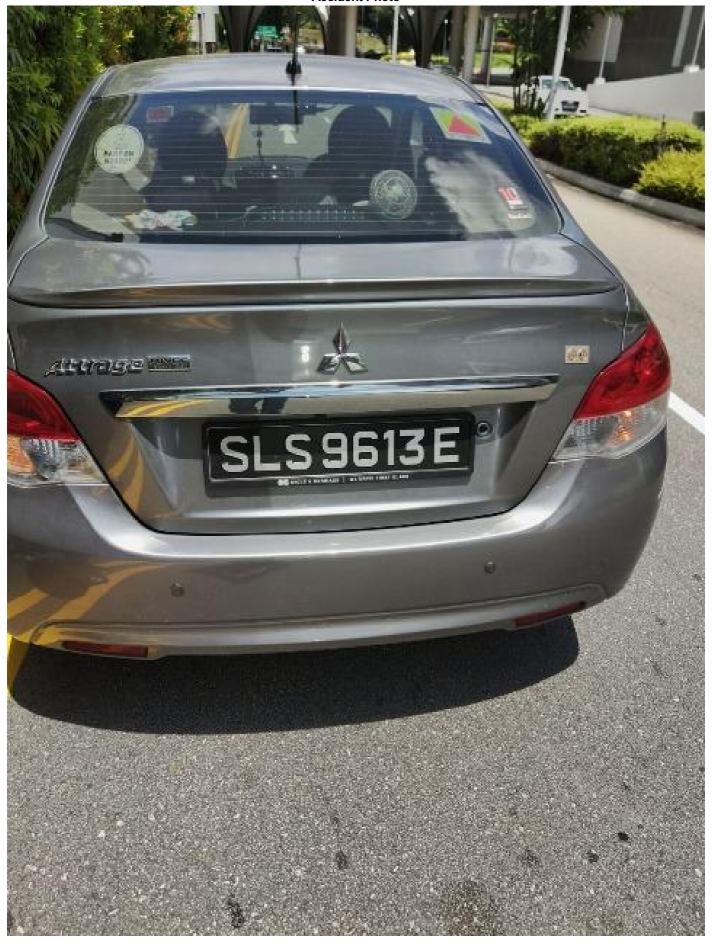












Driving License

