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 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

aforesaid.			
	ACCIDENT STATEMENT		
Date Of Report	14/03/2018 11:16		
Date Of Accident	14/03/2018 03:55		
Exact Location Of Accident	SLE TWDS CTE AFT LENTOR AVE EXIT		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLV3239B		
Insured/Policyholder			
Name Of Registered Owner	M/S JETSPRINT AUTO ENTERPRISES		
Co Reg No	-		
Email Address	NOEMAIL		
Mobile Phone No			
Alternative Phone No	OFFICE-63484711		
Vehicle Particulars			
Manufacturer	TOYOTA		
Model	WISH		
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE		
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	DMHCSN3007821800		
Cover Note Number			
Driver			
Name of Driver	WILL PHUA ZHONGWEI		
NRIC No	S8132346A		

NRIC No S8132346A
Date Of Birth 02/10/1981
Occupation OUTDOOR
Date Of Driving Pass 18/06/2002

Driving Experience 15 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98465271

Fax Number

Contact Number

EMail Address WILLPHUACDL@GMAIL.COM

BLK 614A EDGEFIELD PLAINS Address

#07-321

Postcode 821614

Was driver an employee of the Insured's Company NO

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

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 **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?

NO

NO

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 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

I WAS TRAVELLING STRAIGHT ALONG SLE TWDS CTE AFT LENTOR AVE EXIT ON THE 3RD LANE.THE VEH(B)BEARING REG NO SLS5358T FROM BEHIND OVERTAKE MY VEH AND HIT ONTO MY REAR RIGHT PORTION AFTER THE ACCIDENT THE VEH B DRIVER CAME OUT IMMEDIATELY TO APOLOGIZE FOR THE NEGLIGENCE.I DON'T HAVE ANY CAMERA IN MY VEH BUT THE DRIVER OF VEH B HAVE A FRT CAMERA.AFT THE IMPACT MY VEH SWERVED TO THE LEFT THUS WE STOPPED AT THE ROAD SHOULDER IMMEDIATELY.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **SLS5358T**

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

GARY CHEW CHIN KIAT Name of Driver

NRIC/Passport Number S9205651A Contact Number 96782898

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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 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:
 - 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

14/03/18

Name: NRIC/FIN No.:

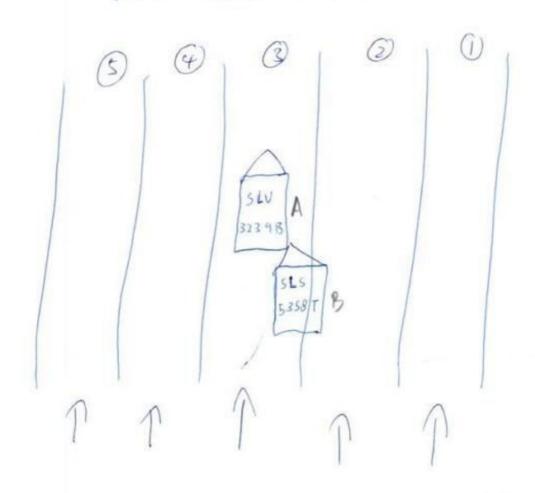
Sketch Plan #2

KETCH PLAN			
	AS PER	ATTACHED	
SCRIBE CIRCUMSTANCES OF	THE ACCIDENT		
Pls refr of	to the state	ement.	
ARATION			
declare the foregoing particulars	Thy	Lyn	14/03/18
/holder's Signature & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre F Name: NRIC/FIN No.:	ersonnel's Signature

Sketch Plan #3

After Lentor Ave Exit SLE towards CTE
Betore Seletar West Exit

DOA: 14/3/2018 @ 03:48



Towards CIE after lenter Are Exit on the 3rd lane. The ra car behind overtake (sls53587)

3rd lane. The ra car behind overtake me and hit my vehicle rear right portion. After the accident, driver of SLS53587 came out immediately to apologize for the negligible. BI do not have front brear camera. I noticed the triver of SLS53587 have a front camera. After the bang, my vehicle swerved to the left thus we stopped at the road shoulder immediately.

