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	15/03/2018 13:01		
Date Of Accident	14/03/2018 14:50		
Exact Location Of Accident	ALONG TPE TOWARDS AIRPORT		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	PC971S		
Insured/Policyholder			
Name Of Registered Owner	CLARITY CAR GROOMING SERVICES		
Co Reg No	53157603E		
Email Address	INCHRISTOP@GMAIL.COM		
Mobile Phone No			
Alternative Phone No	OFFICE-93282268		
Vehicle Particulars			
Manufacturer	HINO		
Model	RK1JSLL-8.0 D (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	BUS		
Insurance Company			
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.		
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT		
Fleet Policy	NO		
Policy Number			
Cover Note Number			

Driver

Name of Driver

LOO WAI HONG

NRIC No

S7783247E

Date Of Birth

Occupation

OUTDOOR

Date Of Driving Pass

07/01/2005

Driving Experience 13 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93835672

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 429B YISHUN AVE 11 #12-358, SINGAPORE 762429

Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

1

NO

NO

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.

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

REFER TO SKETCH PLAN

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC1167K

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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Sketch Plan

SKETCH PLAN

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 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 Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN		
KPE GOLY.		TOWARDS AIRIORY
	THE RUN	PCd.715.
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
ON 14/3/2 PJS ON TI FDE EN LORRY ON SUNDERLY CANE 2 4	DIS BARDYNI PE TOWARDS AL TRANCE A THIX JAM BRAKE IN HAVE THE INT THE KIE JUNC	ENTIDA TO CAM PUT AND VAND
THE TAXI THE TAXI IS A CAS MISS THE	AT SHOWN BY TO THE	OBSTACLE IN FRANT DE VIOGO I SUS DECT 17 ANGE CAME L'ALMOST LIPE.
AFTER THE GEOCHANGE THE CULL	ACCIDENT WE PARY, WHAR. THE CENTE WITH AIM	PARKED ON THE MORD SIDE TAN INCLUED DON'T HAVE a) THAT TIME.
TAP1 #:5	HC 1167 K	
DECLARATION I/We declare the foregoing partic	lurials	IN THE STATE OF TH
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

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Accident Photo



Accident Photo



Accident Photo

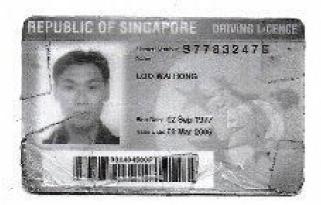


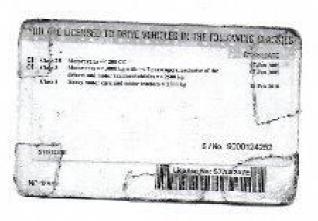


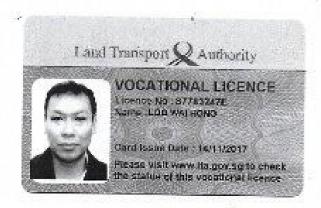
Driving License











This card is not insertinable and is the property of the Land Transport.

Alcharity E.M. H. must be supercoved to the ETA or request. If fourth phase (stam to LTA, 10 Bin Miny Crive, Supercove 57570).

Type Description bear Date

14 PRIVATE HIRE CAR VL 14/11/2017 08/06/2010