

## 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	20/03/2018 13:54
Date Of Accident	20/03/2018 11:00
Exact Location Of Accident	JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF9439D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SEMGAS SUPPLY PTE LTD
Co Reg No	A06791/2002K
Email Address	IRENECHEONG@UNIONENERGY.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-66031796

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 1.5T-3.0 (A)
Exact Purpose for which vehicle was being used at time of accident	DELIVERY 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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5097795728
Cover Note Number	31.01.2018 TO 30.01.2019

### Driver

Name of Driver	ZHAO JIANG
Passport No/FIN	G5463055M
Date Of Birth	10/11/1975
Occupation	OUTDOOR
Date Of Driving Pass	26/10/2013
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82847498
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLOCK 20 TOA PAYOH LORONG 7 #05-758
Postcode	310020
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	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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 20/03/208 at about 1100hrs, I stopped my vehicle (A: GBF9439D) on the centre lane along Jalan Bukit Merah heading towards City direction due to traffic light was red. Suddenly I felt an impact from my vehicle's right rear portion, I immediately view my left side mirror and recovered that vehicle (B: SHA3352P) which was travelling behind of my vehicle, overtook and hit onto my vehicle's right rear portion. Nobody was injured in this accident, Vehicle A (GBF9439D) - No passenger on board. Vehicle B (SHA3352P) - 1 female adult passenger on board.

#### 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	SHA3352P
Vehicle Make/Model/Colour	HYUNDAI SONATA, BLUE COLOUR
Details Of Properties	COMFORT TAXI
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	9456 6220
Address	
Postcode	
Insurance Company Name	INDIA INTERNATIONAL INSURANCE PTE LTD
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.
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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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.



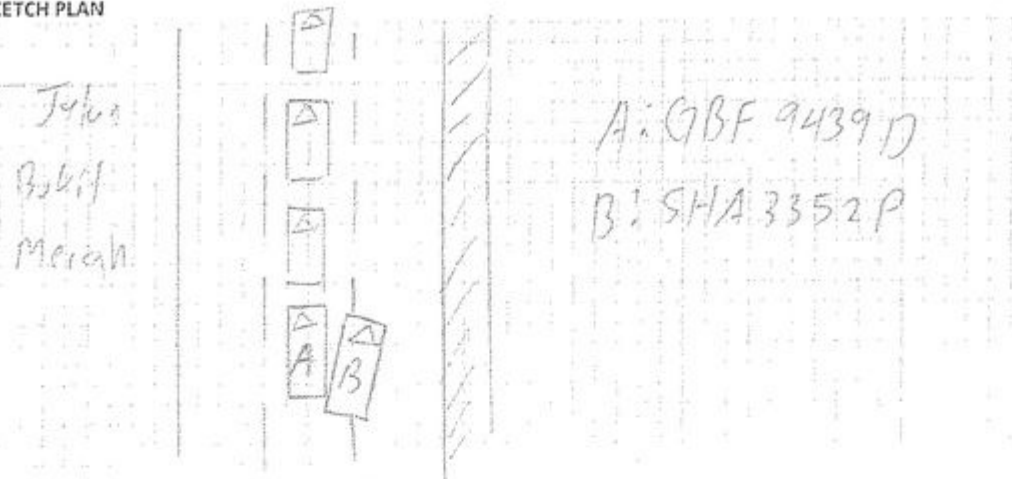
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature

Name: Can WPC Shim  
NRIC/FIN No.: 068640521

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to CIA report



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

Policyholder's Signature  
Date & Time:

zhao jiang

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 20/03/2014/4/4

Reporting Centre Personnel's Signature  
Name: Cui Wei Shu  
NRIC/FIN No.: 66864030

Accident Photo



Accident Photo



Accident Photo





Accident Photo

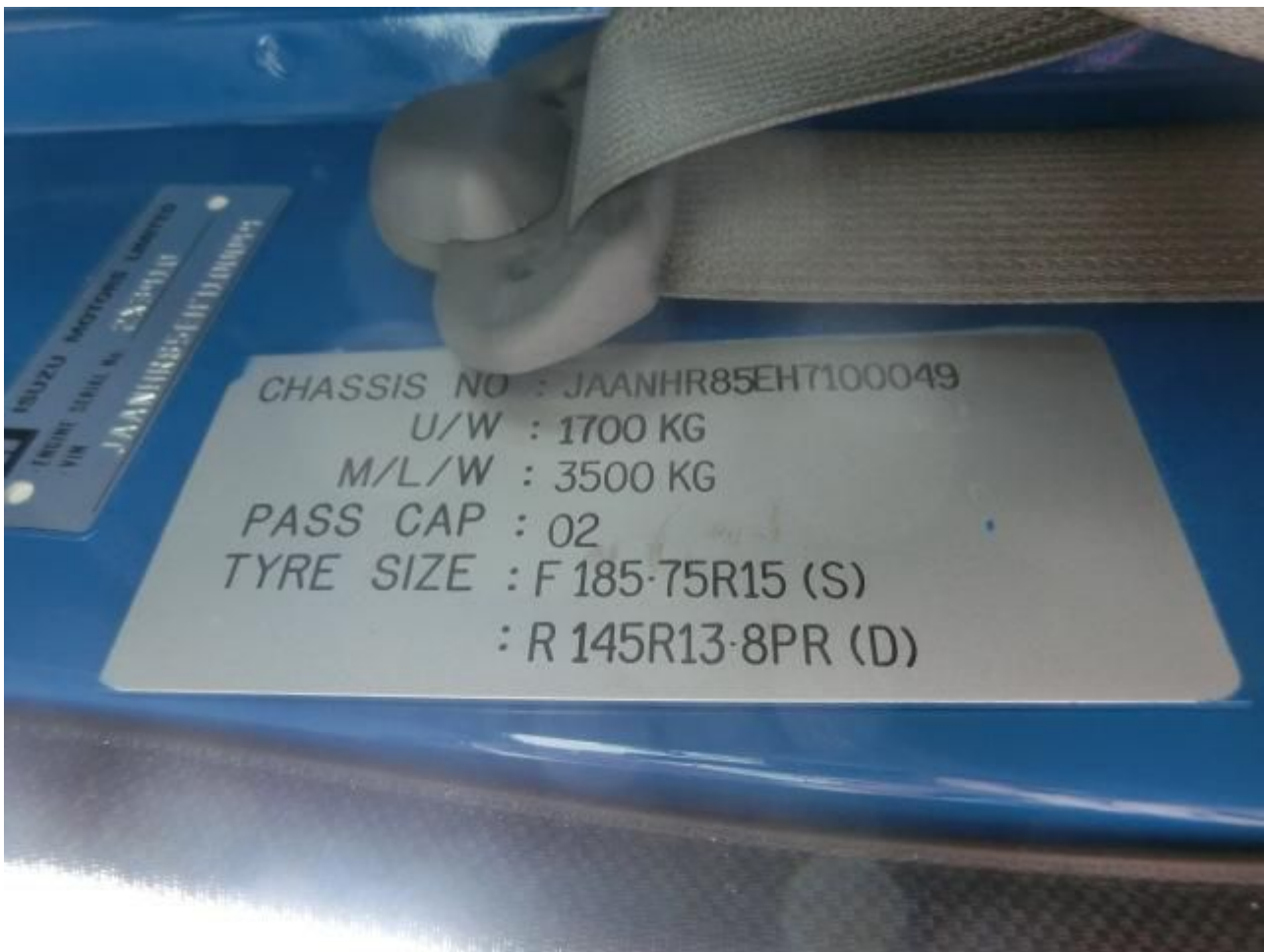




Accident Photo



Accident Photo



Accident Scene Photo





Accident Scene Photo



Accident Scene Photo

