

## 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	22/03/2018 17:21
Date Of Accident	21/03/2018 19:35
Exact Location Of Accident	TRAFFIC JUNCTION OF CANTONMENT RD / YAN KIT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC7996R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JARMAY ENTERPRISES PTE LTD
Co Reg No	199802825C
Email Address	JINSHENG@JARMAY.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-81806724

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE

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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5068607997-03
Cover Note Number	

### Driver

Name of Driver	YEO JIN SHENG
NRIC No	S8824581D
Date Of Birth	07/07/1988
Occupation	OUTDOOR
Date Of Driving Pass	18/01/2011
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81806724
Fax Number	
Contact Number	
EMail Address	JINSHENG@JARMAY.COM.SG

Address 27 WESTWOOD ROAD  
Postcode 648578  
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 -  
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 2  
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) 3  
Passenger 1  
NAME: : MR LIU  
GENDER: : MALE  
Passenger 2  
NAME: : MR XU  
GENDER: : MALE

#### 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

REFER ATTACHED

#### 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 SLF4103L  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE HIRE  
Name of Driver CHOW WING CHUEN RICHARD  
NRIC/Passport Number S0374240G  
Contact Number 97585067  
Address  
Postcode  
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. The report must correctly state the details of the accident to assist the claims process.
2. The 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 may result in the insurer's refusal to pay or the insurer's right to repudiate policy liability.
4. The insured and/or policyholder must not be involved in any act of fraud or misrepresentation in relation to the admission of policy liability or the payment of the claim.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the members of the Traffic Reports/Management Centre established by the Traffic Police, Insurance Association of Singapore (TIPAS) for an insurance and that report will for a fee be made available to the relevant insurance company.
7. By the lodging of the report to the members, you are authorised to the archiving of the report and the report will be made available to the relevant insurance company.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

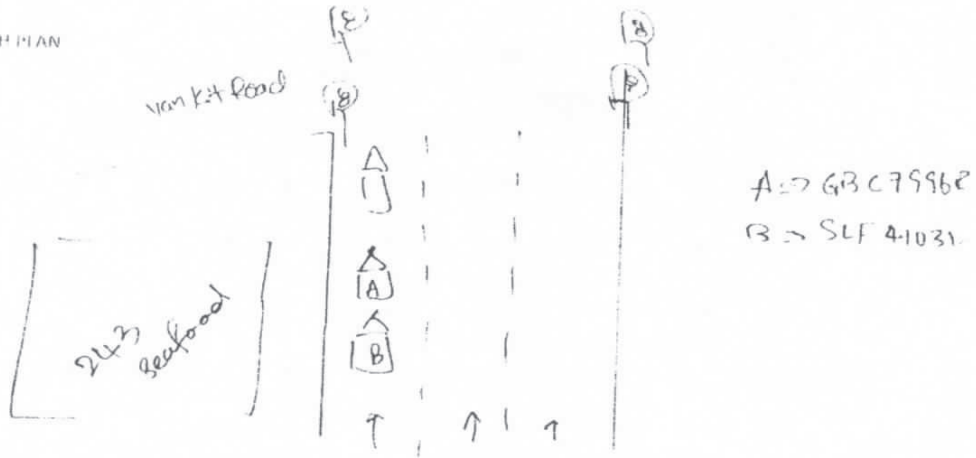
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose, process, my personal data/any other information set out in this form and any other information disclosed by me or processed by my insurer for all or any of the "Personal Information" and that the said information be transferred to all insurer(s) who have insured vehicle(s) involved in this accident and/or to the relevant third party involved in this accident shall be collectively referred to as the "Insurers", the Insurers' lawyers/law firms, the Members' Authority of Singapore and any relevant government agency/authority (including the relevant third party) of:
  - (i) collecting, use, disclosing and/or dealing with my claim, including the settlement of the claim, and/or any other matters relating to the claim;
  - (ii) investigating the accident and/or my claim;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claim (including the making of correspondence, statements, interviews, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the claim as well as on the external cover of envelopes/road packages), and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims for all or any of 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 situated 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, regulatory, 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 #/ID No.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary waiting for traffic green light. Suddenly I felt an impact at the rear. veh B did not stop and collided into the rear portion of my veh A.

DECLARATION

I/We declare that the information provided is true and correct in every respect.

Public Authority  
Date & Time



Driver's Signature  
(If driver is not the public authority)  
Date & Time

Reporting Officer/Personnel's Signature  
Name  
Date / Time