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#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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:

Any false reporting may be referred to the Police for investigation.

- 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.

Date of Report 27/03/2018 09:56 Date of Accident 26/03/2018 09:56 Exact Location of Accident LUCKY PLAZA CARPARK A Country/State of Loss SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Number SLR4842Z  Vehicle Registered Owner YEO SIEW KIANG NRIC No S0102328D NOEMAIL Mobile Phone No (LOCAL) +65-81260390  Vehicle Particulars  Manufacturer NISSAN TEANA 2.5 CVT ABS D/AB HID 2WD 4DR Exact Purpose for which vehicle was being used at the of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken REPORTING ONLY Vehicle Category PRIVATE CAR  Insurance Company Name of Insurance Company Type Of Coverage COMPREHENSIVE No Nome of Driver Note Number MT20175446 Driver Name of Driver YIP JIANWEI (YE JIANWEI ) NRIC No S8801402B Date of Driving Pass ONALL PERSENDER  Driving Experience 7 YEARS AND 0 MONTHS MALE  MALE  MALE  MALE  1000 SARPA AND 0 MONTHS MALE  GEORET MALE  1000 SARPA AND 0 MONTHS MALE	
Date of Accident Exact Location Of Accident Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number SLR4842Z Insured/Policyholder Name Of Registered Owner NRIC No Sol102328D Semail Address NOEMAIL Mobile Phone No OTHERS-81260390  Vehicle Particulars Manufacturer Mobile Particulars Manufacturer NISSAN Manufacturer NISSAN Motel TEARA 2.5 CVT ABS D/AB HID 2WD 4DR 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? If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Specific Policy No Policy Number Cover Note Number Driver Name of Driving Pass Driving Experience TARSON VALE  VALE OF MINION ON O	
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Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number  Insured/Policyholder  Name of Registered Owner  NoEMAIL  (LOCAL) +65-81260390  NOEMAIL  (LOCAL) +65-81260390  Vehicle Particulars  Manufacturer  Mobile Phone No  Vehicle Particulars  Manufacturer  Mobile Phone for mich vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  Name of Insurance Company  Type Of Coverage  Compression  Cover Note Number  Cover Note Number  Priver  Name of Driver  Name of Drive	
Vehicle Registration Number  SLR4842Z  Insured/Policyholder  Name Of Registered Owner NRIC No S0102328D  Email Address NoEMAIL Mobile Phone No (LOCAL) +65-81260390  Vehicle Particulars  Manufacturer NISSAN Model Exact Purpose for which vehicle was being used at or repair to your vehicle?  If No, Plasse state action to be taken Vehicle Category Name of Insurance Company Name of Insurance Company Name of Insurance Company Type Of Coverage Cover Note Number  Cover Note Number  Driver Name of Driver Name of Driver Name of Driver Name of Driving Pass Opiolicy Number Coccupation Date Of Driving Pass Opiolicy Numoer Driving Experience Type Acceptance Type Of Driving Pass Opiolicy Numoer Driving Experience Type Of Driving Pass Opiolicy Numoer Type Of Driving Experience Type Acceptance Typ	
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Name Of Registered Owner         YEO SIEW KIANG           NRIC No         \$0102328D           Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-81260390           Vehicle Particulars           Manufacturer         NISSAN           Model         TEANA 2.5 CVT ABS D/AB HID 2WD 4DR           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         REPORTING ONLY           Vehicle Category         PRIVATE CAR           Insurance Company         GREAT AMERICAN INSURANCE COMPANY           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         MT20175446           Cover Note Number         MT20175446           Driver         YIP JIANWEI (YE JIANWEI )           NRIC No         \$8801402B           Date Of Birth         16/01/1988           Occupation         INDOOR           Date Of Driving Pass         09/03/2011           Driving Experience         7 YEARS AND 0 MONTHS           MALE	
NRIC No S0102328D  Email Address NOEMAIL  Mobile Phone No (LOCAL) +65-81260390  Vehicle Particulars  Manufacturer NISSAN  Model TEANA 2.5 CVT ABS D/AB HID 2WD 4DR  Exact Purpose for which vehicle was being used at time of accident  Vehicle Category NOEMAIN  No, Please state action to be taken REPORTING ONLY  Vehicle Category PRIVATE CAR  Insurance Company  Name of Insurance Company GREAT AMERICAN INSURANCE COMPANY  Type Of Coverage COMPREHENSIVE  NO  Dicy Number  Cover Note Number MT20175446  Driver  Name of Driver NIP JIANWEI (YE JIANWEI)  NRIC No S8801402B  Date Of Birth 16/01/1988  Occupation Driving Pass 09/03/2011  Driving Experience TYEARS AND 0 MONTHS  MALE  MALE	
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Manufacturer  Model  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?  If No, Please state action to be taken  REPORTING ONLY  Vehicle Category  REPORTING ONLY  PRIVATE CAR  Insurance Company  Name of Insurance Company  GREAT AMERICAN INSURANCE COMPANY  Type Of Coverage  COMPREHENSIVE  Fleet Policy  NO  Policy Number  Cover Note Number  MT20175446  Driver  Name of Driver  NRIC No  S8801402B  Date Of Birth  Occupation  Driving Pass  O9/03/2011  Priving Experience  T YEARS AND 0 MONTHS  MALE  MA	
Model  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?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  Type Of Coverage  Fleet Policy  Policy Number  Cover Note Number  MT20175446  Driver  Name of Driver  NRIC No  S8801402B  Date Of Birth  Occupation  Date Of Driving Pass  Driving Experience  Gender  TEANA 2.5 CVT ABS D/AB HID 2WD 4DR  PRIVATE USE  NO  NO  REPORTING ONLY  NO  REPORTING ONLY  NO  REPORTING ONLY  NO  PRIVATE CAR  NO  MT201754A6  NO  NO  S8801402B  S8801402B  S8801402B  S8801402B  Date Of Driving Pass  Oglo3/2011  TYEARS AND 0 MONTHS  MALE  REPORTING ONLY  NO  S8801402B  S801402B  S801402B  S801402B  S801402B  S801402B  S801402B  S801402B  S801402B  S801402B	FE S
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Fleet Policy	
Fleet Policy         NO           Policy Number         MT20175446           Cover Note Number         MT20175446           Driver         YIP JIANWEI (YE JIANWEI )           NRIC No         S8801402B           Date Of Birth         16/01/1988           Occupation         INDOOR           Date Of Driving Pass         09/03/2011           Driving Experience         7 YEARS AND 0 MONTHS           Gender         MALE	
Policy Number         MT20175446           Driver         YIP JIANWEI (YE JIANWEI )           NRIC No         \$8801402B           Date Of Birth         16/01/1988           Occupation         INDOOR           Date Of Driving Pass         09/03/2011           Driving Experience         7 YEARS AND 0 MONTHS           Gender         MALE	
Driver         YIP JIANWEI (YE JIANWEI )           NRIC No         \$8801402B           Date Of Birth         16/01/1988           Occupation         INDOOR           Date Of Driving Pass         09/03/2011           Driving Experience         7 YEARS AND 0 MONTHS           Gender         MALE	
Name of Driver         YIP JIANWEI (YE JIANWEI )           NRIC No         \$8801402B           Date Of Birth         16/01/1988           Occupation         INDOOR           Date Of Driving Pass         09/03/2011           Driving Experience         7 YEARS AND 0 MONTHS           Gender         MALE	
NRIC No         \$8801402B           Date Of Birth         16/01/1988           Occupation         INDOOR           Date Of Driving Pass         09/03/2011           Driving Experience         7 YEARS AND 0 MONTHS           Gender         MALE	
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Occupation         INDOOR           Date Of Driving Pass         09/03/2011           Driving Experience         7 YEARS AND 0 MONTHS           Gender         MALE	
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Driving Experience 7 YEARS AND 0 MONTHS Gender MALE	
Gender MALE	
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Fax Number	
Contact Number OTHERS-81260390	
EMail Address NOEMAIL	

BLK 622 BEDOK RESERVOIR ROAD Address

#07-1500

470622 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

CHILDREN

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR Weather Conditions

DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

**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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera?

NO

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGP7455H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

MD SHAFIQUL ISLAM Name of Driver

S7483328D NRIC/Passport Number 90218654 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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

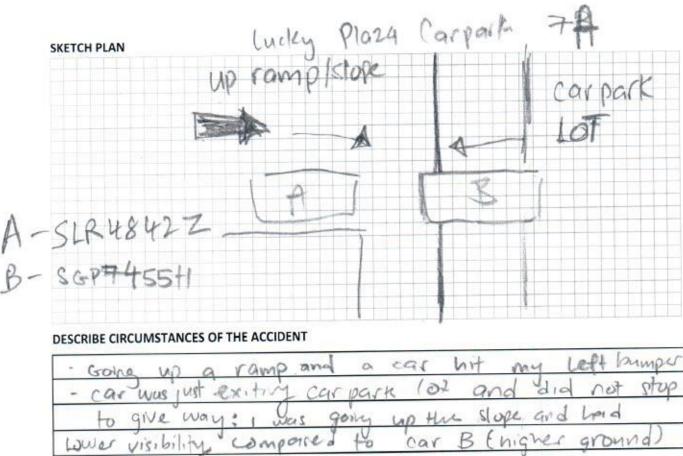
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



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DECLARATION

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

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.:

GIARME Skotch/SanForm, V.

Diver







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 09 Mar 2011 spassengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A



DUNER

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0102328D





121

YEO SIEW KIANG @TAN SIEW WAH

姚守娟

CHINESE

Date of Byth 18-04-1954

Country of Brite SINGAPORE 1



# GREAT AMERICAN INSURANCE COMPANY



UEN: T15FC0029B GST REG. NO.: M90370081T 3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER SINGAPORE 039190

TEL: +65 6804 6000 FAX: +65 6235 2616

# MOTOR COVER NOTE: MT20175446

The Insured mentioned in this Cover Note, having proposed for insurance in respect of the Motor Vehicle described, is hereby HELD COVERED under the terms of the Insurer's usual form of Motor Policy applicable thereto for the period mentioned unless the cover be terminated by the Insurer by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

The Insurer

: GREAT AMERICAN INSURANCE COMPANY

The Insured

: YEO SIEW KIANG

Insured Nric/Passport No/ Roc

: S0102328D

Policy Coverage

: COMPREHENSIVE

Make And Description Of Vehicle

: NISSAN TEANA 2.5 CVT ABS D/AB HID 2WD 4DR

Vehicle Registration No.

: SLR4842Z

Year Of Manufacture

: 2008

Engine No.

: VQ25416706A

Chassis No.

: JN1BBUJ32Z0001502

Engine Capacity/ Tonnage/ Seater

: 2496 cc

Hire Purchase

: NIL

Value (S\$)

: AS PER MARKET VALUE

Period Of Insurance

: FROM: 03/10/2017 TO: 02/10/2018

Excess (S\$)

: Section I : Nil

: Section II : Nil

; Windscreen Excess: \$100

Great American Authorized Workshop

: YES

IWE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

For and on behalf of Great American Insurance Company

Great American Insurance Company Authorized Signatory

Date of Issue

: 02/10/2017

Intermediary

: OKI

MTR/COVERNOTE/V02/16

