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

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	ACCIDENT STATEMENT
Date Of Report	02/04/2018 16:05
Date Of Accident	02/04/2018 13:00
Exact Location Of Accident	BLK 839 YISHUN OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGQ6198B
Insured/Policyholder	
Name Of Registered Owner	LJH HOLDING
Co Reg No	53316294K
Email Address	LJHHOLDING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96771000
Alternative Phone No	OFFICE-96771000
Vehicle Particulars	
Manufacturer	HONDA
Model	AIRWAVE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	NO
Policy Number	5096974707
Cover Note Number	
Driver	
Name of Driver	LIU JIANHUI
NRIC No	S8328353Z

Name of Driver LIU JIANHU
NRIC No S8328353Z
Date Of Birth 16/09/1983
Occupation OUTDOOR
Date Of Driving Pass 11/06/2003

Driving Experience 14 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96771000

Fax Number

Contact Number OTHERS-96771000

EMail Address LJHHOLDING@GMAIL.COM

BLK 1 LORONG 20 GEYLANG Address

#08-09

Postcode 398721

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 1 Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance?

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

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE

NO

YES

NO

Police Station Address ROAD: 32 YISHUN ST 81, POSTCODE: 768456, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8522999 - FAX NO: 68522239

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180401/2047

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SCA2882S Vehicle Make/Model/Colour HONDA CIVIC

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

WhA: SGB 6198B

Veha: SCA 28825

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- 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)
 - (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.

HOLOING

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnog's Signature A Name: RRIC/FIN No. ROLL I WASA.

	CR CR
Sescribe circumstances of the accident	Car Park
BIK 839 ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	Car Park
BIK 839 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	Car Park
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
The state of the s	
As per ponce Report (Report No. T/20180401/2047)	
CLARATION	~
We declare the foregoing particulars are true in every respect.	/
r i H	/././.0
HOLDING 2-4-18 11:3pam	60/04/2018
licyholder's Signature Driver's Signature Reporting Co	entre Personnel's Senature COFLI WORDS
te & Time: (If driver is not the policyholder) Name:	roal, worders
Date & Time: NRIC/FIN No	Cagac





Police Station Of Ongin Vishur South N FIG 32 Yishun Street 81 SINGAPORE 788458 Tel No. 1800-8622888

February 100-1040 1047

REPORT OF A TRAFFIC ACCIDENT

Date Time Report Made	Vide Report No.	Station Dienvilyo
01/04/2018 15 16		69

010420 0 10 0			08	
Informa	nt's Partice	ulars		
Name of Informant LIU JIANHUI			Address APT BLK 1 LORONG 20 GEY 398721	LANG #38-39 SINGAPORE
ID Type / ID No NRIC NO / \$8328363Z		53Z	Contact No Home/Office	Mobile 98771000
Nationality: SINGAPORE CITIZEN		EN	Email	
Sex Male	Age 34	Date of Birth 16/09/1983	Type of Informant: Driver	
Race Chinese			Language English	Institution / School Name
Occupation: UBER DRIVER			Driving Licence Information: Class: 2B:2A:3	Date of Expiry

Type of Accident	Non-Injury Hit and Run	Drink Drive No	Date/Time of Accident 01/04/2018 13:10	Type of Location Car Park
Location Along Road 1 YISHUN STR BLK 839 YIS		ARPARK		
Value to the contract of the c		Road Surface: Dry	F	Road Speed Limit:
		Traffic Control: Not Controlled		raffic Volume
Traffic Flow Two Way		Not Controlled	- 1	.ight

Details of V	ehicle Invo	lved				Berlin British
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SCA2882S	Car	HONDA	CIVIC	Black	Slightly Damaged	0
SGQ6198B	Car	HONDA	AIRWAVE	Black	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured. NIL	Use of Pedestrian Crossing: NA		





Police Station Of Ongin Yishun South N P D 32 Yishun Street B1 SINGAPORE 788456 Tel No. 1800-8822999

2 m s Report No. 1/20180401/2041

CONTINUATION OF REPORT

Driver			
Name	LIU JIANHUI	D No	S8328353Z
Related Vehicle	SGQ6198B (Car)	Contact No	96771000
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class 2B 2A 3 Date of Expiry NIL
Date Treatment	NIL	Date Discharge NIL	
No. of Days gran	ted Medical Leave NIL	Degree of Injury NIL	

Brief Details.

On 01/04/2018 at about 1.11pm, while I was waiting for my passenger at the open space carpark of Blk 839 Yishun, all of a sudden I heard a loud sound from the frontal area. I alighted from my vehicle and that was when I discovered that a car had hit onto my car when he was parking into a lot. I wish to state that my car was stationary throughout.

I discovered that there were minor scratches and slight on both vehicles. I requested for particulars from the other car however he refused and he left. My car has recording of the incident. No one is injured and no police/ambulance were at scene. I am lodging this report for insurance claim and Grab company actions.





Police Station Of Chair Vishur Bouth N P C 32 Yishur Street 81 SINGAPORE 168466 Tel No. 1800-6822999 3 #12 Patron No 0 22 8342 1 2241

CONTINUATION OF REPORT

Sketch Plan

informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report F / Sgt 3 MOHAMMED HAYQAL BIN SAMSURI	Signature Of Informant
Signature Of Interpreter Not applicable	Date/Time 01/04/2018 15 16
Officer In Charge Of Case TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No. 65476368	Classification Of Gase
Authentication Stamp	Reflatores





















