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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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.
- 5. 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

	ACCIDENT STATEMENT
Date Of Report	02/04/2018 16:05
Date Of Accident	62/04/2018 13:00
Exact Location Of Accident	BLK 839 YISHUN OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
A PROPERTY OF THE PARTY OF THE	ETAILS 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
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

LJHHOLDING@GMAIL.COM

Address

BLK 1 LORONG 20 GEYLANG

#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

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

1

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)

Details of Police Action

Was the accident reported to the police?

YES

If Yes.Please state which Police Station

Police Station Name

YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE

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?

NO

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

SKETCH PLAN

IMPORTANT NOTICE

Wh A: SGB 6198B VehB: SCA 28825

- 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 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.

0

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

SKETCH PLAN Veh A: SGB 6198B 22 C 2 U 2 VehB: SCA 2882 S Yishun st 81 open Car Park CP es. 3 23 BIK 839 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per	ponce	Report	(Report	Цо.	T/20180401/	2047)		
				_					

DECLARATION

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

LJH HOLDING

Policyholder's Signature Date & Time:

2-4-18 11:30am

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:





Police Station Of Origin Vishur South N P C 32 Nishur Street 81 SINGAPORE 768458 Tel No. 1800-8622999

Febor No. 1001804012041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made Vide Report No. Station Diary No. 69

Informar	it's Partici	ulars					
Name of Informant LIU JIANHUI			Address APT BLK 1 LORONG 20 GEYLANG #08-09 SINGAPORE 398721				
ID Type NRIC NO	D No. 0 / \$83283	53Z	Contact No Home/Office	Mobile 96771000			
Nationality SINGAPORE CITIZEN			Email				
Sex: Male	Ag∈ 34	Date of Birth 16/09/1983	Type of Informant. Driver				
Race: Chinese			Language Institution / School Nam English				
Occupat UBER D			Driving Licence Information Class 2B 2A 3	Date of Expiry			

Seneral Inform	nation of the Accider	t	THE PART OF PARTY	TARRETTE SWIN
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
The state of the s				oad Speed Limit
Weather. Clear		Road Surface: Dry	1	cad opeed Limit
Traffic Flow Two Way		Traffic Control: Not Controlled		raffic Volume ight
Type of Collis Between stat	sion: tionery vehicle and mo	ving vehicle	а	nyone conveyed by mbulance lo

Details of Vehicle Involved									
Vehicle No.	e No. Type Make		Model	Color	Condition	No of Passenge			
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				





Folice Station Of Onigin
Yishuh South N P.C.
22 Yishuh Street B1 SINGAPORE 188456.
Tel No. 1800-8822999

2.43 February: 700/804010047

CONTINUATION OF REPORT

Driver			
Name	LIU JIANHUI	ID No	88328353Z
Related Vehicle	SGQ6198B (Car)	Contact No	9677:000
Hospital/Clinic	N(L	Class of Driving Licence & Expiry Date	Class 2B 2A 3 Date of Expiry NIL
Date Treatment	NIL	Date Discharge NIL	
No. of Days gran	ited 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 Bik 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 Ongin Hishur Scoth N FID 92 Yishur Street BN SINGAFORE 168456 Tel No. 1800-8622899

2 ff () Report (d) = 2 (1954) 1/2045

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	Signature Of Informant
Sgt 3 MOHAMMED HAYQAL BIN SAMSURI	¥
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 Case
Authentication Stamp	eduna d

Accident MT/G988576													• Exit
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OHENI.	02-102	Address Type	Suspapore			Post Code				730400	3		
⇒ GI Driver Info.	-(ACTAME	Related Policy Number	50488743	er:									
Driver Name	Ulmamest Driver	Driver Type	Unnamed (Table 1									
Unnersed driver Name	LTO STANHUS	Ditter MAIC	58128353			Univer 008	ii.			A COUNTY			
Replater Date of Driver Lic	ense 11/06/2003	Driver Age	20			Driving Exp				16/09/ 14	100.4		
Contect No.(Mobile)		Contact No./Office)				Contact:No				8			
Address 1	L LONDRIS 20 GEYLAND	Address 2	#116-09 #	1 507785		Address 3				STNCA	PORE 398721		
Address #		Address Tyde	Foreign so	dress.		Post Code				316731			
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Breathalyser or Bland fast	8 mg												
Modification History													
Claim 001 00-MX	New												
Claim Type *	DD-MX *	Insured Name	TH HOLDS	NG.		Insured NR	HC :		(1)	533162	194K		
Contact No.(Mobile)		Contact No (Home)				Concact No.	(Office)		- 1	674276	54		
Email Alloress Cleim Description	Emmarapa Universaria da a const	QI Vehicle Number	produtes.			TP Vertical				NCAZ91	126		
Preferred Workshop Contact	SGQ61988 / NCA28825 DN 2 Apr 2018	(Manager Commercial	14.0000			Name of Pe	eferred.	Wurks	hus	-			
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Claim Handling(accident reporting Claim Task 001 OD-MX)

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10	NAC_BURIT_RESAH_8006761 UKIT HER	NATIONAL ASSESSMENT CENTRE SERVICES (N Art)) on D2 Apr 2018 17:52	Pretes	tiermai	Shuma 2018-4-2	Edit
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Accord Auto Services Pte Ltd Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: a: claims@mycarworkshop.com Particular Of Insured/Driver & Details Of The Accident Motor Accident Report *Date of Accident: 2 - 4 - 1 *Time of Accident: 12:59pm *Accident Location: 839 (ISLCIN) Vehicle Details * Make & Model: HONDA ATRWAVE *Vehicle Number: SGQ 6198 B Insured / Policyholder 53316294K *NRIC: *Owner Name: *Address: 403 WOOD LAIVES * HP: 9677 *Email: likholding@amail-com *Occupation: (Indoor / Outdoor) * Tel /H /Other: Driver () same as above *NRIC: 5872872 *Driver Name: LI() TIANH(// *Address: 1 Lorona 20 Feylang #09-09 *Date of Birth: \6-00-83 *Driving Pass Date: 2003 *Email: lihholding@amail-com *Gender: Male / Female *Occupation: (Indoor / Outdoor) * Tel /H /Other: *Driver an employee: Yes / No (*If no, what is relationship with the policyholder: Passengers Details (Male/Female) * P/Name: (Male/Female) * P/Name: * P/Name: (Male/Female) * P/Name: (Male/Female) Insurance Company *Insurer: *Coverage: C /TPFT / TPO *Policy No: Detail of other vehicle / Property 1 Detail of other vehicle / Property 2 Vehicle No.: SCA 2882 Vehicle No.: Make & Model: HO(V) A CIVIC Make & Model: Vehicle Category: Vehicle Category: Name of Driver: Name of Driver: NRIC : NRIC HP No. of Passengers (Including Driver): No. of Passengers (Including Driver): For Official Use Only *Claiming against Own Ins.: Yes / (If No, Reporting Only / P Claims) General Information of the accident *Type of accident: Head-Rear / Side swipe / others: *Any video cam: Res / No *Weather conditions: Clear / Raining / others: *Road Surface: Ø / Wet / others: NRIC: HP:

*No. of passengers (include driver):

*Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

*Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

*Witness: Yes / No (Name: __

*Injured party: Yes / No

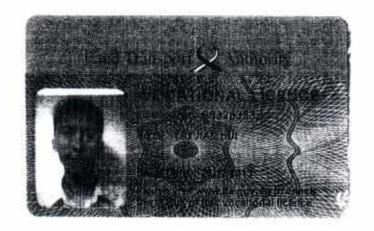
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*Accident reported to police/Yes// No *Summon against whom:











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40 w 3010000 Car 3010207

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Class 2E Motorcycles at 200 cc.
Class 24 Motorcycles between 201 cc and 400 cc.
Class 3 Motorcycles between 201 cc and 400 cc.
Motorcycles with unleader weight at 2000kg with an Experience with unleader weight at 2500kg.

Ligence No.583283522

WE428E

This card is not transferable and in the property of the Land Transport authority (LTA), if must be surrendered to the LTA on request. If found, please return to LTA, 10 Sie Ming Brive, Singapore 575701.

Type Description

Issue Date

02 TAXI VL

20/12/2013



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