

## 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	21/03/2018 09:55
Date Of Accident	20/03/2018 19:30
Exact Location Of Accident	CARPENTER STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6294Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PING MIN MEDICAL HALL
Co Reg No	03101000L
Email Address	HERBALFIX@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98203772
Alternative Phone No	OFFICE-62203730

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	STAREX TQ-2.5 D CRDI (A)
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	5091482786
Cover Note Number	11/07/2017 - 10/07/2018

### Driver

Name of Driver	YEO CHUAN HONG (YANG QUANFENG)
NRIC No	S7300572H
Date Of Birth	05/01/1973
Occupation	INDOOR
Date Of Driving Pass	28/01/2000
Driving Experience	18 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98203772
Fax Number	
Contact Number	
Email Address	HERBALFIX@GMAIL.COM

Address 20 UPPER CIRCULAR ROAD #22-01  
 Postcode 058416  
 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 - 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? 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

MY VEHICLE WAS STOPPED STATIONARY ALONG CARPENTER STREET, WAITING TO ENTER INTO OPEN CARPARK AHEAD. THERE WERE THREE VEHICLES IN FRONT OF ME. SUDDENLY, I FELT AN IMPACT ON MY VEHICLE REAR RIGHT PORTION. BEFORE I COULD REALISE, VEHICLE B SPED OFF, I GIVE CHASE ALONG SOUTH BRIDGE ROAD, HONGKONG STREET AND LASTLY STOPPED ALONG CARPENTER STREET. ORANGE FORCE RIDER ARRIVED AT SCENE AND WE EXCHANGED PARTICULARS. WE LEFT AFTER WHICH. NO ONE WAS INJURED.

#### 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 SLB1250K  
 Vehicle Make/Model/Colour TOYOTA PRIUS  
 Details Of Properties LEFT PORTION  
 Vehicle Category PRIVATE HIRE  
 Name of Driver GOH TIAN JIAN  
 NRIC/Passport Number S8116303J  
 Contact Number 93223427  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver) 1

# Sketch Plan Pg. 1

NTUC Income Motor Service Centre

Vehicle No:

Report Date: 3/21/2018 Start Time: 10:27 AM

Report No: MTF

D.O.A:

Make / Model:

Reporting Type:

End Time:

## SKETCH PLAN

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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.
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 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 reasonable required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, law or court orders.



3/21/2018 10:27

Policyholder's Signature  
Date & Time:

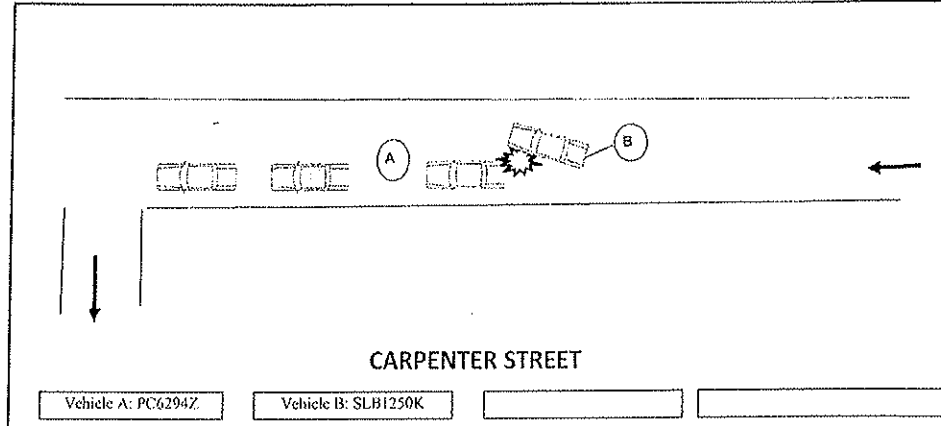
Driver's Signature (If driver is not the policyholder)  
Date & Time:

3/21/2018 10:27

Reporting Centre Personnel's Signature  
Name: Chen JunLiang  
NRIC/ Fin No: S990765

# Sketch Plan Pg. 2

## SKETCH PLAN





## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


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## DECLARATION

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

  
3/21/2018 10:27  
Policyholder's Signature  
Date & Time:

  
3/21/2018 10:27  
Driver's Signature (If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name: Chey JunLiang  
NRIC/Fin No: S990765