

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 | 02/04/2018 12:04 |
| Date Of Accident | 01/04/2018 03:00 |
| Exact Location Of Accident | JLN BESAR |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|--|
| Vehicle Registration Number | SKL5852G |
| Insured/Policyholder | |
| Name Of Registered Owner | THT MOTOR PTE LTD |
| Co Reg No | 201431309K |
| Email Address | CHUNKIATJJ@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-82654406 |
| Alternative Phone No | OFFICE-82654406 |
| Vehicle Particulars | |
| Manufacturer | BMW |
| Model | 118I |
| 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 | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5099461056 |
| Cover Note Number | |
| Driver | |
| Name of Driver | ONG CHUN KIAT |
| NRIC No | S8771484E |
| Date Of Birth | 14/11/1987 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 04/09/2015 |
| Driving Experience | 2 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-82654406 |
| Fax Number | |
| Contact Number | |
| E Mail Address | CHUNKIATJJ@GMAIL.COM |

Address BLK 83 MACPHERSON LANE #08-245
 Postcode 360083
 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 - CHANGE/CROSS LANE
 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) 3
 Passenger 1 NAME: : NINE 94497868
 GENDER: : FEMALE
 Passenger 2 NAME: : ROBIN
 GENDER: : FEMALE

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 STATEMENT (ATTENDED BY: JAMES NG)

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 Witness 1

Name DR DING QIANG
 Phone Number 96235366
 Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB4312T
 Vehicle Make/Model/Colour HYUNDAI
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver LIM KIAN GUAN
 NRIC/Passport Number S0607068Z

Contact Number 97580383
Address BLK 421 CLEMENTI AVE 1 #18-369
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

02-04-18;11:09 ;THT MOTOR PTE LTD
02-04-18;11:54 ;

:64631349 # 1/ 2
; # 1/ 2

SKETCH PLAN

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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) 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.

Company Stamp



Policyholder's Signature
Date & Time:

02 APR 2018

Handwritten signature of the driver.

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

02 APR 2018



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

NG WING KIN JAMES
S7927881E

Sketch Plan #2 Pg. 1

02-04-18;11:09 ;THT MOTOR PTE LTD

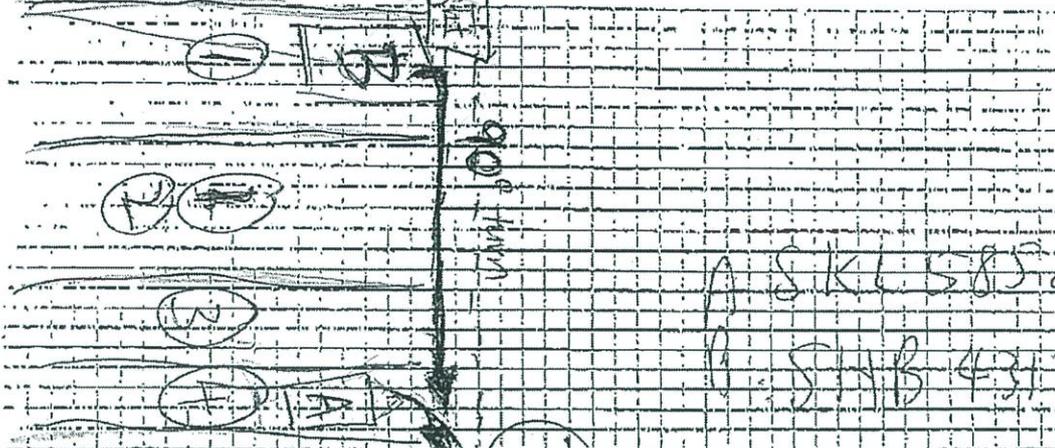
;64631349

2/ 2

02-04-18;11:54 ;

2/ 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~At the along Jalan Besar~~

I am in the fourth lane in Jalan Besar making a right turn at traffic light. A taxi in lane one made a 90 degree turn into my right turn. A ~~witness~~ in his taxi willing to be my ~~witness~~ witness.

Control given.

Company Stamp

DECLARATION

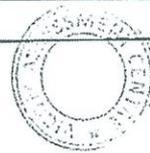
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

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

02 APR 2018



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

NG WING KIN JAMES
S7927881E

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

