#### 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	12/04/2018 01:46		
Date Of Accident	11/04/2018 12:10		
Exact Location Of Accident	BALMORAL ROAD TOWARDS STEVEN ROAD		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLN1117A		
Insured/Policyholder			
Name Of Registered Owner	SUPER STAR LIMO & CAR RENTAL		
Co Reg No	53359119L		
Email Address	LESLIELEONG69@HOTMAIL.COM		
Mobile Phone No	(LOCAL) +65-88083716		
Alternative Phone No	OFFICE-NOPHONE		
Vehicle Particulars			
Manufacturer	MERCEDES-BENZ		
Model	E200-2.0 (A)		
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL		
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 HIRE		
Insurance Company			
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	YES		
Policy Number	5090133177		
Cover Note Number			
Driver			
Name of Driver	LIM DIAO LIANG ROY		

NRIC No S9201893H
Date Of Birth 15/01/1992
Occupation OUTDOOR
Date Of Driving Pass 09/12/2013

Driving Experience 4 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88083716

Fax Number
Contact Number

EMail Address LESLIELEONG69@HOTMAIL.COM

927 YISHUN CENTRAL 1 Address

**#08-169 SINGAPORE** 

Postcode 760927

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** 

COLLISION - OPENING DOOR OF VEHICLE 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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

3 Number of Passengers (Including Driver)

Passenger 1 NAME: : AMB VITTORIO SANDALLI

NO

GENDER: : MALE

Passenger 2 NAME: : UNKNOWN

> 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 TO SKETCH PLAN

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 SH9001X

Vehicle Make/Model/Colour

**Details Of Properties** 

TAXI Vehicle Category

Name of Driver WONG CHEE MENG

NRIC/Passport Number S1668499F **Contact Number** 90296395

Address Postcode Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### 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)
  - (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
- 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.

SUPER STAR LIMO & CAR RENTAL Reg. No.: 53359119L

Policyholder's Signature

Date & Time: [1/64/2018

Driver's Signature

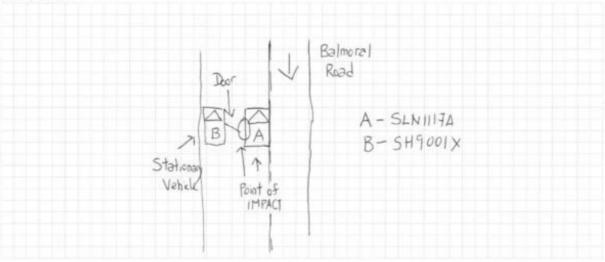
(If driver is not the policyholder) Date & Time: 11/64/2018

2230HRS

Reporting Centre Personnel's Signature

Name: VINCENT NRIC/FIN No.: 599//38

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#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1 11/04/2019 at a 1 12/04/07 / 1/10 /m 1/24
On 11/04/2018 at around 1210 hrs, I was travelling along
Balmoral Road heading to Shangri-1a Hotel. I saw a taxi infront of
me trying to fetch a passenger. I slowed down my our and
me trying to fetch a passenger. I slowed down my our and come to a stop. It took quite a while so I decided to over take
Rom the viewt and the taxi passonan door on the viewt flant over.
from the right and the taxi passenger door on the right flant open and scratched my left side of the car.
and scranened my left state of the car.

DECLARATION

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

SUPER STAR LIMO & CAR RENTAL Reg. No.: 53359119L

Policyholder's Signature

Date & Time: 11/0 4/18 22254125 Driver's Signature

(If driver is not the policyholder)

7775HPS

Date & Time: 11/04/18

Reporting Centre Personnel's Signature

Name: VINCENT NRIC/FIN NO.: 5991138





















