

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	05/04/2018 09:12
Date Of Accident	01/04/2018 14:30
Exact Location Of Accident	CHANGI SOUTH STREET 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD5652R
Insured/Policyholder	
Name Of Registered Owner	THINK ONE LEASING PTE LTD
Co Reg No	201115609M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96788288
Alternative Phone No	OFFICE-68443300

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 4.5L MT ABS AIRBAG 2WD 6DR EURO 5
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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	GOODS VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5070244660-03
Cover Note Number	

Driver

Name of Driver	ELFIAN AZHAR BIN ABDUL HAMID
NRIC No	S8116810E
Date Of Birth	24/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	27/05/2014
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84697964
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 126 SIMEI STREET 1 #03-288
Postcode	520126
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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	4

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

ON THE 01.04.2018 AT ABOUT 14:30HR. I WAS DRIVING INTO CHANGI SOUTH STREET 1 TO PUMP OIL A VEHICLE PA5205Z COLLIDE ME FROM REAR.

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	PA5205Z
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.



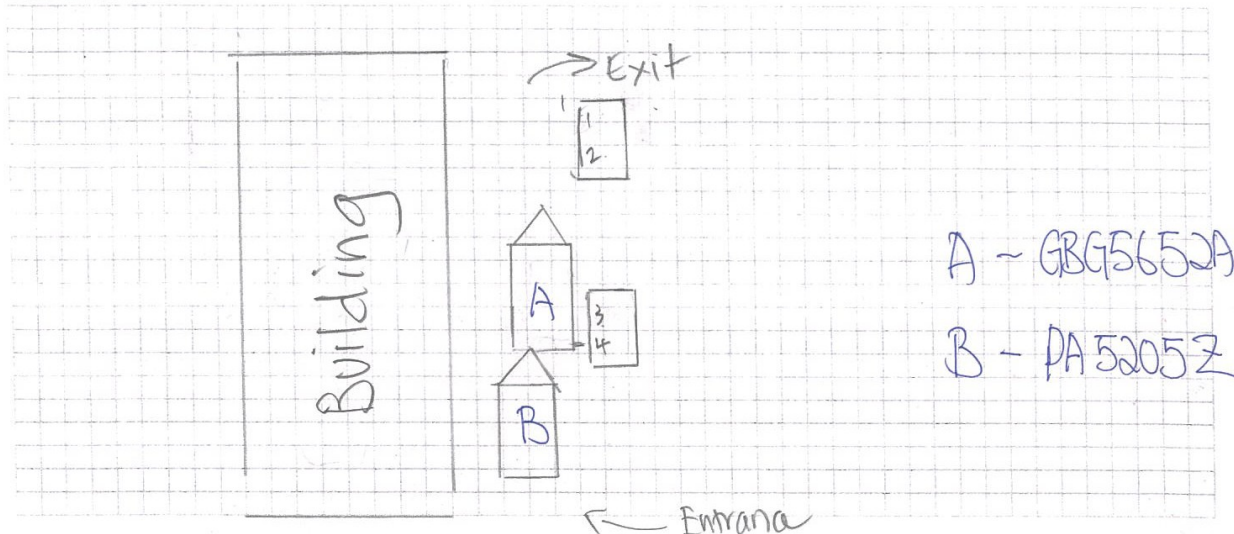
Policyholder's Signature
Date & Time:

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

Think One Autocare Pte Ltd
18 Defu Lane Avenue 2
Singapore 750522
Tel: 6844 3300 Fax: 6842 4988

Reporting Centre Personnel's Signature
Name: *Tan HuiKiang Karen*
NRIC/FIN No.: *99202612*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1st Oct 2018
on the ~~30.03.2018~~ at about 14:30HR I was driving into
Changi South street 1 to pump oil a vehicle PA5205Z collide
me from rear.

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:

Think One Autocare Pte Ltd
18 Defu Lane, Avenue 2
Singapore 539522
Tel: 6844 3300 Fax: 6842 4988
Name: Tan Hui Kang Kaney
NRIC/FIN No.: 87020012



**SINGAPORE
POLICE FORCE**



G/20170315/2075

1 of 2

POLICE REPORT (NP322)

Report No. G/20170315/2075

Police Station Of Origin
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Date/Time Report Made 15/03/2017 14:59	Vide Report No.	Station Diary No. 28
Name Of Informant ELFIAN AZHAR BIN ABDUL HAMID	Address APT BLK 126 SIMEI STREET 1 #03-288 SINGAPORE 520126	
ID Type / ID No. NRIC NO / S8116810E	Contact No. Home/Office	Mobile 84691964
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Driver	Sex Male	Age 35
Institution/School Name	Date of Birth 24/05/1981	Race Malay
Date/Time Of Incident 12/03/2017 23:00	Location Of Incident 126 SIMEI STREET 1 HDB-TAMPINES SINGAPORE 520126	

Brief details.

On the above mentioned date, time and place I discovered the below mentioned item missing. A searched was made but to no avail. That is all.

Property Information

Signature Of Officer Recording The Report:

G / Sgt MUHAMMAD AL-HASSAN BIN ABDUL RAHMAN

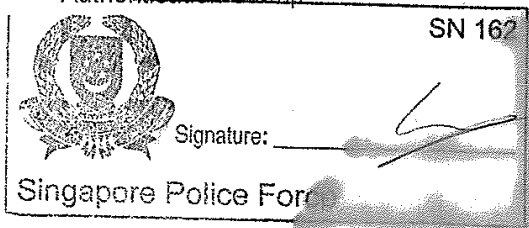
Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
IRINA NG XI HUI
Contact No.: 62447200

Signature Of Informant:

Date/Time:
15/03/2017 14:59

Classification Of Case:

Authentication Stamp

SN 162

Signature:

FUPO hotline number: 68429645



**SINGAPORE
POLICE FORCE**



G/20170315/2075

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. G/20170315/2075

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Identity Card	Lost	SINGAP ORE NRIC		S811681 0E	1		One pink NRIC belonging to Elfian Azhar Bin Abdul Hamid

Signature Of Officer Recording The Report:

G / Sgt MUHAMMAD AL-HASSAN BIN ABDUL
RAHMANSignature Of Interpreter:
Not applicableOfficer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
IRINA NG XI HUI
Contact No.: 62447200

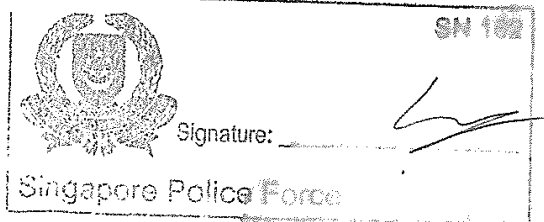
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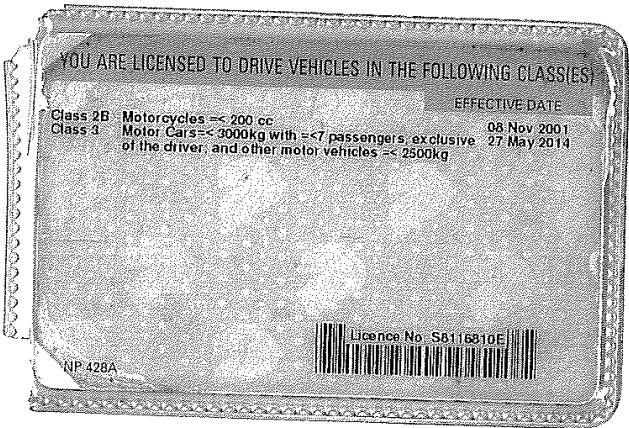
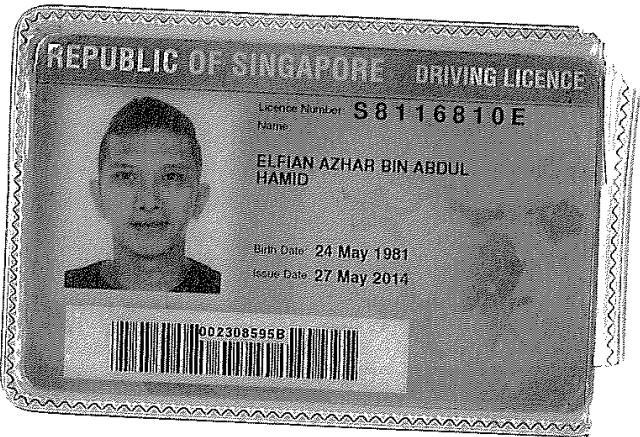
Signature Of Informant:

Date/Time:
15/03/2017 14:59

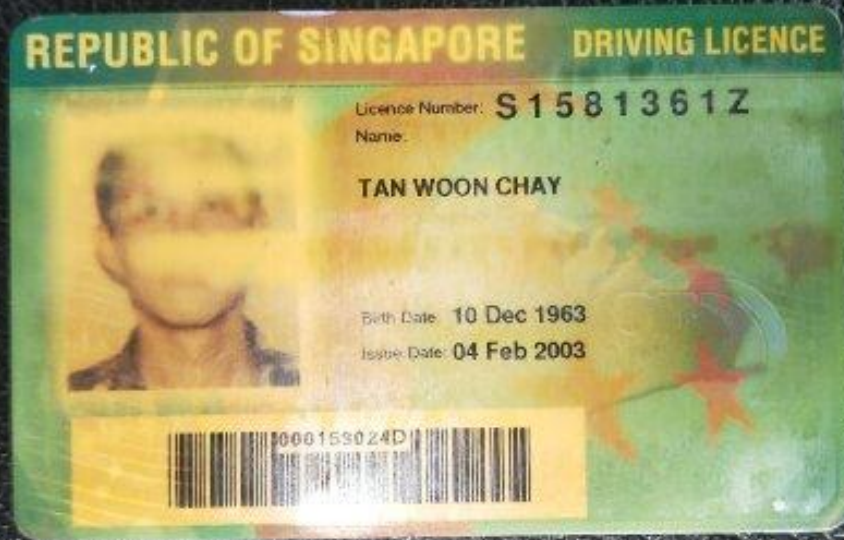
Classification Of Case:

FUPO hotline number: 68429645

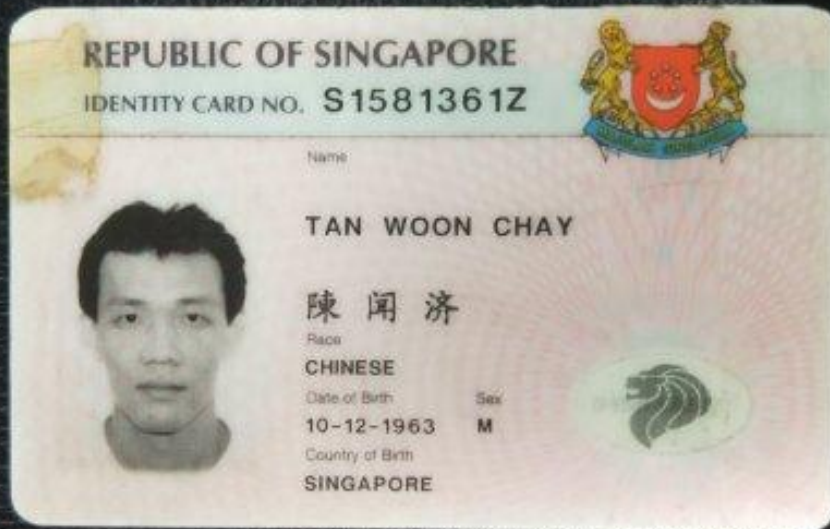




Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



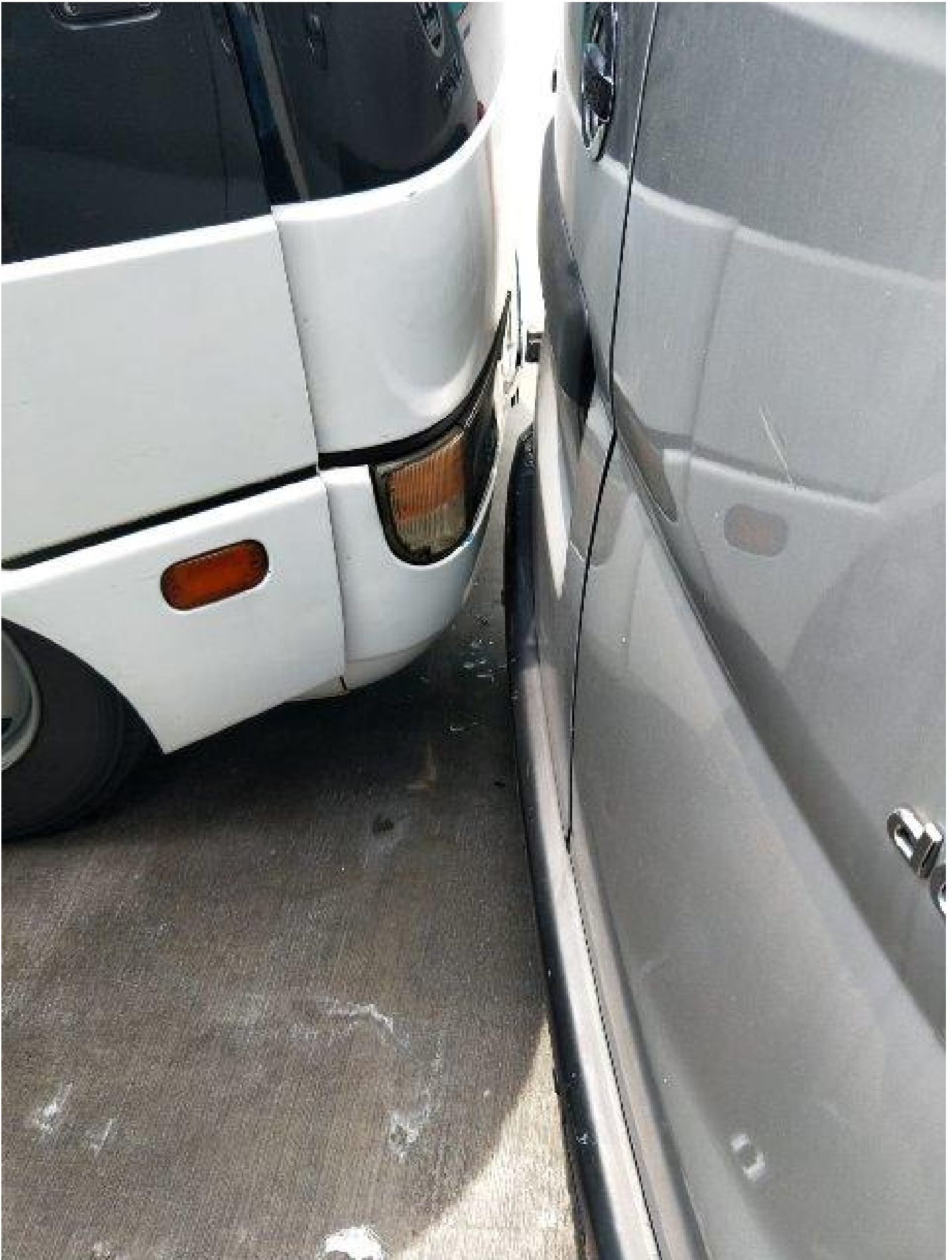
Accident Photo



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Accident Photo







GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S6650020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MT0A18045223-01 Vehicle Registration No: GBD5652R
Name (as shown in NRIC) : Think one Leasing Pte Ltd NRIC/FIN/Passport No : 201115609M
(*~~Vehicle Driver~~ / Vehicle Owner) (*) Please delete as appropriate
Address : 20 Ubi Road 4 #02-08, Think one Building Singapore (408622)
Contact (Tel) : 65553300 Mobile No. : 96988288
Email Address : _____
Date of Accident : 01-04-2018 Time of Accident : 14:30 HR
Place of Accident : Changi South Street 1
Insurance Company : NWC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend to the correct vehicle no



Policyholder / Driver's Signature
Date: _____

Think One Autocare Pte Ltd
18 Delfi Lane Avenue 2
Singapore 639522
Tel: 6844 3300 Fax: 6842 4988

Reporting Centre Personnel's Signature
Name: Tan Hui Kiang Karen
NRIC/FIN No.: 828205612
Date: 11-4-2018