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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number

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
- 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. repudiate policy ability.
- 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

oresaid.	ACCIDENT STATEMENT				
Of Depart	27/04/2018 13:26				
Date Of Report	26/04/2018 18:25				
Date Of Accident Exact Location Of Accident	FILER LANE TWDS OLD JURONG RD SINGAPORE				
Country/State of Loss	DETAILS OF OWN VEHICLE				
TO THE REAL PROPERTY OF THE PARTY OF THE PAR	SBD1688P				
Vehicle Registration Number					
Insured/Policyholder	CHAN BOON KENG \$1045142F				
Name Of Registered Owner					
NRIC No	JOHNSON8875@YAHOO.COM				
Email Address	(LOCAL) +65-97922348				
Mobile Phone No	OTHERS-97922348				
Alternative Phone No					
Vehicle Particulars	TOYOTA				
Manufacturer	IOTOIA				
Model	·				
Exact Purpose for which vehicle was being used a time of accident					
Are you claiming under your own insurance policy for repair to your vehicle?					
If No, Please state action to be taken	THIRD PARTY				
Vehicle Category	PRIVATE CAR				
Insurance Company	THE WALL BANGE COMPANY				
Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY				
Type Of Coverage	THIRD PARTY				
Fleet Policy	NO				
Policy Number	MOMVP000002628-00-000				
Cover Note Number					
Driver					
Name of Driver	CHAN JIT WAI JOHNSON				
NRIC No	S7524197F				
Date Of Birth	08/08/1975				
Occupation	OUTDOOR				
Date Of Driving Pass	04/02/1994				
Driving Experience	24 YEARS AND 2 MONTHS				
Gender	MALE				
Mobile Number	(LOCAL) +65-97922348				

OTHERS-97922348

JOHNSON8875@YAHOO.COM

Address BLK 176 LOMPANG ROAD

#20-41

Postcode 670176

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured CHILDREN

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? YES

Was any injured conveyed to hospital by NO ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

YES

1

NO

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SG1094K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

Name of Driver YAP CHEE YEONG

NRIC/Passport Number G2809246L

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHAN JIT WAI JOHNSON

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT

SBD1688P

YES

Page 3 of 23

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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.

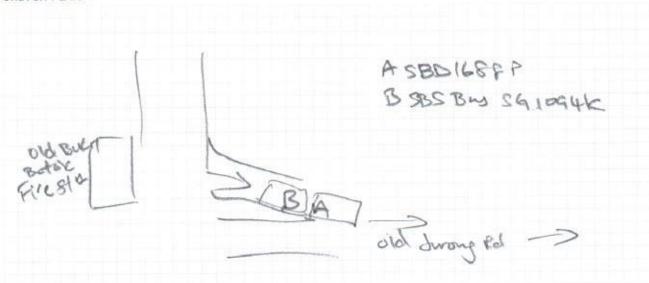
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	I wa	s et fi	Her lone	onsords da urung	Rd, from	Upper
Bu	at Tie	eah road	(see at	oched) of 6: as there as of old Juro Vehicle, SBD	IT pm on	26/4/18
	My	cal us s	testi mary	as there a	e cos	eomy
R	m +	raffic jo	nactin	of old Juno	my Rd. I	901 pz wis
V	1+ +	he back	c of way	vehicle . SBA	1864 P.	
13	I wo	s alme	in the	rehicle. The	bus is m	ortly full

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: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:









feported on 27/4/2018 : @ 1255HPS.

ACCIDENT STATEMENT

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2	0.707.07610					
	1.	DETAILS OF VEHICLE a) VEHICLE NUMBER:	BD (688	P		W
		b)INSURANCE COMPANY:				
	99	C)POLICY NUMBER:		NO PORTUGUIS	98	
		d)POLICY TYPE: (COMPREHENSI	VE / THIRD PARTY	THIRD PARTY FIR	E &THEFT)	
			ver mine i min r			88
		e)MAKE & MODEL:	//VAN/LOPPY/A	AOTORCYCLE / C	OTHERS)	
		g) VEHICLE CATEGORY: (PRIVATE	/ COMMERCIAL	MOTORCYCLE	TA 1/25 SAUG N	
		hJPURPOSE OF USING AT ACCID			200	
		IJARE YOU CLAIMING UNDER YO	ALIP OWN INCIDAN	ICE (YES/NO)		
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	2.	INSURED / POLICY HOLDER		(MALE / FE	EMALE)	
		A)NAME:		CONTACT:		
		b)NRIC/FIN/PASSPORT:		JONIACI	DC ASTRACTS	
		c) ADDRESS:		*	(7)	Tr.
		20		-		92
	3//	* CONTINUE TO 3.d IF DRIVER AL	SO POLICY HOLDS	:R		
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/ 13	civivas)	DINKIC/FIN/F A331 OKT.		CONTACT:T	1 (200)	.0
(-1)		c)ADDRESS:		-		59
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		FIDATE OF DRIVING PASS	THE INCHES	COMPANY? (Y	ES / NOT A	NE & Father
	4.	WAS DRIVER AN EMPLOYEE O	DRIVER WITH I	NELIDED.	20, 60	
		IF NO, RELATIONSHIP OF THE	DRIVER WITH I	TOC		
	5.	a) WEATHER CONDITION: (CLEA)	R / RAINING / OTH	EK3	1	
	- 12	BIROAD SURFACE: (DRY / WET /	OTHERS TO			
	٥.	WAS ANYBODY INJURED (YES / I	NO) stight			
	1.	IF YES, PLEASE STATE WHICH PO	STICE STATION		*	
	ð.	THIRD PARTY VEHICLE a) VEHICLE NUMBER: SG (b) DRIVER'S NAME: CAP c) NRIC/FIN/PASSPORT: CT	094K	MODEL:		
on or bris	ing ar	O VEHICLE NUMBER	YAP choe	Yeong		
hediotiss,	distrib	al NIDIC/EIN/PASSPORT: (T)	28092466	CONTACT:		
		C) NRIC/FIN/F ASSIGNIT. CITE	00			20
Pro Mide	9	THIRD PARTY VEHICLE		MODEL:	7.74	
The types	: :2110;z;=	d) VEHICLE NUMBER:		1.004-1		
	del .	e) DRIVER'S NAME:		CONTACT:		
111111111111111111111111111111111111111	vit I ve	f) NRIC/FIN/PASSPORT:		CONTACT		
		198				
						8875@ yahot
					Dungon	00 10 6 200100

email =

Johnson 8875@ yahoo. com





SBS SG 1094K driver particulars



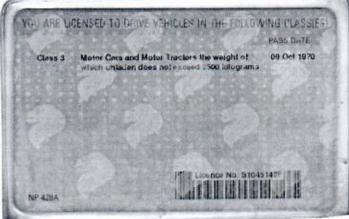
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REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$7524197F





CHAN JIT WAI JOHNSON

威

陈 E

CHINESE Date of birth 08-08-1975 M

SINGAPORE



3818158





27-12-2005

APT BLK 176 LOMPANG ROAD #20-41 SINGAPORE 670176

NRIC No. S7524197F

Date: 12/04/2018



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE 04 Feb 19.44

Motor Cars and Motor Yearlors the weight of which unladen does not exceed 2500 kingtiums

Licence No: \$7524197F

NP 428A



GREAT AMERICAN INSURANCE COMPANY

GST REG. NO .: M90370081T UEN: T15FC0029B 3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER SINGAPORE 039190

TEL: +65 6804 6000 FAX: +65 6235 2616

PRIVATE CAR THIRD PARTY ONLY POLICY SCHEDULE

ORIGINAL

We, Great American Insurance Company (hereinafter called the Insurer), hereby agree, in consideration of the payment to us by or on behalf of the Insured of the premium specified in the Schedule, to insure against loss, liability or expense in the manner hereinafter provided. Subject to the following terms, conditions, exclusions, clauses, endorsements and warranties printed hereon or attached hereto.

Policy No.

MOMVP000002628-00-000

Issue Date

: 24/07/2017

Times Insurance Brokers Pte Ltd

Intermediary

Chan Boon Keng

31045142F

Insured Address

Blk 402 Fajar Road

#04-221

(No. 2) \$

Singapore 670402

From 01/09/2017 (00:00) To 31/08/2018 (23:59) (Both Dates Inclusive)

Period of Insurance Policy Version

MVP_0116_V1.4

254 164458

Coverage Details

Sum Insured

N/A

Premium Inclusive GST

SGD 581.19

Cover Type

Private Car (Third Party Only)

Primary Driver

Chan Boon Keng

Named Driver 1

NA

Named Driver 2

N/A

N/A

Named Driver 3

TOYOTA CORONA GLI A

Manufacturing Year

: 1992

Vehicle Make Model

Vehicle Capacity

1587

Registration Number

SBD1688P

Off Peak Car

No

Chassis Number

AT1900037228

Engine Number

4AB089858

NCD Entitlement

30% No Claim Discount

NCD Protection

No

Workshop

Not Applicable

Excess (Section 1)

N/A

Excess (Section 2)

Windscreen Excess

N/A

N/A

Hire Purchase

N/A

Subjected to the following terms, conditions, clauses, endorsements and warranties printed hereon or

THE FOLLOWING ENDORSEMENTS AND CLAUSES ARE APPLICABLE TO THIS POLICY

It is hereby understood and agreed that Sections I (and its Exceptions), III and IV of this Policy are not applicable. The Insurer shall only indemnify the Insured under Section II of the Policy.