

## 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	24/05/2018 09:52
Date Of Accident	23/05/2018 14:55
Exact Location Of Accident	2 CHANGI BUSINESS PARK CRESENT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE7761R
<b>Insured/Policyholder</b>	
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-65553300

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 3.0 DXMT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	AZAM BIN YON
NRIC No	S1344221E
Date Of Birth	18/04/1959
Occupation	OUTDOOR
Date Of Driving Pass	23/12/1987
Driving Experience	30 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81532584
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 109 BUKIT BATOK WEST AVENUE 6 #07-14
Postcode	650109
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	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

ON THE 23.05.2018 AT ABOUT 1455HR. I WAS PARKING ALONG AT 2 CHANGI BUSINESS PARK CRESENT. ASIDE OF THE PREMISES A VEHICLE SLR8465C COLLIDE AT MY REAR LEFT. NO INJURIES IN THIS ACCIDENT.

#### 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	SLR8465C
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	DEEPA
NRIC/Passport Number	S7780463C
Contact Number	92962154
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**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.
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 liability.
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. 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.
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.



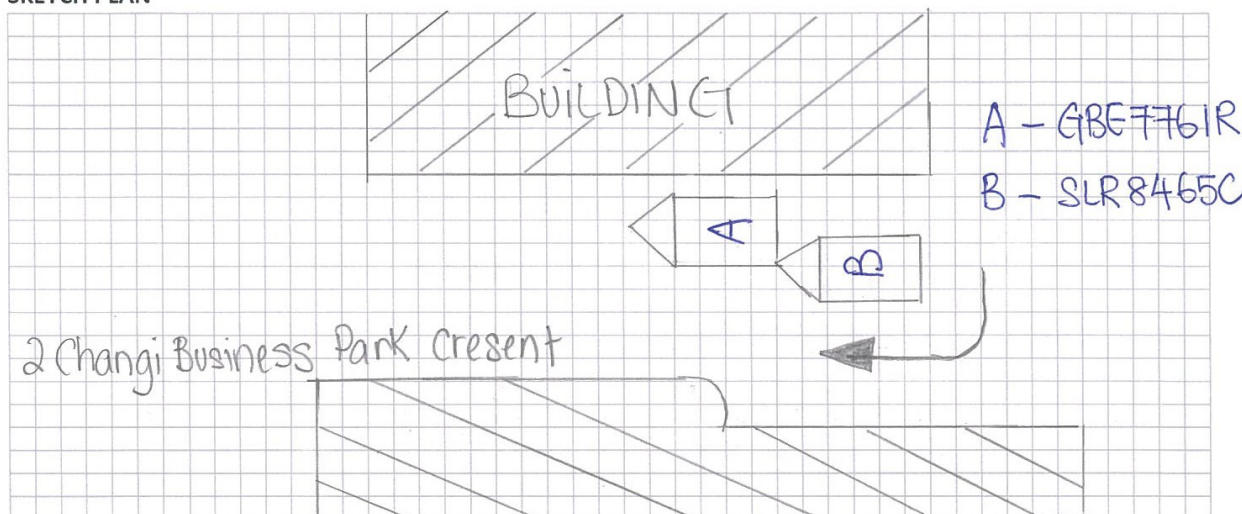
Policyholder's Signature  
Date & Time:

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

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

**Think One Autocare Pte Ltd**  
18 Defu Lane Avenue 2  
Singapore 539522  
Tel: 6844 3300 Fax: 6842 4988

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Parking along at

On the 23.05.2018 at about 1455hr. I was ~~driving~~ 2 Changi Business park crescent. I was parking aside of the premises a vehicle SLR 8465C collide at my rear left. No injuries in this accident.

DECLARATION

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



Policyholder's Signature  
Date & Time:


*M* 24/5/18 0956hr.

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

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

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1344221E



Name  
AZMAN BIN YON

Race  
MALAY


Date of birth  
18-04-1959

Sex  
M

Country of birth  
SINGAPORE

S1344221E

REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number: S1344221E  
Name:  
AZMAN BIN YON

Birth Date: 18 Apr 1959  
Issue Date: 25 Aug 2003


000769433K

81532584

4501651



NRIC No. S1344221E



Date of Issue  
26-12-2009

Address  
APT BLK 109 BUKIT BATOK WEST AVENUE 6  
#07-14  
SINGAPORE 650109

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	28 Jun 1982
Class 2A Motorcycles between 201 cc and 400 cc	28 Jun 1982
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Dec 1987

NP 428A

Licence No. S1344221E

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

