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 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.

ACCIDENT STATEMENT	
Date Of Report	27/06/2018 15:01
Date Of Accident	26/06/2018 13:55
Exact Location Of Accident	ALONG WHITLEY ROAD TOWARDS STEVENS ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKA2322Y
Insured/Policyholder	
Name Of Registered Owner	DBS BANK LIMITED
Co Reg No	196800306E
Email Address	LIMINPEARLISA@DBS.COM
Mobile Phone No	(LOCAL) +65-92960941
Alternative Phone No	OFFICE-92960941
Vehicle Particulars	
Manufacturer	JAGUAR
Model	XJL-5.0 V8 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088556759-01
Cover Note Number	
Driver	
Name of Driver	MOHD FARRIS BIN PADILLAH
NRIC No	S1782836C
Date Of Birth	06/11/1966
Occupation	OUTDOOR
Date Of Driving Pass	16/12/1986
Driving Experience	31 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92960941
Fax Number	
Contact Number	OTHERS-92960941
EMail Address	LIMINPEARLISA@DBS.COM

Address	BLK 182 ANG MO KIO AVENUE 5 #02-2892
Postcode	560182
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

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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?	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?	YES
If Yes,Please state which Police Station	
Police Station Name	MARINA BAY NPC
Police Station Address	**ROAD**: 70 MARINA VIEW , **POSTCODE:** 018962 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	SHC755U
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
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:

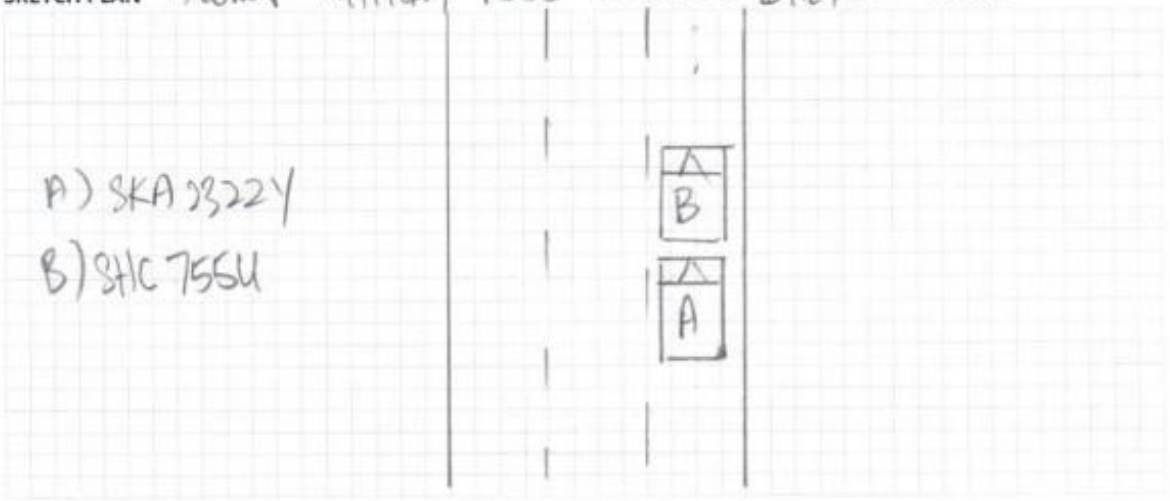
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (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: 1450 27-01-2018	Reporting Centre Personnel's Signature Name: NRIC/FIN No.

Accident Sketch Plan

SKETCH PLAN ALONG WHITLEY ROAD TOWARDS STEVEN ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 26-06-2018 AT ABOUT 1355HRS, I WAS AT WHITLEY ROAD DRIVING TOWARDS STEVEN RD. STOP AT THE TRAFFIC LIGHT JUNCTION AS THE SIGNAL LIGHT WAS RED I STOP MY VEHICLE SKA 3322Y. AS THE LIGHT TURNS GREEN I RELEASE MY BRAKE AND MY VEHICLE HIT THE BUMPER OF THE FRONT VEHICLE SHC 755U. DUE TO THE HIT SHC 755U HAD A SLIGHT SCARTCH ON THE BUMPER. MY VEHICLE HAD A MINOR SCARCH AT THE FRONT BUMPER. THE CONDITION OF THE ROAD IS WET DUE TO RAINING. ROAD CONDITION IS SLIGHTY HEAVY.

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: 1450
27-06-2018

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

17/06/2018

Annex D

NOTICE OF REPORTING

This is to confirm that Mohd Farris Bin Padillah, NRIC/FIN S1782836C, Apt Blk 182 Ang Mo Kio Ave 5 #02-2892, has reported to the Police a non-injury traffic accident which occurred at Whitley Rd towards Steven Rd on 26/06/2018 at 0155 ~~am~~/pm involving the following vehicles:

1) SHC755U Yellow City Cab
2) SKA2322Y Jaguar

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt Joey

Date: 26/06/2018 Time: 1540hrs

S/D Ref: #13

Police Post/Unit : Marina Bay NPC

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Addendum Sheet

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: S66SS0020G / 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 : MNAA1808296S Vehicle Registration No: SKA 2322Y

Name(as shown in NRIC) : MOHD FARRIS BIN PARMAN NRIC/FIN/Passport No : S1782836C

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 92960941

Email Address : _____

Date of Accident : 26/08/2018 Time of Accident : 13:55

Place of Accident : ALONG WHAMPOA ROAD TOWARDS STEVENS ROAD

Insurance Company : NTUC

(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:

DRIVER DATE OF DRIVING PASS TO 16/12/1986

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: Rolli VP1003
Date: @5/07/2018