

## 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	09/07/2018 17:29
Date Of Accident	08/07/2018 13:30
Exact Location Of Accident	BLK 673 TUSHUN AVE 4(OUTSIDE MSCP)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW617G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JAS AUTO SERVICES
Co Reg No	53255447K
Email Address	GMAAUTO.RENTAL@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-94554958

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 G (A)
Exact Purpose for which vehicle was being used at time of accident	
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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5073429478-02
Cover Note Number	

### Driver

Name of Driver	ZHU QIU YU
NRIC No	S2651038D
Date Of Birth	15/07/1964
Occupation	OUTDOOR
Date Of Driving Pass	14/08/1993
Driving Experience	24 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94554958
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK. 489 ADMIRALTY LINK #13-103
Postcode	750489
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : WANG MEI LAN 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

ON 08.07.18 AT AROUND 1.30PM, I WAS TRAVELLING IN MY VEHICLE SJW617G WITHIN THE COMPOUND OF 673 YISHUN AVE 4. ALL OF A SUDDEN, AN IMPACT CAME ONTO THE FRONT RIGHT DOOR OF MY VEHICLE. I GOT OUT OF MY VEHICLE FROM THE FRONT LEFT DOOR AND REALIZED VEHICLE SHC8330J COLLIDED ONTO MY VEHICLE WHILE TURNING OUT FROM THE MSCP.

#### 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	SHC8330J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	MS FIRST CAPITAL INSURANCE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

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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:

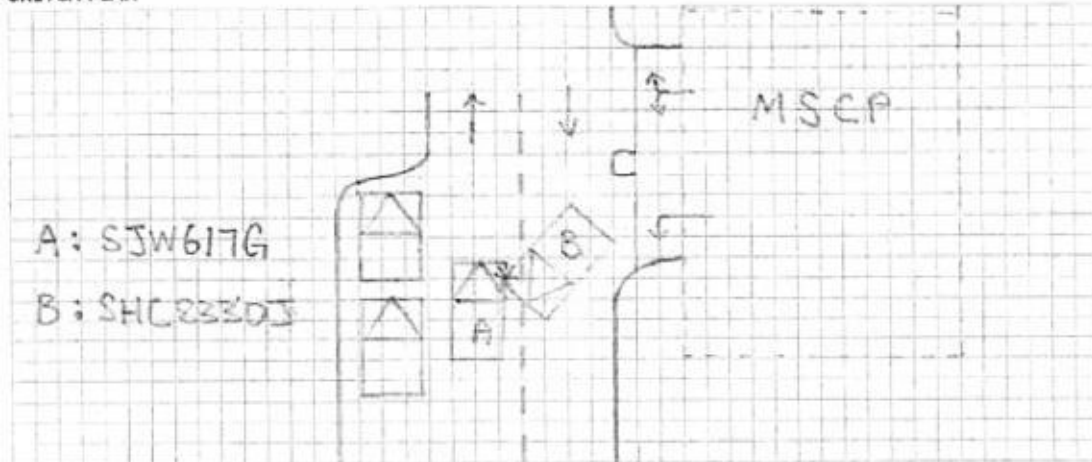


進成汽車服務私人有限公司  
CYS Automobile Services Pte Ltd  
38 Woodlands Industrial Park East 1  
#07-12 Admiralty Industrial Park  
Singapore 757200  
Tel: 6519 8006 (main), Fax: 6519 2096

Reporting Centre Personnel's Signature  
Name: Lee Wei Sin  
NRIC/FIN No.: S84603070

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 9/7/18, AT AROUND 1.30pm, I WAS TRAVELLING IN MY VEHICLE  
 SJW617G WITHIN THE COMPOUND OF 673 YISHUN AVE 4,  
 ALL OF A SUDDEN, AN IMPACT CAME ONTO THE FRONT RIGHT DOOR OF  
 MY VEHICLE. I GOT OUT OF MY VEHICLE FROM THE FRONT LEFT  
 DOOR AND REALIZED VEHICLE SHC8330J COLLIDED ONTO MY  
 VEHICLE WHILE TURNING OUT FROM THE MSCP.  
 LOCATION: OUTSIDE BLK 673 YISHUN AVE 4 MSCP.

## DECLARATION

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



Policyholder's Signature  
 Date & Time:

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

通友成汽車服務私人有限公司  
 CYS Automobile Services Pte Ltd  
 38 Woodlands Industrial Park East 1  
 #07-17 Admiralty Industrial Park  
 Singapore 757700

Reporting Centre Person's Signature  
 Name: Teo Wee Seng  
 NRIC/FIN No.: