

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	24/07/2018 12:34
Date Of Accident	22/07/2018 13:45
Exact Location Of Accident	CLEMENCEAU AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT8749Z
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Insured/Policyholder

Name Of Registered Owner	ALLSWELL MOTOR TRADERS
Co Reg No	53192889J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64625405

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 HYBRID X (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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5068430889-03
Cover Note Number	

Driver

Name of Driver	LIEW FOOK KEE
NRIC No	S1734039E
Date Of Birth	30/07/1966
Occupation	OUTDOOR
Date Of Driving Pass	19/09/1986
Driving Experience	31 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93371110
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 68 TELOK BLANGAH HEIGHTS #13-293
Postcode	100068
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER & LEASEE
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)	3
Passenger 1	NAME: : PASSENGER (CHINESE) GENDER: : MALE
Passenger 2	NAME: : PASSENGER (CHINESE) GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	PLEASE SEE POLICE REPORT ATTRACTED
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT ATTRACTED. THANKS

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	SLZ6563Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name
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:

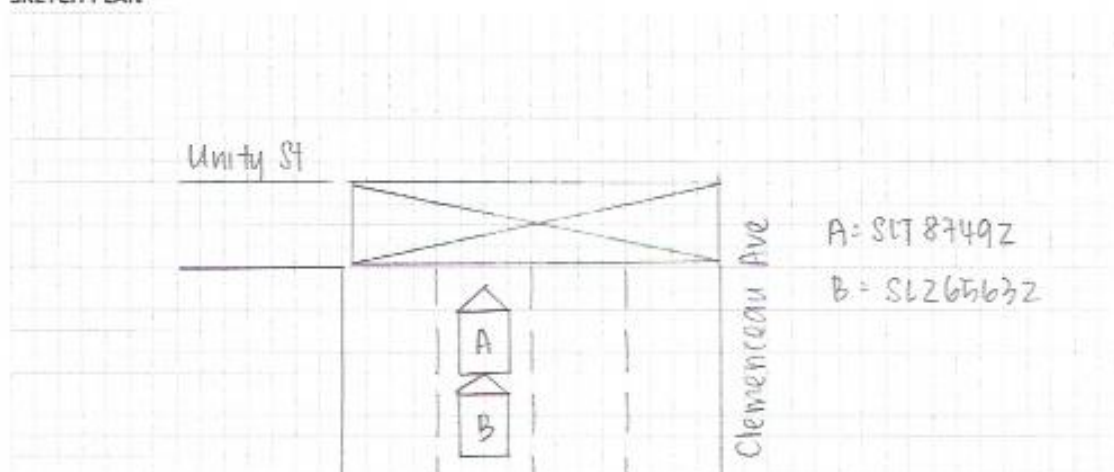


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report.

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/HIN No.:

Accident Photo



Accident Photo



Accident Photo



Identification Card



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that LIEW FOOK KEE (Blk 68 Telok Blangah Heights #11-293 HP:93371110), NRIC/FIN: S1734039E, has reported to the Police a non-injury traffic accident

which occurred at ALONG CLEMENCEAU AVE TOWARDS RIVER VALLEY RD on 22/07/2018 at 1345hrs involving the following vehicles:

- V1) SLT 8749Z - Complainant's VEHICLE
- V2) SLZ6563Z - Defendant's VEHICLE

On 22/07/2018, at around 1345hrs, I was travelling in my vehicle, bearing the registration number SLT 8749Z, along Clemenceau Ave towards River Valley Rd on the Lane 3. I had 2 passengers with me. A comfort Taxi was travelling beside me in Lane 2. The taxi suddenly cut into my lane and turned left to go to Unity St. I then stepped on my brake to avoid collision with the taxi.

After which, I heard a loud bang and felt my vehicle being hit from behind and immediately stopped my vehicle to make a check. I saw that my rear right bumper was misaligned and there were scratches on it. Both me and the other driver (Tan Boon Beng S1166802Z HP:81688126), exchanged particulars and then drove off.

I wish to state that both of my passengers said that they were alright and did not suffer any injuries. There was an in-car camera footage of the incident captured by the defendant's vehicle. I am not sure what is the taxi's registration number.

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 Clarence Wong

Date: 23/7/18 Time: 1250hrs

S/D Ref: 7

Police Post/Unit: Telok Blangah NPP

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

Liew Fook Kee
S1734039/E
23/07/2018

[Signature]

CONFIDENTIAL

Version as of 15 Jan 2002

Sgt T88173
Clarence Wong
C. Wong
Telok Blangah
Neighbourhood Police Post
Blk 51 Telok Blangah Drive
#01-116/118
Singapore 100051
Tel : 1800-2729999