

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	21/08/2018 10:06
Date Of Accident	10/06/2018 20:45
Exact Location Of Accident	STILL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL8629C
Insured/Policyholder	
Name Of Registered Owner	HYCARZ GROUP
Co Reg No	53316295E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	SUBARU
Model	-
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5080540455-01
Cover Note Number	

Driver

Name of Driver	GOH YIN LEI
NRIC No	S8719219I
Date Of Birth	01/07/1987
Occupation	OUTDOOR
Date Of Driving Pass	06/11/2012
Driving Experience	5 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92717696
Fax Number	
Contact Number	
EEmail Address	CHRISTINE.GOHYL@GMAIL.COM

Address	87 TAMPINES AVE 1 #05-30
Postcode	528688
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	
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

PLS REFER TO THE ATTACHED STATEMENT.

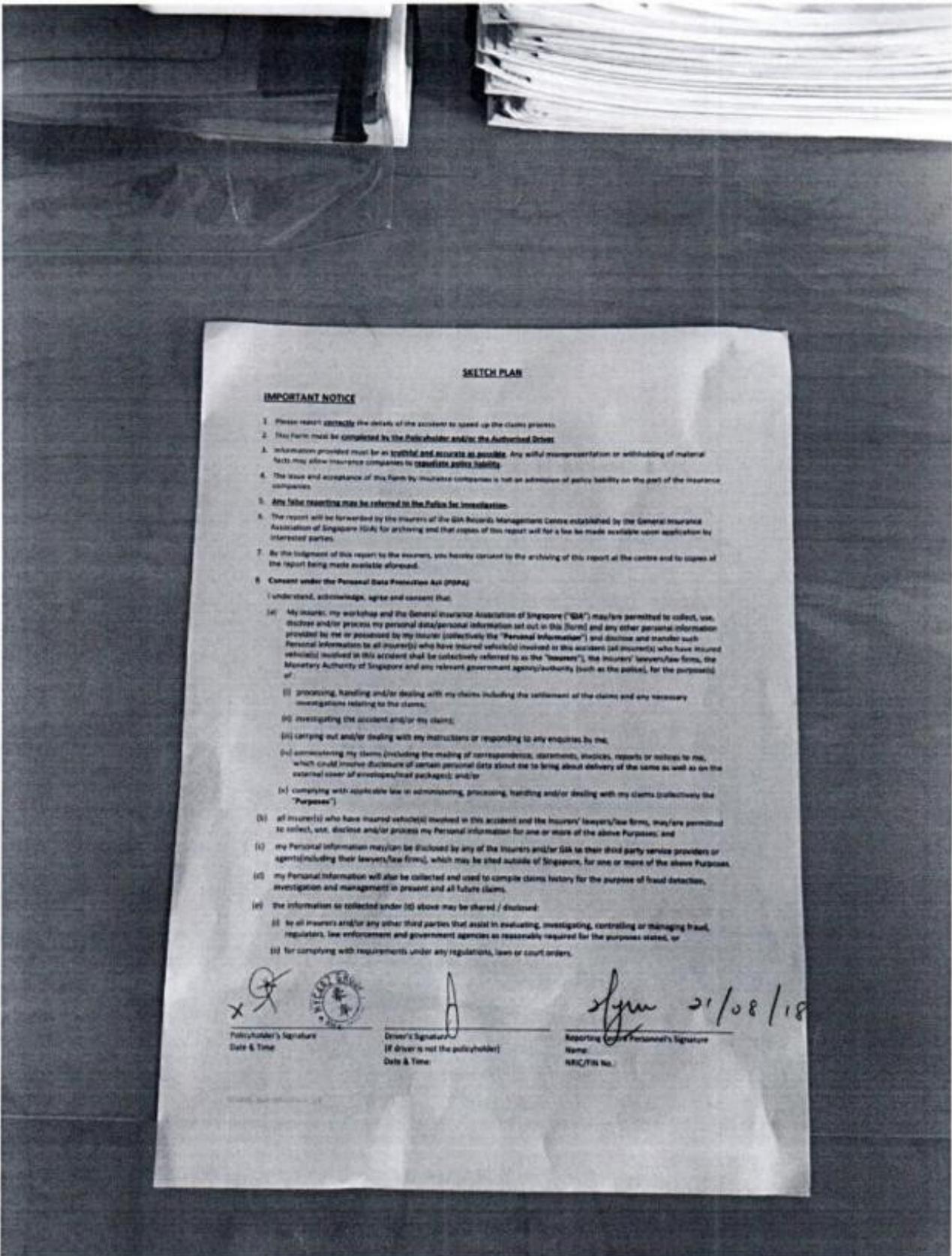
Attachment(s)

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	SLK6313H
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)	

Accident Sketch Plan



SKETCH PLAN

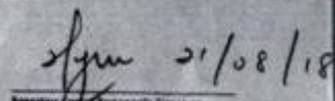
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- 8. Consent under the Personal Data Protection Act (PDPA)**
- I understand, acknowledge, agree and consent that:
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIAS") may/are permitted to collect, use, disclose 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 manage 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 purposes 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 IGA 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 (b) 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

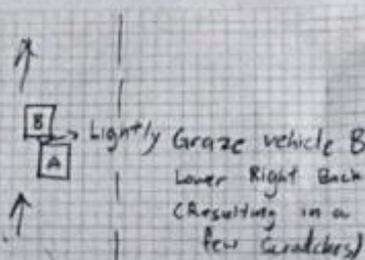
 21/08/18
 Reporting Officer/Personnel's Signature
 Name:
 NRIC/FIN No.

Individual Statement

SKETCH PLAN

A-SJLP621C
B-SLK6313H

5TH Road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

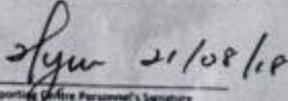
Vehicle A was driving along still road towards PIE
 Vehicle B was behind of vehicle A. It was a heavily
 congested traffic, all the cars were not moving.
 Vehicle A was trying to shift to the other lane, while
 accidentally lightly ^{graze} ~~graze~~ the lower right back of vehicle B.
 There were a few scratches, vehicle A moved for outside settlement
 vehicle B had vehicle A contact, resulting him to make a report
 vehicle A found vehicle B contact and contacted him for
 outside settlement vehicle B agreed. There is a form of
 outside settlement attached.

DECLARATION

(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 Officer's Signature
 Name:
 NRIC/IN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



PRIVATE SETTLEMENT

Private settlement

1. Details of Accident:
 Date (dd/mm/yyyy) / Time: 10/06/2018 Location: ALONG STEEL ROAD TOWARDS PIE

2a. Motor-vehicle registration no: SLK6313H driven by: ANWAR BIN HENRY (Name & NRIC no): S1865378
 and owned by: AC CAR RENTAL PIE LTD (Name & NRIC no): _____

2b. Motor-vehicle registration no: SJ28629C driven by: Goh Yin Lei (Name & NRIC no): S8719219I
 and owned by: My Car 2 Group (Name & NRIC no): -53316295E

3. There are no personal injuries or death involved.

4. The parties have agreed to settle this matter amicably as follows: *delete a) or b) as applicable.
 a. Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident.
 b. Without any admission of liability, (party paying compensation) has paid a sum of \$ 7000 (IN FULL) which (owner receiving compensation) hereby acknowledges receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

5. Both parties have not and will not make a police report of this accident.

6. We understand that the information collected on this private settlement form will be kept and used by NTUC Income for investigating and administering claims, fraud detection and underwriting future insurance applications.

Name (paying party): GOH YIN LEI (NRIC no): 92717696
 NRIC / Passport no: S8719219I Signature: [Signature]

Name (owner receiving compensation): AC CAR RENTAL P/L (NRIC no): 97797000
 NRIC / Passport no: 201613099C Signature: [Signature]

3 JULY 2018 PAY \$2000 CASH - his [Signature] RECEIVED [Stamp]

BY 6 JULY 2018 \$5000 TO BE FULLY CLEAR THE OUTSTANDING FROM GOH YIN LEI S8719219I. his [Signature] RECEIVED [Stamp]

TOTAL RECEIVED \$7000 CASH [Signature] [Stamp]