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

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		ACCIDENT STATEMENT
	Date Of Report	20/08/2018 15:41
	Date Of Accident	18/08/2018 12:10
	Exact Location Of Accident	CTE TOWARDS CITY BEFORE BUKIT TIMAH EXIT
	Country/State of Loss	SINGAPORE
		DETAILS OF OWN VEHICLE
	Vehicle Registration Number	SJX3144D
	Insured/Policyholder	
	Name Of Registered Owner	ALLSWELL LEASING & LIMOUSINE PTE.LTD
	Co Reg No	201432541Z
	Email Address	NOEMAIL
	Mobile Phone No	
	Alternative Phone No	OFFICE-64625405
	Vehicle Particulars	
	Manufacturer	TOYOTA
	Model	COROLLA-1.6 (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

5085700497-01

Cover Note Number

Driver

Policy Number

Name of Driver JOHANIS BIN JOHARI

NRIC No S7717086C Date Of Birth 23/06/1977 Occupation **OUTDOOR Date Of Driving Pass** 23/03/2006

Driving Experience 12 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93798623

Fax Number **Contact Number**

EMail Address NOEMAIL

BLK 753 WOODLANDS CIRCLE Address

#02-540

Postcode 730753

Was driver an employee of the Insured's Company

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

COLLISION - HEAD TO REAR Type Of Accident

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

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : CHINESE PASSENGER

> GENDER: : MALE

Passenger 2 : CHINESE PASSENGER NAME:

> **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 Saturday, 18th Aug 2018. I was ferrying 2 passenger, a Chinese couple in late 50s to early 60s from Bishan to Carlton Hotel at Bras Basah. While at the CTE heading towards the City,clue to heavy traffic, the car was stationary when suddenly a tipper truck, with licence plate number XD7240Y, driver by a Chinese name Zhang Yutao, hit us from behind. The impact caused the car to hit the vechile in front a Hyundai Elantra with plate number SLN7492B. At this instant our location was just before the Bukit Timah exit. Myself and the 2 passenger, although not injured, but was slightly shocked. They made their way out of the accident location on their own mentioning that they will see a doctor just to ensure they are OK followed by making a police report.

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 Witness 1

Name LOO YOW TONG

Phone Number **Email Address**

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

XD7240Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR ZHANG YUTAO G8454098L

Sketch Plan

SKETCH PLAN

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- 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 insurers) 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:
 - 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:

119798

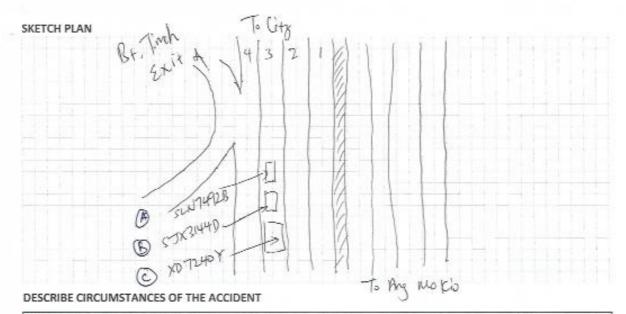
- to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.

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

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:



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DECLARATION

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

Policyholder's Signature Date & Time:

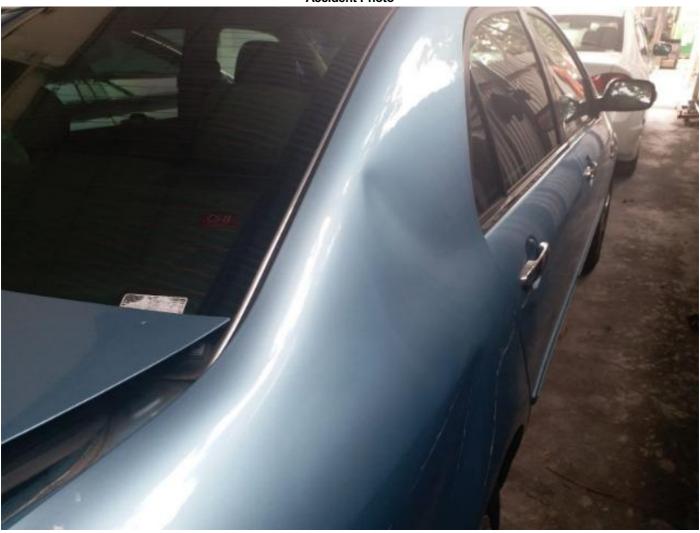
Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:















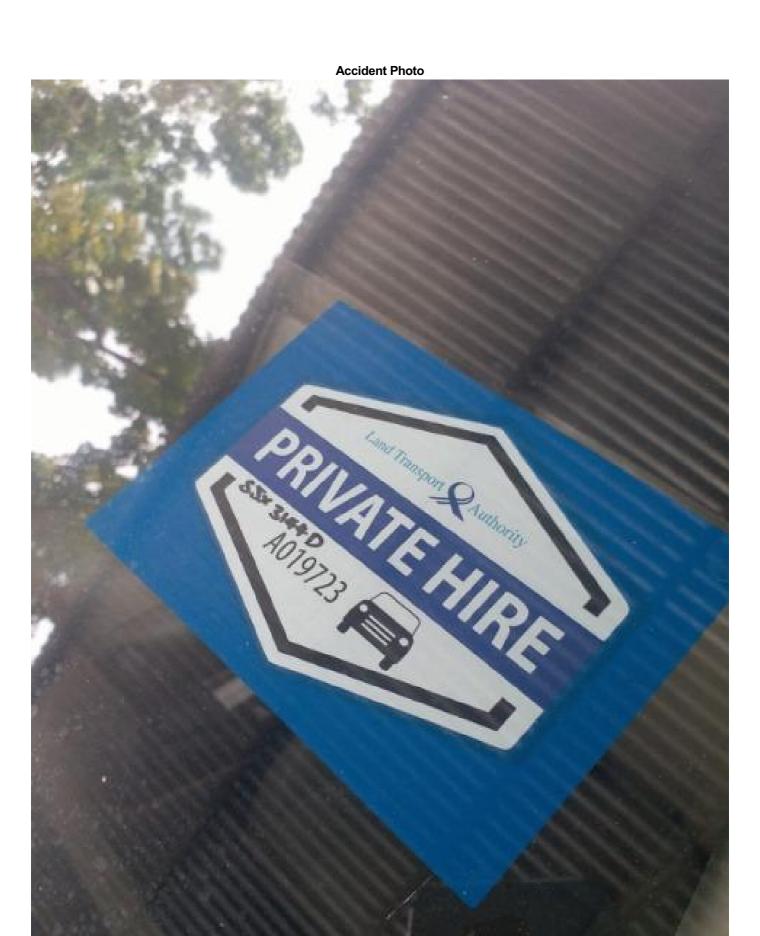




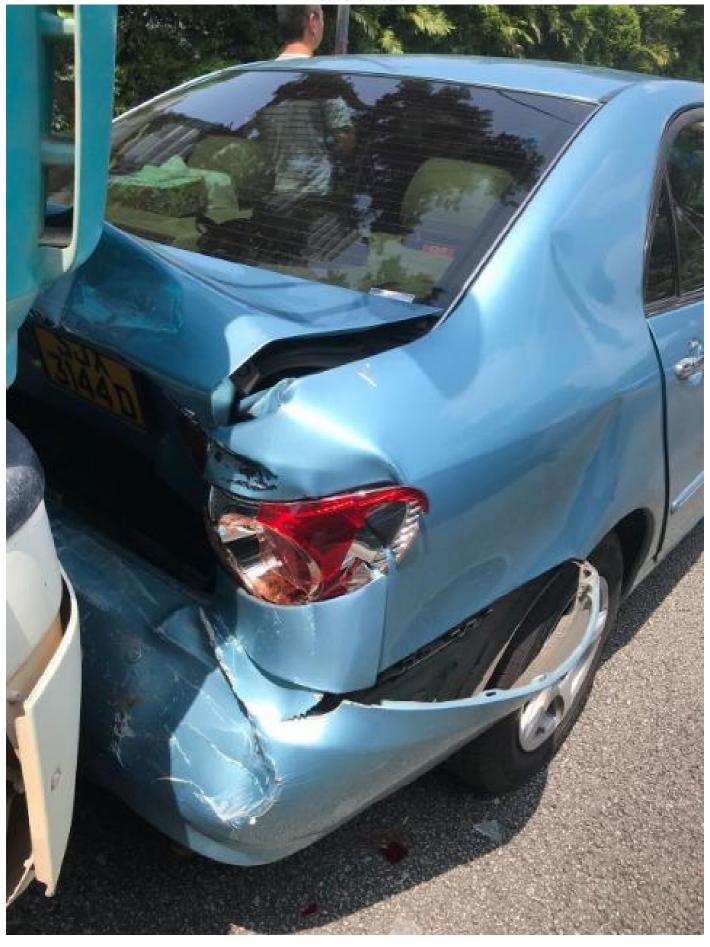






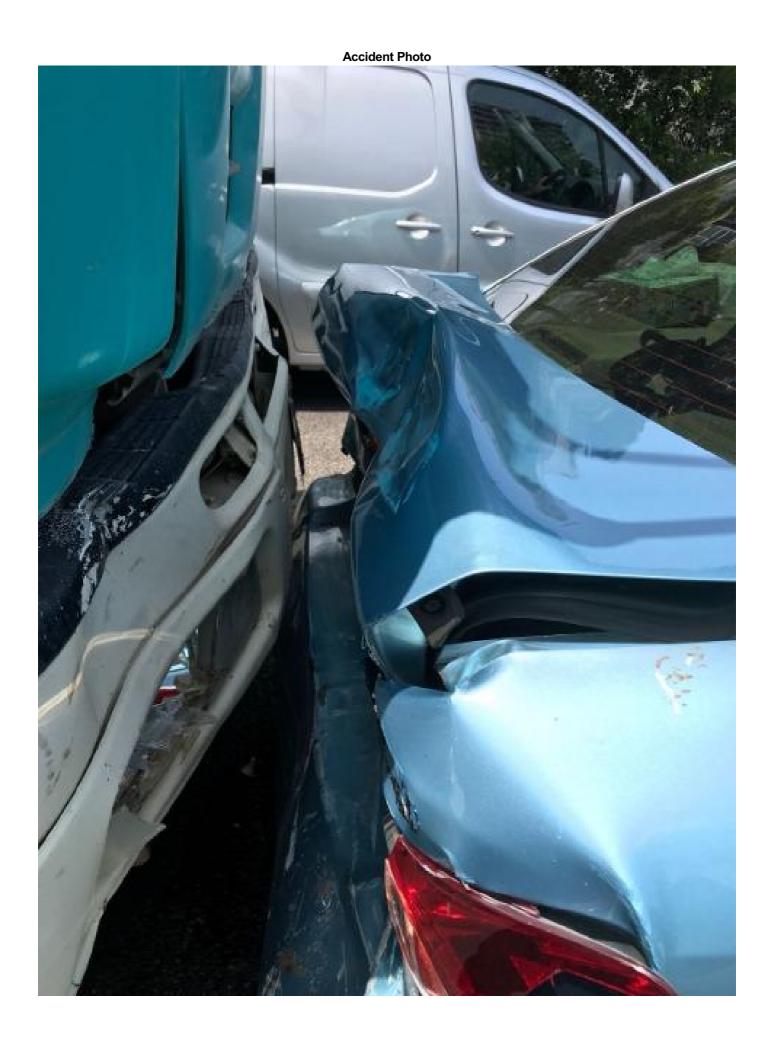


























Identification Card

