

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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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	21/09/2018 09:25
Date Of Accident	21/09/2018 08:05
Exact Location Of Accident	JURONG PORT RD TOWARDS JLN AHMAD IBRAHIM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG730R
Insured/Policyholder	
Name Of Registered Owner	FIRETECH SERVICES PTE LTD
Co Reg No	200108054Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91835215

Vehicle Particulars

Manufacturer	NISSAN
Model	VAN
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091278335-01
Cover Note Number	

Driver

Name of Driver	XU JIANYUAN
NRIC No	S8071882I
Date Of Birth	28/07/1980
Occupation	INDOOR
Date Of Driving Pass	13/07/2006
Driving Experience	12 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91835215
Fax Number	
Contact Number	
Mail Address	NOEMAIL

Address BLK 218B BOON LAY AVE #07-273

Postcode

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 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

Have you been approached by unknown person(s) soliciting/offering accident claims assistance? NO

Number of Passengers (Including Driver) 2

Passenger 1 NAME: : --

GENDER: : MALE

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

Against whom?

Circumstances of Accident

REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER.

Attachments

Are accident photos available for attachment? YES

Were any video captured by Car Camera? NO

Were any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Registration Number YN9146J

Make/Model/Colour

Number of Properties

Category COMMERCIAL VEHICLE

Driver

Chassis Number

Engine Number

Company Name

Damage

Number of Passengers (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.

FIRETECH SERVICES PTE LTD
50 Bukit Batok Street 23
#07-03/04 Midview Building
Singapore 659578
Tel: 6267 9595 Fax: 6267 9559

IDAC BUKIT BATOK (VAC)

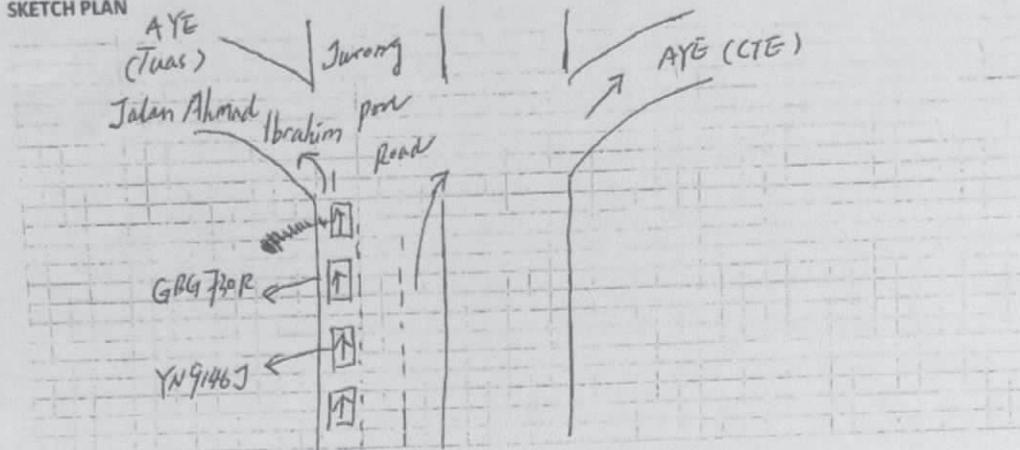
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21-Sep-18 around 0803hrs. I drove Van GBG 730R along Jurong Port Road towards to Jalan Ahmad Ibrahim AYE (Tuas). I drove about 40 kmh. Suddenly behind Lobby YN9146J hit my Van.

DECLARATION

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

Policyholder's Signature: [Signature] 21/09/18
 Date & Time: 08:38hrs
 RRETECH SERVICES PTE LTD
 50 Bukit Batok Street 23
 #07-03/04 Midview Building
 Singapore 659578
 Driver's Signature: [Signature]
 Date & Time: 08:38hrs
 (If driver is not the policyholder)

IDAC BUKIT BATOK (VAC)
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: