

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	01/10/2018 16:52
Date Of Accident	30/09/2018 13:50
Exact Location Of Accident	FARRER DRIVE TOWARDS FARRER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG2031L
Insured/Policyholder	
Name Of Registered Owner	TOYS 4 RENT
Co Reg No	53123118J
Email Address	DEBYFAN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-85880270
Alternative Phone No	OFFICE-85880270

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 (A)
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	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	5092150265-01
Cover Note Number	22/06/2018 TO 21/06/2019

Driver

Name of Driver	FAN PENGXIA
NRIC No	S2720987D
Date Of Birth	10/05/1967
Occupation	OUTDOOR
Date Of Driving Pass	08/03/2017
Driving Experience	1 YEAR AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-85880270
Fax Number	
Contact Number	
EEmail Address	DEBYFAN@HOTMAIL.COM

Address	BLOCK 35 TEBAN GARDENS ROAD #08-282
Postcode	600035
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	2
Was any body injured in the Accident?	YES
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)	2
Passenger 1	NAME: : THAJUL 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
If Yes, against whom?	

Circumstances of Accident

On 30/09/2018 at about 1350hrs, I stopped my vehicle (A: GBG2031L) along Farrer Drive towards Farrer Road due to give way for major road vehicle. Suddenly I felt an impact from my vehicle's rear portion and realised that vehicle (B: SKQ8018C) had hit onto my vehicle's rear portion. After the accident, I felt unwell. Vehicle A (GBG2031L) - 1 male adult passenger on board. Vehicle B (SKQ8018C) - No passenger on board.

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	SKQ8018C
Vehicle Make/Model/Colour	LEXUS, BEIGE
Details Of Properties	SALOON CAR
Vehicle Category	PRIVATE CAR
Name of Driver	MEI SHIAO CHEN
NRIC/Passport Number	S1787837I
Contact Number	9681 6239
Address	
Postcode	
Insurance Company Name	

Nature Of Damage FRONT PORTION

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name FAN PENGXIA

Approximate Age 51

Injuries Sustain BACK PAIN

Injured person in which vehicle? SKQ8018C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address BLOCK 35 TEBAN GARDENS ROAD
#08-282

Postcode 600035

SKETCH PLAN

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 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. The 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 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.



Policyholder's Signature
Date & Time:

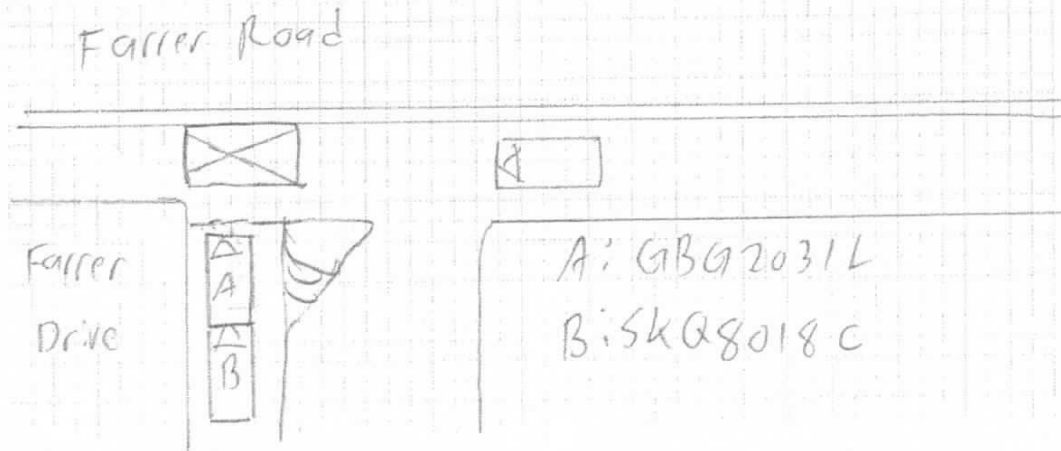
Driver's Signature
(If driver is not the policyholder)
Date & Time:

01/10/2018 @ 17:10h

[Signature]

Reporting Centre Personnel's Signature
Name: *Lim Wei Sheng*
NRIC/FIN No.: *G6864052R*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to CIA 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:

01/10/2018 1710hr

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

Lam Wei Shun
G6864052R