

### 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 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	09/03/2015 20:22
Date Of Accident	03/03/2015 16:00
Exact Location Of Accident	33 upper cross multi storey carpark
Country/State of Loss	Singapore

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC7657U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	STVE PTE LTD
Co Reg No	198703585C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-62262751

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	Commercial Vehicle

#### Insurance Company

Name of Insurance Company	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-12039930MFCV
Cover Note Number	N.A

#### Driver

Name of Driver	LEE WENG CHEONG
NRIC No	S2160142Z
Date Of Birth	12/07/1941
Occupation	Outdoor
Date Of Driving Pass	01/09/1966
Driving Experience	48 Years And 6 Months
Gender	Male
Mobile Number	(Local) +65-98219587
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	N.A
	N.A
Postcode	N.A
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 (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	2

#### 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

I was already indicate the signal to reverse when suddenly vehicle GBB9573U from the rear trying to overtake and hit the side of my vehicle GBC7657U. The driver of GBB9573U keep saying that my vehicle doesn't have the right to park at the lot which i intend to park and cause the delay as result the driver decide to overtake my vehicle GBC7657U. I wish to indicate that my vehicle was a season parking holder that the mscp. No injuries and thats all

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB9573U
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

**IMPORTANT NOTICE**

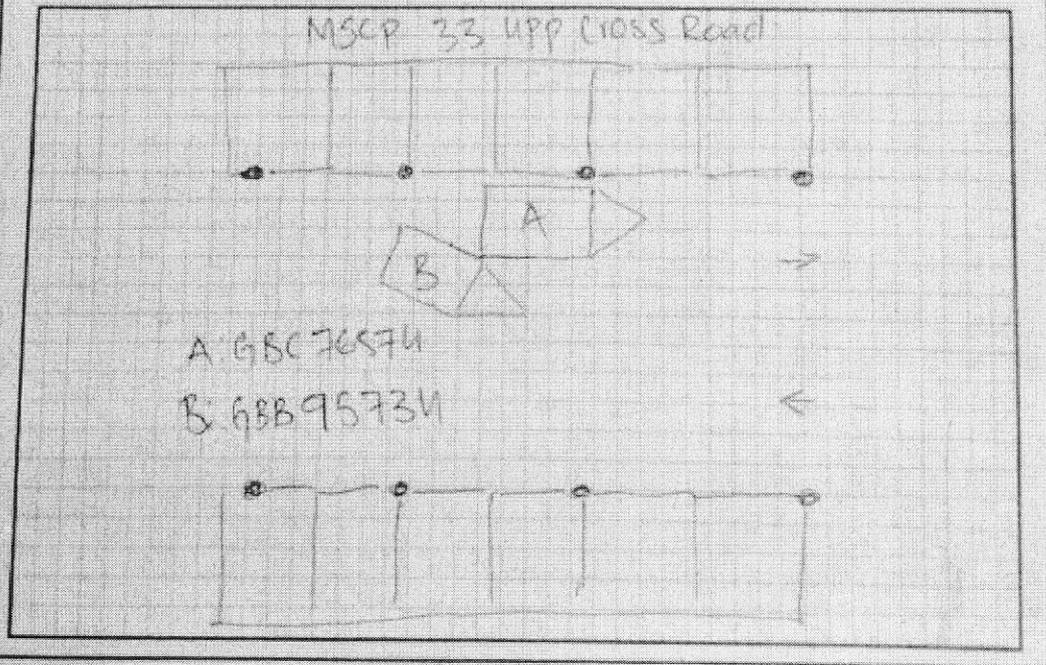
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided should be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to renege policy liability.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers to the CNS Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of the report will be made available upon application by interested parties.
7. By the lodging of this report to the insurers, you hereby consent to the archiving of this report at the centre and its copies of the report being made available afterwards.
8. **Consent under the Personal Data Protection Act (PDPA)**
  - (a) I understand, acknowledge, agree and consent that:
    - (i) My insurer, my workshop and the General Insurance Association of Singapore ("GIAS") may be 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 persons who have insured vehicles involved in the accident (all insurers) who have insured vehicles involved in the accident shall be collectively referred to as the "Insurers"; the Insurers' lawyer/solicitor 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 making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to being about delivery of the same as well as on the external cover of any correspondence, packages and/or
      - (v) complying with applicable laws, administering, processing, handling and/or dealing with my claims (collectively the "Purposes");
    - (b) all Insurers who have insured vehicles involved in the accident and the Insurers' lawyer/solicitor firms, may be 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 also be disclosed by any of the Insurers and/or GIAS to their third party service providers or agents, including their lawyer/solicitor firms, which may be based outside of Singapore, for one or more of the above Purposes.

VERIFIED BY  
MARS OFFICER  
SHAMEER DIN  
S7812538A

9/1/2015

Policyholder's Signature / Date & Time      Driver's Signature of driver or the policyholder / Date & Time      Witnessed by Reporting Centre Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was already indicate the signal to reverse when suddenly vehicle GBB9573U from the rear trying to overtake and hit the side of my vehicle GBC7657U. The driver of GBB9573U keep saying that my vehicle doesn't have the right to park at the lot which i intend to park and cause the delay as result the driver decide to overtake my vehicle GBC7657U. I wish to indicate that my vehicle was a season parking holder that the mscp. No injuries and thats all

Taxi Voucher No.:

Are you claiming your own insurance policy for the repair of your vehicle?

No, Reporting only

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY MARS OFFICER - SHAMEER,  
S7812538A

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

9 March, 2015 10:18 am

Date/Time:

9 March, 2015 10:18 am