

## 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 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	29/10/2018 17:48
Date Of Accident	27/10/2018 13:20
Exact Location Of Accident	CTE TWDS AYE B4 AMK AVE 1 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA9220A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AUTOMOBIL LEASING PTE LTD
Co Reg No	200701438D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97583688

### Vehicle Particulars

Manufacturer	SSANGYONG
Model	TIVOLI
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MV002709-R02
Cover Note Number	

### Driver

Name of Driver	QIU SHULING
NRIC No	S8840002Z
Date Of Birth	11/10/1988
Occupation	OUTDOOR
Date Of Driving Pass	16/01/2017
Driving Experience	1 YEAR AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97583688
Fax Number	
Contact Number	
Email Address	SAM_EP@LIVE.COM

Address	BLK 333A YISHUN ST 31 #06-197
Postcode	761333
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - AUTHORISED DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	SLJ3440Z
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)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SH9019X
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SKV212J

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 ("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.

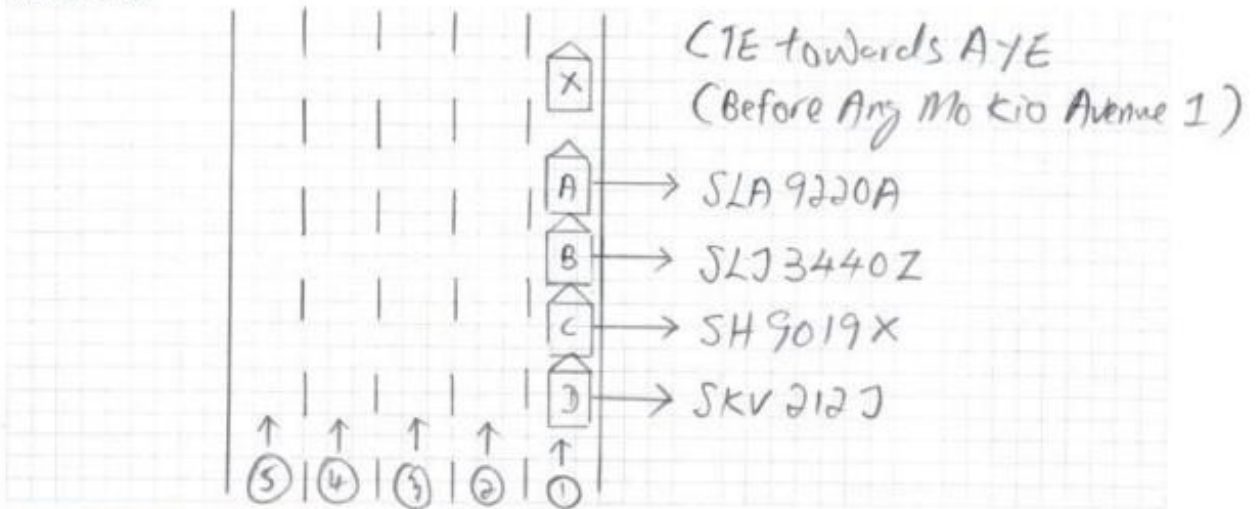
Policyholder's Signature  
Date: \_\_\_\_\_

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

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

## 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:

*[Handwritten Signature]*

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

*[Handwritten Signature]* 29/10/18

## Individual Statement

On 27.10.18 at about 13:20 hours along CTE towards AYE (Before Ang Mo Kio Avenue 1). I was travelling straight on the lane 1 and it was heavy traffic, when my front vehicle slowed down and stopped hence I follow suit.

Suddenly I heard a loud bang from behind. When I alighted I realised it was vehicle (B) had hit onto rear portion of my vehicle (A). It was a chain collision of total 4 vehicles involved.

Vehicle (A): SLA 9220A

Vehicle (B): SLJ 3440Z

Vehicle (C): SH 9019X

Vehicle (D): SKV 212J

A handwritten signature in blue ink, appearing to be 'Shah', is written over a circular blue stamp. The stamp contains the text 'Automobile Leasing Pte Ltd' around the perimeter and 'PLT' in the center.



Accident Photo



Accident Photo





Accident Photo



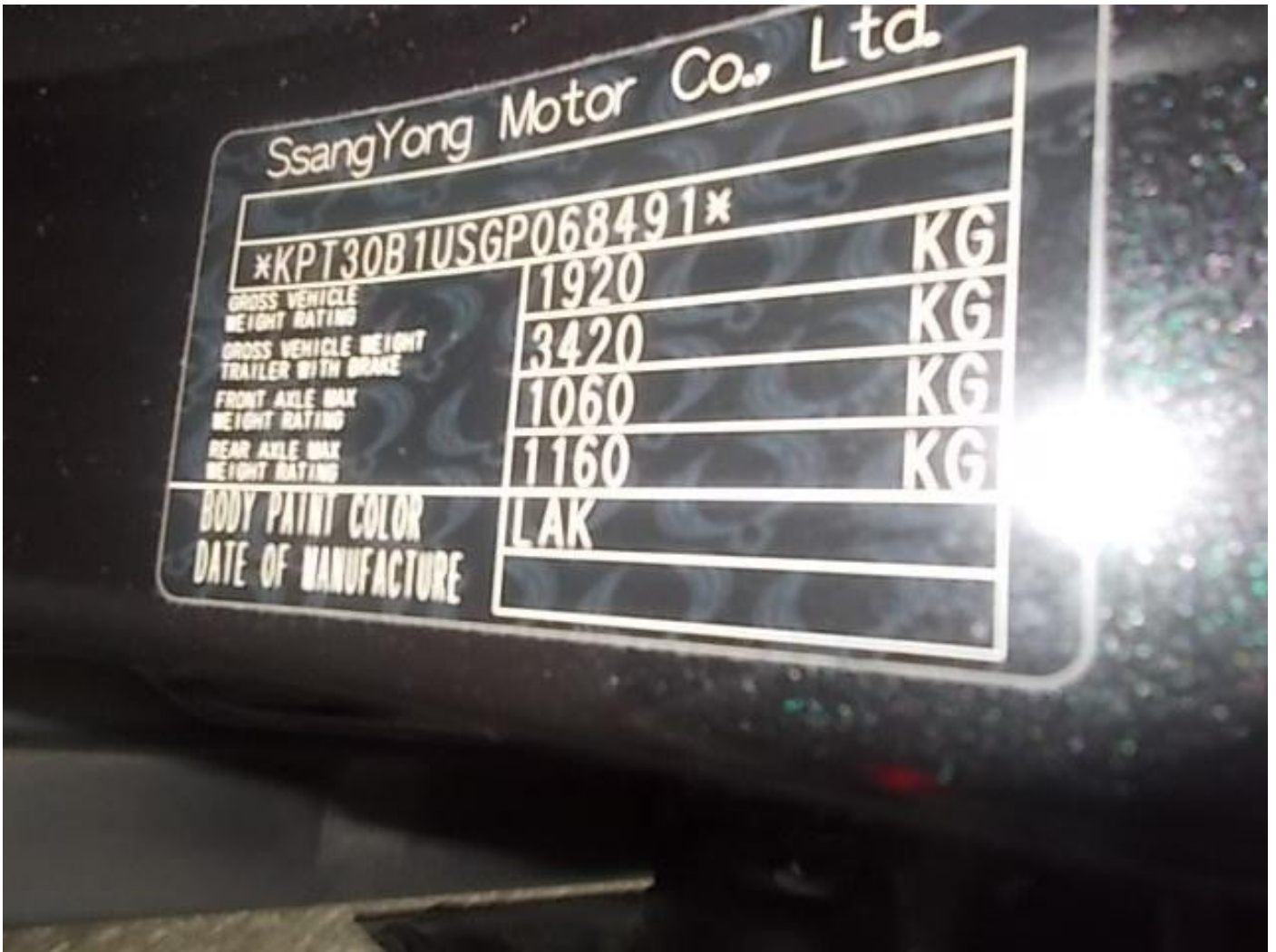
Accident Photo



Accident Photo



Accident Photo



Accident Photo



# Identification Card

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. 588400022



Name  
GOH SHULING  
郭淑齡  
Race  
CHINESE  
Date of birth  
13-10-1968 Sex  
F  
Country of birth  
SINGAPORE

588400022

driver  
SLA7220A

588400022



588400022



Date of issue  
05-10-2000  
APT 101E 100A YISHIN STREET 21 #05-107  
SINGAPORE 781333  
Valid till: 05-10-2014



## Driving License



driver

SLA9220A

### YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 2A Motor cars without clutch pedals (Auto) with unladen weight $\leq 1800\text{kg}$ with $\leq 3$ passengers, inclusive of driver, and other motor vehicles without clutch pedals with unladen weight $\leq 2200\text{kg}$	18 Jan 2017

SP4234

