

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 11:35
Date Of Accident	27/10/2018 12:10
Exact Location Of Accident	CTE TOWARDS ANG MO KIO AVE 5 (EXIT 12A)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH1372K
Insured/Policyholder	
Name Of Registered Owner	OPTIMA WERKZ PTE LTD
Co Reg No	201212455W
Email Address	LILY.LOI@OW.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64849919

Vehicle Particulars

Manufacturer	TOYOTA
Model	AQUA HYBRID-1.5 E S CVT (A)
Exact Purpose for which vehicle was being used at time of accident	GRAB 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 HIRE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	SD18V07597/VPZ/R01
Cover Note Number	

Driver

Name of Driver	SHAMSUD DOHA
NRIC No	S7378604E
Date Of Birth	01/01/1973
Occupation	INDOOR
Date Of Driving Pass	18/02/2002
Driving Experience	16 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96970836
Fax Number	
Contact Number	
EMail Address	NISHANRANGIN@GMAIL.COM

Address	BLK 412 JURONG WEST STREET 42 #12-853
Postcode	640412
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - PRIVATE HIRE
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : RYAN 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 27/10/2018 at about 1210hrs, I was travelling along CTE towards Ang Mo Kio Ave 5 (Exit 12A). Suddenly, I felt an impact and realised a Taxi (B: SHC8748M) cut into my lane and hit onto my vehicle (A: SLH1372K) right side portion and caused damage. After the accident, the taxi driver was apologize to me and he claimed that he want to turn left into Ang Mo Kio Ave 1. He admitted fault and he offered to private settle with me. On 29/10/2018 at about 1130hrs, I contacted the taxi driver to ask him pay for my repair cost, but he refused to pay and said that he wish to go through by insurance claim. I wish to lodge this report for insurance claim purpose. I got one passenger on board (From Braddell View to Blk 633 Hougang Ave 8) No one was injured.

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	SHC8748M
Vehicle Make/Model/Colour	TAXI / BLUE
Details Of Properties	LEFT FRONT SIDE
Vehicle Category	TAXI
Name of Driver	CHIA KEE HOCK
NRIC/Passport Number	S0012027H
Contact Number	93289339
Address	BLK 202 YISHUN STREET 21 #12-83

Postcode

760202

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.

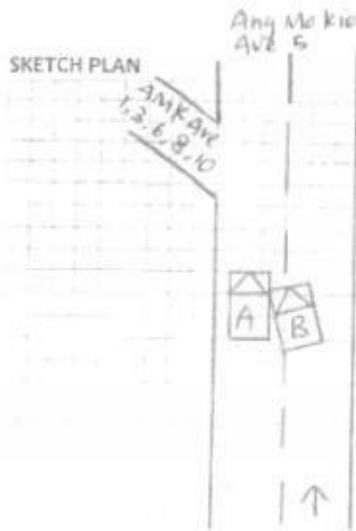


Policyholder's Signature
Date & Time: 29/10/18
11:30 AM

Driver's Signature
(if driver is not the policyholder)
Date & Time: 29/10/18

Reporting Centre Personnel's Signature
Name: Lily
NRIC/FIN No.: 9669781

Accident Sketch Plan



(A) SLH1372K
(B) SHC8748M

CTE toward Ang Mo Kio Ave 5
(Exit 12A)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement

DECLARATION

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

Policyholder's Signature
Date & Time: 24/10/18
11:30 AM

QUINCY S&S P&S P. 17, 18

Driver's Signature
(If driver is not the policyholder)
Date & Time: 27/10/18

Reporting Centre Personnel's Signature
Name: Lily
NRIC/FIN No: G667307L