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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

Vehicle Particulars			
PRE) PTE. LTD.			

Name of Driver CHOI JINHE
NRIC No G6082059M
Date Of Birth 10/01/1975
Occupation INDOOR
Date Of Driving Pass 23/09/2010

Driving Experience 8 YEARS AND 2 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-93387508

Fax Number

Contact Number OTHERS-91283457
EMail Address HEE9234@GMAIL.COM

25 HILLVIEW AVENUE Address

#04-11 GLENDALE PARK TOWER 3A

Postcode 669558

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **RAINING** Road Surface WET

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? NO Was any injured conveyed to hospital by NO

ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 2

Number of Passengers (Including Driver)

Passenger 1 NAME: : DAUGHTER

> GENDER: : FEMALE

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMA1266J

Vehicle Make/Model/Colour HONDA SHUTTLE

Details Of Properties

Vehicle Category PRIVATE CAR NG HEE YONG Name of Driver NRIC/Passport Number S1818368D Contact Number 84990335

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)
 - (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.
- 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

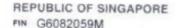
(If driver is not the policyholder)

Date & Time: 13 DEC 2018 4:23 PM NRIC/FIN No.

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Accident Sketch Plan

KETCH PLAN	of TUCK AUGULUK	LUMONON
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		/SMA12665
		OBSIP MOZ
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
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FMARONT OF		SMA 1266J SUDDFOULY STOP-
& WHEAT THE T	ROTTIC UGHT CHANGE	E FROM AMBRIR TO KAD
9 1 Could M	07 Stop on Time	& HIT THE KAAR OF THE
8010 CAK, I	WAS RAILINIS AT	14th Dawn of Accident
		N .
DECLARATION	party's read Wardon are our C-1.5000-100M	1
/We declare the foregoing part	culars are true in every respect.	/ 1 1 0
	/ co	al 13/12/2010
olicyholder's Signature	Driver's Signature	Reporting Centre Persoanel's Signature
ate & Time:	(If driver is not the policyholder)	Name: Kofil World-







CHOI JINHEE

Nationality KOREAN, SOUTH





FA1564852

DEPENDANT'S PASS

Immigration Regulations



PN G6082059M

MULTIPLE JOURNEY VISA ISSUED Date of Issue Date of Expiry 17-03-2016 07-04-2019

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

Class 3 Motor cars with unladen weight << 3000kg with o< 7 23 Sep 2010 passengers, exclusive of driver; and other motor venicles with unladen weight << 2500kg

NP 425A











































