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

aforesaid.				
	ACCIDENT STATEMENT			
Date Of Report	21/01/2019 19:08			
Date Of Accident	20/01/2019 11:25			
Exact Location Of Accident	NEWTON CIRCUS ROUNDABOUT			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SLM2499X			
Insured/Policyholder				
Name Of Registered Owner	AUTOBAHN RENT A CAR PTE LTD			
Co Reg No	201607970Z			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-86089649			
Alternative Phone No	OFFICE-86089649			
Vehicle Particulars				
Manufacturer	TOYOTA			
Model	PRIUS HYBRID 1.8S CVT			
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	PRIVATE HIRE			
Insurance Company				
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD			
Type Of Coverage	COMPREHENSIVE			
Fleet Policy	YES			
Policy Number	5079864471-02			
Cover Note Number				
Driver				

Driver

Name of Driver WONG CHAN KEONG

NRIC No S1827365I
Date Of Birth 28/08/1967
Occupation OUTDOOR
Date Of Driving Pass 18/09/1987

Driving Experience 31 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90719228

Fax Number

Contact Number OFFICE-90719228

EMail Address NOEMAIL

BLK 104 PASIR RIS STREET 12 Address

#11-149

Postcode 510104

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name PASIR RIS NEIGHBOURHOOD POLICE CENTRE

ROAD: 1 PASIR RIS DRIVE 4, POSTCODE: 519457, COUNTRY: Police Station Address

SINGAPORE

NO

Police Station Contact TEL NO: 1800-5852999 - FAX NO: 65855261

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT

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

Details Of Properties

Name of Driver

Vehicle Category

Vehicle Make/Model/Colour

PRIVATE CAR

CHEW SOO PING

SME2046A

NRIC/Passport Number

Contact Number 97667669

Address

Postcode

Insurance Company Name

Page 2 of 18

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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 flability.
- 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.
- 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.
- 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)

Lunderstand, 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:
 - 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:
 - 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:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN	CITMITH CLAN AVE HORTH	20
Buent himma	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	17 /7 /30/
→ n	170	
→ "	1971	
	,	201
Computer /		1200
5 SLM 2499 X	NEWTON CIRUS	1
2 Mg 2046 1	Aporton Circus	1 1
DESCRIBE CIRCUMSTANC	TES OF THE ACCIDENT	
AS PER POLI	Abdula Alember (Maranes	
TB TCK TOL	The result is	
	IA.	
DECLARATION		
DECLARATION I/We declare the foregoing pa	orticulars are true in every respect	
	orticulars are true in every respect.	7/_

Others

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Wong Chan Keong, HP; 90719228

NRIC/FIN S18273651, has reported to the Police a non-injury traffic accident which occurred at Newton Circus, turning left into Bukit Timah Road on 20/01/2019 at 11.25 am involving the following vehicles:

SLM2499X SME2046A

On 20/01/2019 at about 11.25am, I was driving a rental car belonging to Tribecar, a grey-colored Toyota Prius (SLM2499X) at the roundabout at Newton Circus. The car I was driving was the first car at the traffic light junction. I was on the extreme left. After the traffic light turned green, I proceeded to drive forward. As I was driving, a white-colored Audi (SME2046A) which was on the third lane, collided into the car I was driving. The front left bumper of the Audi hit the right side of my rental car.

Both the Audi driver and I stopped our respective vehicles at a nearby bus stop (40041). We exchanged our particulars. The driver of the Audi told me that he wanted to make a left turn into Bukit Timah Road and assumed that I was also making a left turn into Bukit Timah Road. As such, he proceeded to make the left turn.

Due to the accident, there were scratches on the right side of my rental car. The right side of the car was also slightly dented. No one was injured due to the accident.

Driver of the other vehicle is Chew Soo Ping, \$1587178D, HP: 97667669.

2	If this accident was reported to the Police within 24 hours of its occurrence,		
	Then he/she has complied with S	ec 84(2) of the Road Traffic Act, Cap 276.	
	Rank/Name of Issuing Officer: _	Sgt(3) Sharifah Amira	
	Date: 20/01/2019	Time: 1419hrs	

S/D Ref:

Police Post/Unit: Pasir Ris NPC

Original – to be issued to informant Duplicate – to be submitted to Traffic Police

> No. 1 Pasir Ris Drive 4 #01-01 Singapore 519457 Tel: 1800-5852999

Baste Ris























