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.	a hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	24/01/2019 14:26
Date Of Accident	23/01/2019 12:20
Exact Location Of Accident	ALONG JALAN ANAK BUKIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC6663H
Insured/Policyholder	
Name Of Registered Owner	GOODWOOD PARK HOTEL PRIVATE LIMITED
Co Reg No	-
Email Address	NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-84688982

Vehicle Particulars

Manufacturer NISSAN Model URVAN

Exact Purpose for which vehicle was being used at

time of accident

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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number B 28744907 MKC

Cover Note Number

Driver

Name of Driver TAN LEE CHUAN

NRIC No S1633618A

Date Of Birth 18/05/1964

Occupation OUTDOOR

Date Of Driving Pass 25/02/1982

Driving Experience 36 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96222050

Fax Number

Contact Number

EMail Address NOEMAIL

Address APT BLK 469A SENGKANG WEST WAY #06-602

Postcode 791469

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

NO

YES

2

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NO

NAME: : PASSENGER

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name THOMSON NEIGHBOURHOOD POLICE POST

ROAD: BLK 25 SIN MING ROAD, POSTCODE: 570025, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-4529999 - FAX NO: 6 5535740

NO

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHMENT

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 SFP9833Z

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver LIM HOO

NRIC/Passport Number

Contact Number 82825291

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

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 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 liability.
- 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)

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:
 - 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.

GOODWOOD PARK HOTEL 22 SCOTTS ROAD SINGAPORE 228221 FRONT OFFICE

Policyholder's Signature Date & Time: Driver's Signature

(if driver is not the policyholder)
Date & Time:

CITY AUTO PTE LTD
Bit it Sin Ming Road
#01.56/60/22/50 2 leg Ind Est
Sample 17/5643
Tel: 6453 1230 Feb: 6453 7944
(Claims Section)

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

Accident Sketch Plan

			A - 40 C 66634
	ALLINE BURT		B- SEP9E65Z
	30.04		
ESCRIBE CIRCUMSTANCES OF	THE ACCIDENT		
Please relet	to attachi	n#17 -	
/We declare the foregoing particul	ars are true in every n	espect.	CITY AUTO PTE LTD Bik 8 Sip Lling Road #01-58/68/01 Sip Sing Ind Est Sings Date 1043 Tel: 6463 12 S Fax 6453 7944
DECLARATION //We declare the foregoing particul OODWOOD PARK HOTEL 22 SCOTTS ROAD SINGAPORE 228221 Polic PRONT OFFICE Date & Time:	ars are true in every n		CITY AUTO PTE LTD Bik 8 Sip Ling Road #01-56/86/0 Sin Ling Road #01-56/86/0 Sing Sing Ind Est Sings DC643 Tel: 6463 1255 Fax: 6453 7844 (Claims Saotion) Reporting Contre Personnel's Signature

Date & Time:

Page 5 of 17

NRIC/FIN No.:

Accident Sketch Plan



SECURITY DEPARTMENT DAILY OCCURRENCES

To: Ms. Linda Wee, General Manager

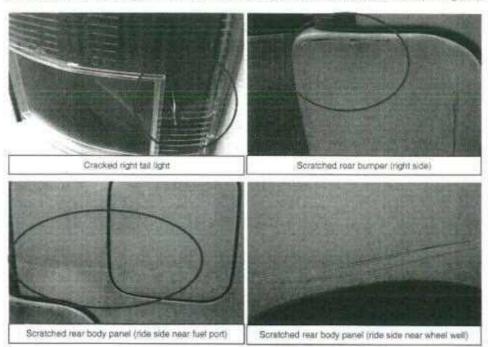
Date: January 23, 2019, Wednesday

THIS OCCURRENCE PERORT IS INTERDED ONLY FOR THE USE OF INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVATED AND CONFIDENTIAL. IF YOU ARE NOT THE INTERDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONDED FOR DELIVERING THE COMMUNICATION TO THE INTERDED RECIPIENT, YOU ARE HERBEY NOTIFIED THAT ANY CHIESMINIATION, DISTRIBUTION OR COPY OF THIS REPORT IS STRIPTLY PROHIBITED WITHOUT HE DYPRESS CONSENT OF THE SECURITY & FIRE SAFETY MANAGER OR THE INTERDED RECIPIENT. SHOULD YOU RECEIVE THIS REPORT INTO YER PROPERTY.

S/No. Time Heading/Occurrence

37 1320 Hotel Van Accident

Ricky Tan, Transport Supervisor came to FCC and reported to Zaki that at 1220hrs, he had met with an accident while driving the Hotel Van (Reg. No: GBC 6663 H). He related that while stopping at a traffic light junction along Jalan Anak Bukit (opposite Beauty World), a white Audi car (Reg. No: SFP 9833 Z), which was trying to negotiate a U-Turn within a small gap between the van and the curb, scraped the right side of the holei van. Upon realizing the accident, Ricky horned at the car and signaled the driver to stop at the side of the road. The driver, Mr. Lim Hao (contact no. 82825291, NRIC: S9230339Z), stopped his vehicle and acknowledged the accident. Mr. Lim provided Ricky with his particulars and contact details thereafter. The Hotel van was checked by Ricky at scene and the rear right side of the van body were scratched and the right tail light was also found to have cracked. Mr. Lim then informed Ricky to get his Manager to call him directly on the matter and he left the scene thereafter. When enquired by Zaki on his well-being, Ricky informed he did not sustain any injury due to the accident. Mr. Mark Seah, Front Office Manager had been was advised by Ricky accordingly. Photographs of the damages on the hotel van and the car involved were taken for recording purposes.



NOTICE OF REPORTING

This is to confirm that <u>Tan Lee Chuan H/P</u>: <u>96222050</u>, NRIC/FIN: <u>S1633618A</u> has reported to the Police a non-injury traffic accident which occurred along <u>Jalan Anak Bukit</u>, on <u>23/01/2019</u> at <u>1220hrs</u> involving the following vehicles:

- A) GBC6663H Complainant's vehicle
- B) SFP9833Z Other party vehicle

On the 23/01/2019 at 1220hrs, my vehicle (GBC6663H) stopped at a traffic light junction along Jalan Anak Bukit (opposite Beauty World). The weather was clear and traffic was heavy. At this point in time, another vehicle, one car (SLT3411E), attempted to negotiate a U-turn within a small gap between my vehicle and the curb and scraped onto the right side of my vehicle. I stopped my vehicle and alighted to make a check. The damages to my vehicle is the right side portion covered with scratches. There is no in-car camera installed in my vehicle. No injuries to any party and no government property damaged. I am lodging report for insurance claim.

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT THEODORE LEE

Date: 24/01/2018 Time: 1347hrs S/D Ref: eSD 7

Police Post/Unit: THOMSON NPP

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