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. | cent to the dronwing of this report at the confide and to copies of the report being made available | | | |
|--|---|--|--|--|
| | ACCIDENT STATEMENT | | | |
| Date Of Report | 29/01/2019 13:45 | | | |
| Date Of Accident | 29/01/2019 12:00 | | | |
| Exact Location Of Accident | JUNC OF UBI ROAD 3 AND UBI ROAD 4 | | | |
| Country/State of Loss | SINGAPORE | | | |
| DETAILS OF OWN VEHICLE | | | | |
| Vehicle Registration Number | SKX838T | | | |
| Insured/Policyholder | | | | |
| Name Of Registered Owner | LECCA CAR LEASING | | | |
| Co Reg No | 53247626C | | | |
| Email Address | DARRYL@OCTOPUSGROUP.COM.SG | | | |
| Mobile Phone No | (LOCAL) +65-93487376 | | | |
| Alternative Phone No | OFFICE-90613717 | | | |
| Vehicle Particulars | | | | |
| Manufacturer | TOYOTA | | | |
| Model | COROLLA FIELDER 1.5G CVT ABS D/AIRBAG 2W | | | |
| Exact Purpose for which vehicle was being used at time of accident | WORK | | | |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD | | | |
| Type Of Coverage | COMPREHENSIVE | | | |
| Fleet Policy | NO | | | |
| Policy Number | 5106699106 | | | |
| Cover Note Number | | | | |
| Driver | | | | |
| Name of Driver | SAHA SHAUN | | | |

Name of DriverSAHA SHAUNPassport No/FING6574457RDate Of Birth28/03/1984OccupationOUTDOORDate Of Driving Pass29/08/2016

Driving Experience 2 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93487376

Fax Number

Contact Number OTHERS-90613717

EMail Address DARRYL@OCTOPUSGROUP.COM.SG

OCTOPUS GROUP HOLDINGS PTE LTD Address

Postcode

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

Type Of Accident SIDE SWIPE 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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

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?

YES

REVERT

Remarks/ Reasons:

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMA7462U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Contact Number

PRIVATE CAR

Name of Driver

LIM WEI LI

NRIC/Passport Number

S8602432B 92251586

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 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:
 - 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.

CECCY SAIN

Policyholder's Signature Date & Time:

CAR

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

Randelo

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Sketch Plan #2

| SKETCH PLAN | | | |
|--------------------------------------|---|---|-------------------|
| JUNCTI | ON OF UBIR | oad 3 and | UBI POAD4 |
| A-SKX | 838T | Roy | |
| B-SMA- | | 187 | |
| | | BA | |
| | | | |
| | UBIRD | 5 | |
| ESCRIBE CIRCUMSTANCE | S OF THE ACCIDENT | | |
| Vericle A | SKX838T Swas | Driving in usi | Rand 3 |
| and the ve | fiche B SMA 7462 | U was prince | a from |
| UBI Hoad 4 | Towards UBI Roas | K3. Then Hit u | eficio A |
| \$KX 838T F | Rout Left while | wheel and FRO | nd Bumper |
| and LEFT Si | DE FREM include | g wheel Rim | ~ |
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| CLARATION | | | |
| Ve declare the foregoing partic | culars are true in every respect. | \ | |
| CARIES | Skarsofa | | - 29/1/2019 |
| licyholder's Signat De te & Time: | Driver's Signature (If driver is not the policyholder) Date & Time: | Reporting Centre Pers Name: NRIC/FIN No : | onnel's Signature |

Sketch Plan #3

Issue of Visit Pass



VISIT PASS AND EMBARKATION FORM

Disembarkation / Embarkation : M0775E0621

Card No.

: G6574457R

FIN

: SAHA SHAUN

Name of Foreigner
Travel Document No.

: BC0815102

This document serves as a Visit Pass issued to the Foreigner under regulation 12 of the Immigration Regulations. This Visit Pass is valid from 27/01/2019 until 26/02/2019 or the last date, on which the Foreigner's travel document is valid, whichever is the earlier.

- 2 This Visit Pass is issued subject to the conditions that:
 - a) the Foreigner shall not engage in any activity which, in the opinion of the Controller of Immigration, is detrimental to the security and well-being of Singapore.

This document also serves as an embarkation form for the Foreigner.

This document should be printed for the Foreigner to present together with his / her valid travel document to the Immigration officer for Immigration clearance at the point of departure from Singapore. No Visit Pass will be physically endorsed on the Foreigner's travel document.

Warning: Overstaying is an immigration offence. If the Foreigner overstays, he / she may be subjected to a composition fine or prosecution in court.

Issued on: 27/01/2019

Controller of Immigration

Singapore

This notification is computer-generated and does not require a signature.











































