### 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	29/03/2019 13:42				
Date Of Accident	29/03/2019 04:45				
Exact Location Of Accident	GEYLANG RD AFTER JUNC LOR 12 GEYLANG				
Country/State of Loss	SINGAPORE				
DETAILS OF OWN VEHICLE					
Vehicle Registration Number	SJN4269Z				
Insured/Policyholder					
Name Of Registered Owner	AURORA CAR RENTAL & LEASING SINGAPORE				
Co Reg No	53353787L				
Email Address	NOEMAIL				
Mobile Phone No					
Alternative Phone No	OFFICE-89999999				
Vehicle Particulars					
Manufacturer	HYUNDAI				
Model	HD AVANTE 1.6 M				
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	THIRD PARTY				
Fleet Policy	YES				
Policy Number	5100196759-01				
Cover Note Number					
Driver					
Name of Driver	PHUA KHIAW SIM (PAN QIAOSEN)				

Name of Driver PHUA KHIAW SIM (PAN QIAOSEN)

NRIC No S9142492D
Date Of Birth 09/11/1991
Occupation OUTDOOR
Date Of Driving Pass 14/09/2010

Driving Experience 8 YEARS AND 6 MONTHS

Gender MALE

Mobile Number +65-87257858

Fax Number

Contact Number OFFICE-87257858

EMail Address NOEMAIL

Address BLK 117A JALAN TENTERAM

#14-507

Postcode 321117

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

Tourished Company of Enver o Cum verilor

**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 (including own vehicle)

involved in the accident

2

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.

Number of Passengers (Including Driver)

NO 1

NO

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

### **Circumstances of Accident**

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B CUT ONTO MY LANE FROM LANE 3. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

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 SHC3174B

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver LIM KHOON HENG

NRIC/Passport Number S1237021J

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **Accident 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.

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

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

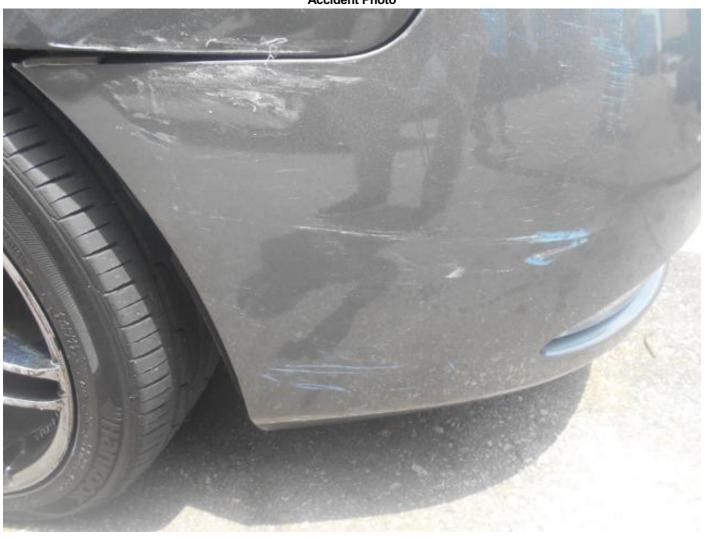
### **Accident Sketch Plan**

SKETCH PLAN			
Gryteng Rd.		A: :	5N40642 SHC 3+348
DESCRIBE CIRCUMSTANCI	ES OF THE ACCIDENT		
Refer to State	mead.		
DECLARATION CASING			
We declare the foregoine dar	ticulars are true in elemespect.		Ma
olicyholder's Signature Jate & Time:	Driver's Signature (If driver is not the policyholder) Date & Time;	Reportin Name: NRIC/FIN	g Centre Personnel's Signature











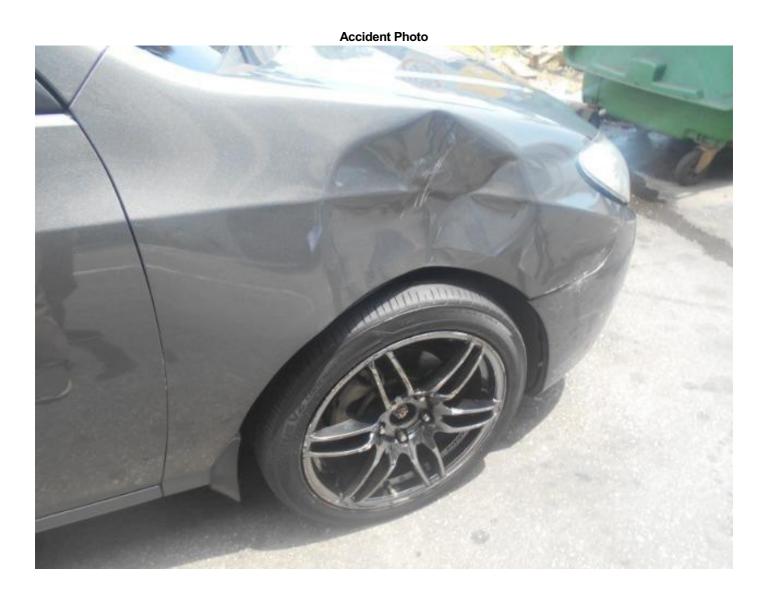










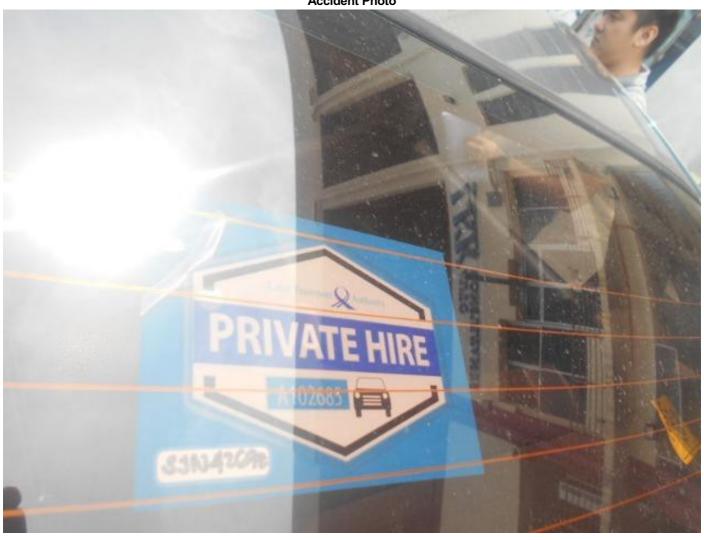
















### **Addendum Sheet**



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffies Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: 566550020Q / G5T Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

		ADD	DENDUM		
(A)	PARTICULARS OF PE	RSONMAKINGTHEAMEND	MENTS:		
	Original Report No :	MNA119040954	Vehicle Registration No:	SJN4269Z	
	Name(as shownin NRIC) :	AURORA CAR RENTAL & LEASING S	NGAPORE NRIC/FIN/Passport No : 53353787L		
	(*Vehicle Driver / Ve	hicle Owner) (*) Please dele	te as appropriate		
	Address			Singapore( )	
	Contact (Tel)		Mobile No.:		
	Email Address				
	Date of Accident	29/03/2019	Time of Accident : 04:4	5	
	Place of Accident :	GEYLANG RD AFTER J	UNC LOR 12 GEYLANG		
	Insurance Company:	NTUC Income Insurance	ce Co-operative Ltd		
(B)	ADDITIONAL INCOME	MATION / AMENDMENTS:			
	make the following a	mendments: vehicle b the driver was at	cident and would like to include a		
	Name of traffic po	olice: Umar - orchard divisi 90128851	ion		
	Policyholder / Driver's	Signature	Reporting Centre Persi Name: NRIC/FIN No.: Date:	of nel's Signature	