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	09/04/2019 17:20
Date Of Accident	08/04/2019 14:00
Exact Location Of Accident	SINGAPORE POST PAYA LEBAR CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SBA555L
Insured/Policyholder	
Name Of Registered Owner	QUALITY LEASING PRIVATE LIMITED
Co Reg No	-
Email Address	SHARONSOON5404@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96562162
Alternative Phone No	OFFICE-97882224
Vehicle Particulars	
Manufacturer	BMW
Model	318I
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106916004
Cover Note Number	
Driver	

Name of Driver KAMARUL ZAMAN BIN CHEMAN

NRIC No S1643590B

Date Of Birth 28/10/1964

Occupation INDOOR

Date Of Driving Pass 01/08/1992

Driving Experience 26 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96562162

Fax Number

Contact Number OTHERS-97882224

EMail Address SHARONSOON5404@GMAIL.COM

BLK 201 YISHUN STREET 21 Address

#03-49 760201

Was driver an employee of the Insured's Company NO

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

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

Postcode

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

YES Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver) 3

Passenger 1

NAME: : PASSENGER

GENDER: : MALE

Passenger 2

NAME: : PASSENGER

GENDER: : MALE

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? YES Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SKV7672T Vehicle Registration Number Vehicle Make/Model/Colour **BMW**

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver KARAMJEET KAUR D/O TEJA SINGH

NRIC/Passport Number S1600874E 96158827 **Contact Number**

Address Postcode No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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 anti/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 :
 - (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
- 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, vestigation 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 Signa

(If driver is not the p Date & Time:

0140 m

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN SILL TPO	ST POYA LUANCE CAR PAR	uK_
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BJSKN	17672T FA	
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DECLARATION		
I/We declare the foreigned particles at 53246831 O	6 9/4/19 W	/ or love / 2019
Policyholder's Signatura	Driver's Signature Reporting Centriful driver is not the policyholder) Neme:	tre Personner 3 signature

ACRA





INFORMATION RESDURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of Q LEASING (53384683L)

Date: 19/02/2019

The Following Are The Brief	Particulars of :					
Name of Business	1	Q LEASING				
Former Name(s) if any	1					
Date of Change of Name	3					
Registration No.	\$	53384683L				
Registration Date	FI FI	18/07/2018				
Commencement Date	2	18/07/2018				
Status of Business	#	Live				
Status Date	¥.	18/07/2018				
Renewal Date	1					
Expiry Date	2	18/07/2019				
Renewal via GIRO		NO				
Constitution of Business	1	Sole-Proprietor				
Principal Place of Business	±	317 OUTRAM RO #02-39 CONCORDE SH CENTRE SINGAPORE (16	OPPING			
Date of Change of Address	1					
Principal Activities						
Activities (I)		PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219)				
Description						
Activities (II)			AINTENANCE OF MOTOR VE SSORIES) (95301)	EHICLES (INCLUDING INSTA	LLATION OF	
Description	1					
Particulars of Authorised F	Representative(s)					
Name	ID	Nationality	Address	Address Source	Date of Appointment	

Authentication No.: Y19108627Y

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ACRA

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY (ACRA)



Date: 19/02/2019

INFORMATION RESOURCES

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Business Profile (Business) of Q LEASING (53384683L)

Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entr
					Position
NG CHEOW HIA	\$14806221	SINGAPORE	28 BUKIT BATOK EAST AVENUE 2	ACRA	18/07/2018
NO CHEOW HIM	CITIZEN	#17-19 HILLVIEW REGENCY	AURA	Owner	

Withdrawn Partn	er(s)				
Name ID	(D	Nationality/Place of Address incorporation/Origin	Address Source	Date of Entry	y Date of Withdrawal
			Position	111010101	

Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

Note:

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.ag.

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES SINGAPORE

SINGAPORE

RECEIPT NO. : ACRA190219137961

DATE : 19/02/2019

This is computer generated. Hence no signature required.



Authentication No.: Y19108627Y

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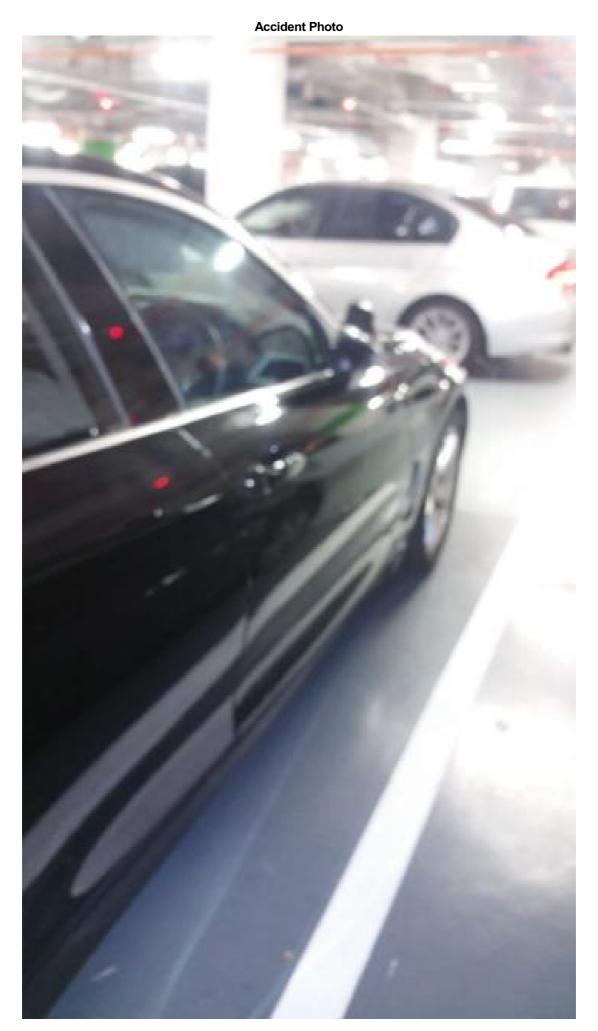


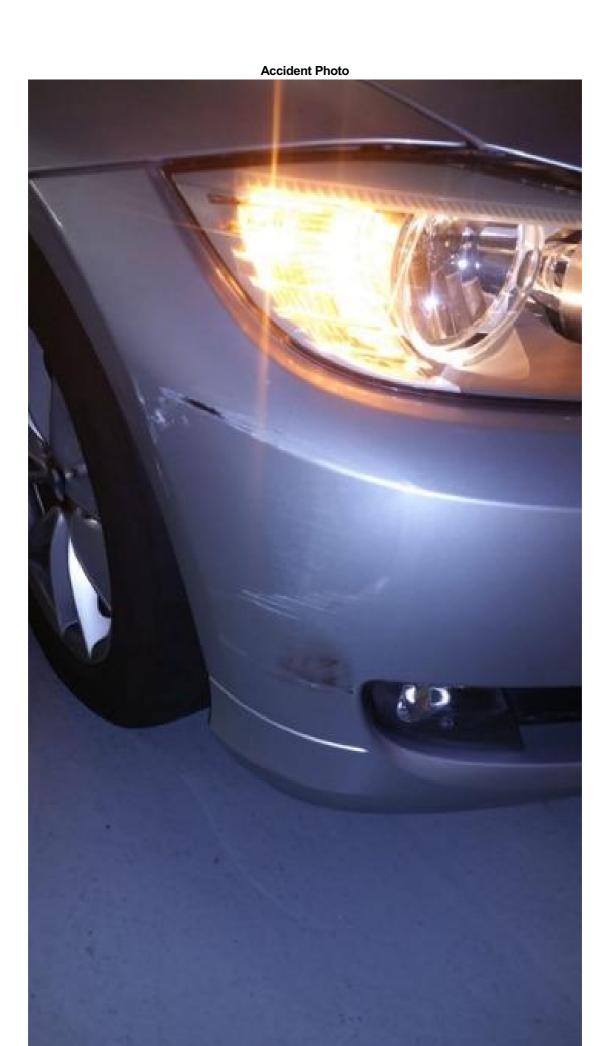
















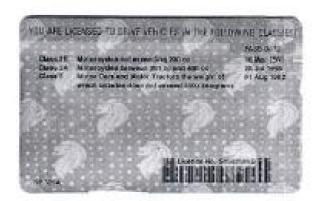


Identification Card









Addendum Sheet



* * PARK GREEN' - *

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 8224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: \$665500200 / 037 Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Vehicle Registration No: Original Report No : (NRIC/FIN/Passport No : Name(ss shownin NRIC) :_ (*Vehicle Driver) Vehicle Owner) (*) Please delete as appropriate Singapore(Address Contact (Tel) Email Address 14,00 8/04/20 Date of Accident Place of Accident Insurance Company: _ (B) ADDITIONALINFORMATION AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Tokeo MARCHETE MOZ Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Date: Policyholder / Driver's Signature Date: