SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number
Contact Number
EMail Address

- 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	08/04/2019 14:57			
Date Of Accident	04/04/2019 17:45			
Exact Location Of Accident	CLEMENTI ROAD			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	PC161M			
Insured/Policyholder				
Name Of Registered Owner	AEDGE HOLDINGS PTE LTD			
Co Reg No	200509323E			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-92383030			
Alternative Phone No	OFFICE-92383030			
Vehicle Particulars				
Manufacturer	GOLDEN DRAGON			
Model	XML6957J14B-6.7 D TURBO (M)			
Exact Purpose for which vehicle was being used at time of accident	WORKING			
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	5080489680-02			
Cover Note Number				
Driver				
Name of Driver	AZMAN BIN KAMIS			
NRIC No	S1719008C			
Date Of Birth	30/10/1965			
Occupation	OUTDOOR			
Date Of Driving Pass	08/11/2001			
Driving Experience	17 YEARS AND 4 MONTHS			

MALE

NOEMAIL

(LOCAL) +65-92383030

BLK 290D BUKIT BATOK EAST AVENUE 3 #06-372 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

FBK3455U

Insurance Company of Driver's Own Vehicle NTUC INCOME INSURANCE CO-OPERATIVE LTD

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 NO

Was any body injured in the Accident?

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)

1

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

ON THE 04.04.2019 AT ABOUT 17:45HR. I WAS DRIVING PC161M ALONG THE STATED LOCATION IN A FOUR LANE ROAD. THE TRAFFIC IS MASSIVE. I WAS AT THE RIGHT MOST LANE. A VEHICLE OF WC7262B ON MY LEFT OVER TAKE ME AND COLLIDE ONTO MY FRONT LEFT SIDE MIRROR.

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 WC7262B

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

GOODS VEHICLE

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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 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:
 - (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
- (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.

Policyholder's Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Think One Autocare Pte Ltc.

18 Defu Lane Avenue 2
Singapore 539522
Tel: 6844 3400 Fax: 6842 4983

Reporting Centre Personnel's Signature

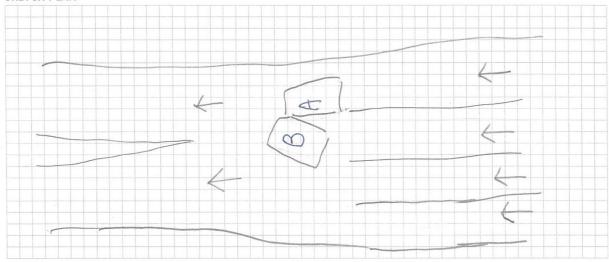
Name:

NRIC/FIN No.:

Date & Time:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the 04.04.2019 at about 17:45hr. Iwas driving PC161M along
on the 04.04.2019 at about 17:45hr. Iwas driving Pe161M along the stated location. In a four lane Road. The tractic is massive.
I was at the right most lane, a vehicle of WC7262B on my left, over take me and collide onto my Ront left side mimor.
over take me and collide onto my Ront left side mirror.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

Driven's Signature (If driver is not the policyholder) Date & Time: Think One Autocare Pte Lto
18 Defu Lane Avenue 2
Singapore 539522
Tel: 6844 3300 Fax: 6842 4988

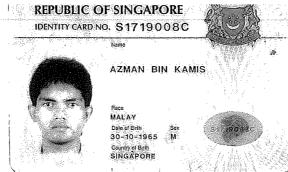
Beporting Centre Personnel's Signature Name:

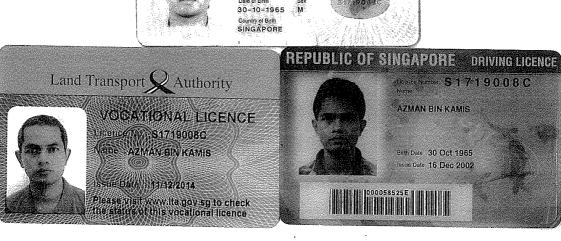
NRIC/FIN No.:

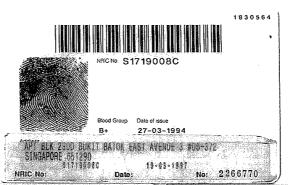
1560

GIARMC SketchPlanForm_V3

Sketch Plan #3 Pg. 1







This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive. Singapore 575701.

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