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	24/04/2019 17:43
Date Of Accident	18/04/2019 15:55
Exact Location Of Accident	HILTON GARDEN INN AT NO. 3 BELILIOS ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PA6801X
Insured/Policyholder	
Name Of Registered Owner	RUBY ESTHER COACH SERVICE
Co Reg No	201020332D
Email Address	BLACKPEARLWHITE96121@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81026825
Alternative Phone No	OFFICE-81026825
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE HIGHROOF
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	BVBPSB0005871800
Cover Note Number	
Driver	
Name of Driver	VAMADI IDDIN DIN NACDI NI

Name of Driver KAMARUDDIN BIN NASRUN

NRIC No S7705769B

Date Of Birth 24/02/1977

Occupation OUTDOOR

Date Of Driving Pass 13/07/2000

Driving Experience 18 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81026825

Fax Number

Contact Number OTHERS-81026825

EMail Address BLACKPEARLWHITE96121@GMAIL.COM

BLK 526D PASIR RIS STREET 51 Address

#02-547

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

COLLISION - HEAD TO REAR 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

Was any body injured in the Accident?

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.

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES NO

Was there any video captured by Car Camera?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHF95A **TOYOTA**

Vehicle Make/Model/Colour

Was there any audio recorded?

Details Of Properties

Vehicle Category TAXI

Name of Driver YAN WAI HOW S7770990H NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

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Passenger 1

NAME: :

GENDER: :

Accident Sketch Plan

SKETCH PLAN

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 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: 2 4 0 4 2019 Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: ROS 4 WA

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Accident Sketch Plan

SKETCH PLAN	
	11.10 00111.0
_	No: 3 BELILIES ROAD
	→ → →
	A) PA book
- h	B) 9HF95A
250210	Hillen Corde Inn
ESCRIBE CIRCUMSTANC	
on isloyleon	9 at about 1555hm, I had drove into the drieway
14 Hillon Gard	en Inn located at NO 3 Belilios Road. I was there
s I had to	collect some thems. As I was about to recorde
b the p	by lot, a vehile SHEQGA knock into the
ear of my	vehicle by vehicle sudan a slight dent
p the contre	c-back of my book. The oth what outer
	is call fro A summer and WH. The other shin
an at and	me exchange gatherlan . I would like to
bake that the	- drive deal not gather any migran or complant
	de susceputly call the cocate on he own
	at how any commer indrall in my valide
	of local have a CCTV. The Forly lot that
1	del & pule in was the first lot all
ment by a	biens of , I code the regal cate as the drive
1 Nermal	That he will lit the town company (SMR9) to
whom ne it was	west constr sa water some they mare
to reason ma	a giver ever all colocty them on a sociasion
CLARATION	
	articulars are true in every respect.
6	3
3 (2010300330) 6	m 24/0x/2018
licyholder's Signature te & Times	Driver's Signature (If driver is not the policyholder) Name:
	Date & Time: 24 04 2019 . NRIC/FIN No.: OSKI WITTIN





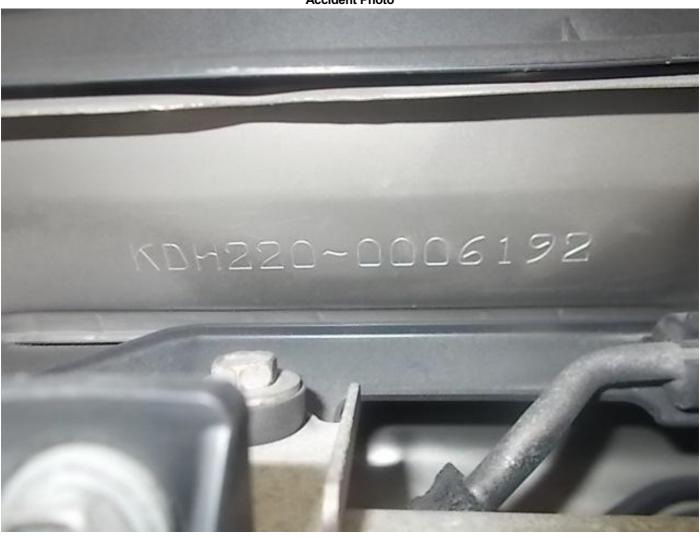






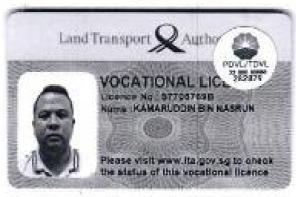






Identification Card







This cord is not transferable and is the property of the Land Transport.

Authority (LTA) Eliment to surrendered to LTA on request. If found, please ration to LTA, 13 Six Ming Drive, Singapore \$75701.

Type Description Issue Date

12 TAXT VL 09/07/2018
03 DUS VL 09/07/2018
04 BUS ATTEMDANT 09/07/2018

YOU ARE DICENSION TO UNIVENERALES IN THE ROLLOW NO CLASSIES!

CONSTITUTE DATE:

Class 20 Modoroycins (H. 200 (c)
Class 3 Modoroycins Debetin 201 (c) and 400 (c)
Class 3 Modoroycins - 400 (c)
Class 3 Modoroccus - 400 (c)
Modor cere with unaded weight (H. 2000), with (h. 1)
Modor cere with unaded weight (H. 2000), with (h. 1)
Wetterdoor with unaded weight (H. 2000), with (h. 2000), with (h. 2000) weight (H. 2000), g

18 Sup 1894 08 Mar 1868 28 New 2007 51 Aut 2000



MF COSA