

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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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.

ACCIDENT STATEMENT

Date Of Report	28/06/2019 11:04
Date Of Accident	27/06/2019 09:25
Exact Location Of Accident	FILTER LANE FROM CLEMENTI ROAD TOWARDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDJ5162H
Insured/Policyholder	
Name Of Registered Owner	BOY'S TOWN
Co Reg No	-
Email Address	LAICHEEHAU@BOYSTOWN.ORG.SG
Mobile Phone No	(LOCAL) +65-96694694
Alternative Phone No	OFFICE-66905420

Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY
Exact Purpose for which vehicle was being used at time of accident	TRANSPORT TO CAMP
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	B 29117917 TMC
Cover Note Number	

Driver

Name of Driver	LAI CHEE HAU (LI ZHIHAO)
NRIC No	S8852219B
Date Of Birth	21/12/1988
Occupation	OUTDOOR
Date Of Driving Pass	10/09/2008
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96694694
Fax Number	
Contact Number	OFFICE-66905420
Email Address	LAICHEEHAU@BOYSTOWN.ORG.SG

Address	BLK 9 CANTONMENT CLOSE #22-79
Postcode	080009
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	COLLISION - HEAD TO REAR
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
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : COLLEAGUE 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7320U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SIM
NRIC/Passport Number	
Contact Number	91250330
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

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
Date: 28/6/19
BOYS' TOWN
624 Upper Bukit Timah Road
Singapore 678212

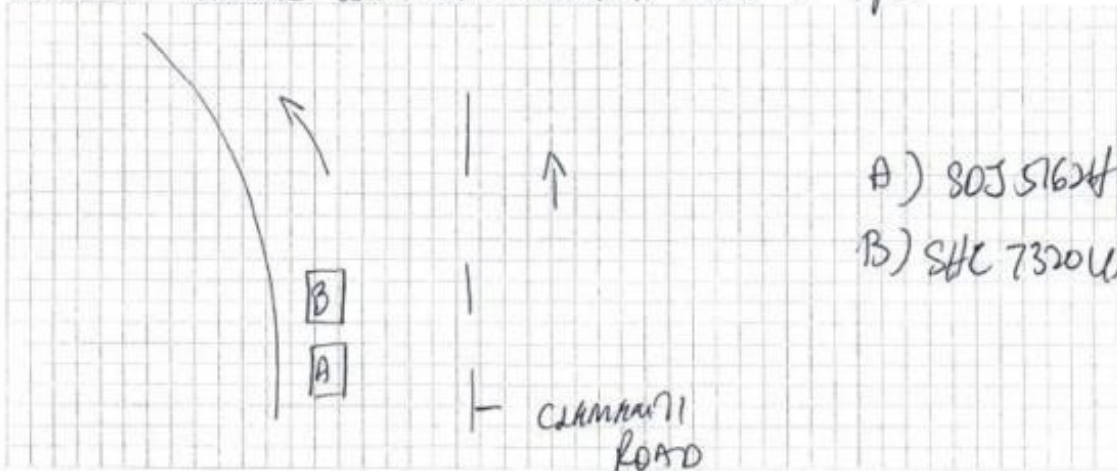

Driver's Signature
(If driver is not the policyholder)
Date & Time: 280619


Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.: 

Sketch Plan #2

SKETCH PLAN

TURNAR Lane from Clementi Road to AYE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was filtering into the lane towards AYE from Clementi Road, as I braced, the car slowed down but rolled down the slightly descending road and bumped into the cab driver in front. We got off to take photos and exchanged numbers. The driver requested for compensation but there were no damages found, thus his request was turned down. Driver mentioned that he would make a claim.

DECLARATION

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

[Signature] 28/06/19

Policyholder's Signature

Date: 28/06/19

BOYS' TOWN
624 Upper Bukit Timah Road
Singapore 678212

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time: 28/06/19

[Signature] 28/06/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. 98852219B



Name

LAI CHEE HAU
(LI ZHIHAO)

蔡志豪

Race

CHINESE

Date of birth

21-12-1988

Country/Place of birth

SINGAPORE



Sex

M

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Driver Number: 98852219B

Holder

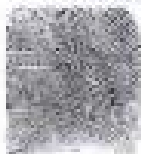
LAI CHEE HAU
(LI ZHIHAO)

Exp. Date: 21 Dec 1998

Issue Date: 10 Sep 2008



Card No. 98852219B



Date of issue

04-09-2010

Address

APT GUN & CANTONMENT CLOSE
#12-12
SINGAPORE 09000

9402582

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

VALID DATE

Class 3 Motor Cars <= 3500kg with <= 7 passengers, exclusive of the driver, and a free motor vehicle <= 3500kg 10 Sep 2008

For LKK/NAC Use Only

NP 4/04

