

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 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.

- 4. The issue and acceptance of this is form by instrained 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 Submission 22/10/2019 16:41 (SGT) Date of Accident 21/10/2019 17:05 (SGT) Exact Location of Accident Choa Chu Kang Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGZ61431

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner FAST CAR RENTAL PTE LTD Company Reg No 2XXXXX918G Email Address ADMIN@MYCAR.SG Mobile Phone No (Phone) +65-81383333 Alternative Phone No +65-81383333

VEHICLE PARTICULARS

Manufacturer Toyota Model **COROLLA AXIO 1.5X A** Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number 5108966940 Cover Note Number

DRIVER

Name of Driver LIU GUANGSHENG NRIC No SXXXX202I Date Of Birth 22/03/1984 Occupation Outdoor

Date Of Driving Pass 27/02/2006 Driving experience 13 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-92229586 Alt. Phone Number (Office) +65-92229586 Email Address ADMIN@MYCAR.SG Address BLK 175A PUNGGOL FIELD #14-579 Address complement Postcode 821175 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Other Does Driver Own Other Vehicles? Nο Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Clear Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name Gender Female PASSENGER 2 Gender **Female DETAILS OF POLICE ACTION** Was the accident reported to the police? Police Station Name Traffic Police Division Hg - Singapore City Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20191022/7010. 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**

YM6593B

CAccident report MNA119140193

Vehicle Model

Vehicle Registration Number

Vehicle Manufacturer

| Vehicle Variant | - |
|---|--------------------|
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | - |
| Contact Number | - |
| Address | |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| Name of injured person Address | LIU GUANGSHENG |
|---|----------------|
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | BODY |
| Injured person in which vehicle? | - |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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.
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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 personal information information information information and disclose and transfer such vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the 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:
 - (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 Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

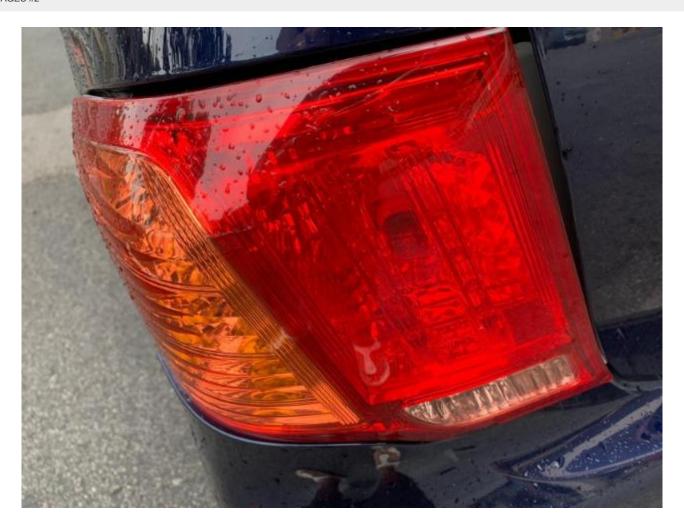
Name:

NRIC/FIN No.:

JAPAN Gerhitz Jame 114

| SKETCH PLAN | 4. 40 | |
|---------------------------|-------------------------------------|---|
| | | HILLITER BUILDING |
| 14111111 | | |
| | | 1111111111111111111111 |
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| 717111111 | | LEU B. YM GSPBB |
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| ESCRIBE CIRCUMSTAN | CES OF THE ACCIDENT | |
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| Seate the targoing partie | culars are true in every respect. | - 01 |
| (/)= | / respect. | Y |
| S. Comment | 3.1 | |
| older solg ature | Driver's Signature | Reporting Centre Parallel St. |
| Time: | (If driver is not the policyholder) | Reporting Centre Personnel's Signature Name: |
| | Date & There | |
| Standbladam VI | Date & Time; | NRIC/FIN No.: |





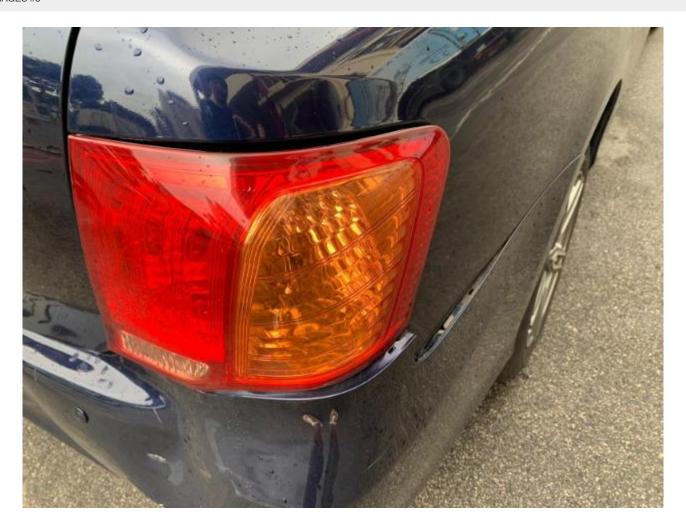








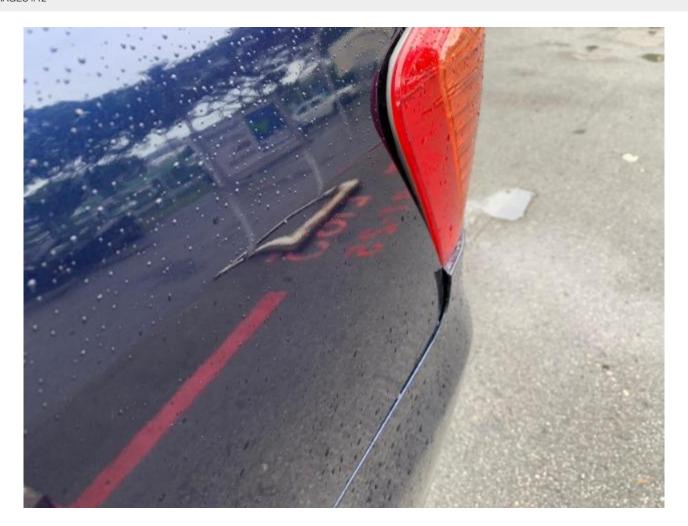




















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20191022/7010

| s Particular Formant: GSHENG D No.: S844220 | | Address | | A DESCRIPTION OF THE PARTY OF T | | Committee of the Commit | |
|--|---------------------------|--------------------------------|--|--|--|--|--|
| GSHENO | 3 | Address | | | | | |
| No.: | | | K 175A P | UNGGOL FI | ELD #14-57 | 9 SINGAPORE | |
| 5844220 | 021 | Contact Home/C | No.: | | Mobile: 92 | 2229586 | |
| Nationality: SINGAPORE CITIZEN | | | Email: 43354251@qq.com | | | | |
| Age: 35 | Date of Birth: 22/03/1984 | Type of Driver | Informant | : | | | |
| Race: Chinese | | | Language: Instit | | | stitution / School Name: | |
| ν: | | Driving Class: | Licence In | nformation: | Date of Ex | xpiry: | |
| 2 4 117 724 | | | | | | | |
| ormation | n of the Accident | CL. | | | | | |
| | | | Drive: | Accident | | Type of Location T-Junction | |
| | Age: 35 | Age: Date of Birth: 22/03/1984 | Age: Date of Birth: Type of Driver 22/03/1984 Driver Langua English Driving Class: Driving Class: | Age: Date of Birth: Type of Informant Driver Language: English Driving Licence In Class: Driving Licence In Class: | Email: 43354251@qq.com Age: Date of Birth: 22/03/1984 Type of Informant: Driver Language: English Driving Licence Information: Class: Driving Licence Information: Class: Drink Date/Tim Others Drive: Accident | Email: 43354251@qq.com Age: Date of Birth: Type of Informant: Driver Language: Institution English Driving Licence Information: Class: Date of Exercise Injury Others Drink Date/Time of Accident: | |

| Type of Accident: | Others | Drink Drive: No | Date/Time of Accident: 21/10/2019 17:05 | Type of Location: T-Junction |
|-------------------------------|-----------------------------|---|---|---------------------------------|
| Location: | | | | |
| CHOA CHU H | KANG ROAD | | | |
| Weather: | | Road Surface: | l e | land Canad Limits |
| Clear | | Wet | | load Speed Limit: 0 Km/h |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Wor | | raffic Volume: foderate |
| Type of Collis Between Mov | ion: ing Vehicles - Head | To Rear | 8 | nyone conveyed by mbulance: |

| Details of V | ehicle Invo | Ived | THE RESERVE | | Lawrence of the law of | MAN SUSTAINE |
|--------------|-------------|------|-------------|-------|--|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SGZ6143L | Car | | | | Slightly Damaged | 2 |
| YM6593B | Lorry | | | | | 0 |

| Details of Person Involved | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20191022/7010

CONTINUATION OF REPORT

| Name | LIU GUANGSHENG | | ID No | | S8442202I |
|------------------|----------------------|-----------|-------------------------------------|--------|-----------------------------------|
| Related Vehicle | SGZ6143L (Car) | | Conta | ct No. | 92229586 |
| Hospital/Clinic | NIL | | Class Drivin Licend Expiry | g | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Disc | harge | NIL | |
| No. of Days gran | ted Medical Leave 03 | Degree of | | | |

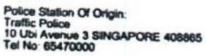
Brief Details.

On the stated time and date, I was driving my vehicle SGZ6143L at chua chu kang road turning right to teck whye lane.

My car was stationary waiting for traffic to turn green, suddenly I felt a great impact from my rear and realize YM6593B had collided to my rear.

I felt uncomfortable and consult adoctor and got 3 days MC.







3 of 3 Report No. T/20191022/7010

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

| Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
|---|
| Date/Time: 22/10/2019 12:33 |
| Classification Of Case: |
| |

NP168





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: \$66550020G / GST Reg. No.: M400017735

 $\underline{\textbf{IMPORTANT NOTE}}; \quad \text{Please submit the completed Addendum form to the } \underline{\textbf{same}} \text{ Authorised Reporting Centre}$ with whom you submitted the Original Report.

| | | ADDE | NDUM |
|---|-------------------|--|---|
|) | PARTICULARS OF | PERSON MAKING THE AMENDM | ENTS: |
| | Original Report N | : MHA119140193 | Vehicle Registration No: SG2 6143L |
| | | ic): <u>Liu GuargSherg</u> Vehicle Owner) (*) Please delete | NRIC/FIN/Passport No : <u>\$84422027</u> as appropriate |
| | Address | | #14-579Singapore(82117 |
| 9 | Contact (Tel) | 50 | Mobile No.: 92 22 95 86 |
| 1 | Email Address | | |
| 1 | Date of Accident | : 21/10/2019 | Time of Accident :17:05 |
| 1 | Place of Accident | : June Choa Chu Kang R | and a Teck Whye Ave |
| | | ny: NTUC | |
| | | | r.59 |
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