

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 | 23/01/2020 11:49 |
| Date Of Accident | 22/01/2020 14:45 |
| Exact Location Of Accident | JUNC OF HARDING RD & LOEWEN RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------|
| Vehicle Registration Number | PC4720Z |
| Insured/Policyholder | |
| Name Of Registered Owner | KHAFI TRANSPORTER |
| Co Reg No | 5XXXX176W |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-96486558 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | TOYOTA |
| Model | HIACE |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| 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 | BUS |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5112960750 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | ADAM BIN DARSIN |
| NRIC No | SXXXX087H |
| Date Of Birth | 02/10/1968 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 25/07/2014 |
| Driving Experience | 5 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96486558 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|-----------------------------|
| Address | BLK 408C FERNVALE RD #07-06 |
| Postcode | 793408 |
| 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

| | |
|--------------------|----------------------------|
| Type Of Accident | COLLISION - MAJOR/MINOR RD |
| 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? | |
| 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) | 3 |

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

I WAS TRAVELLING ALONG HARDING RD WHILE APPROACHING JUNC WITH LOEWEN RD, SUDDENLY VEH B FAIL TO STOP AT THE STOP LINE AND DASHED OUT HIT ONTO MY VEH LEFT HAND SIDE.

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 | SLG4105B |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | CHOO JIA HUI |
| NRIC/Passport Number | SXXXX182I |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Accident 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.



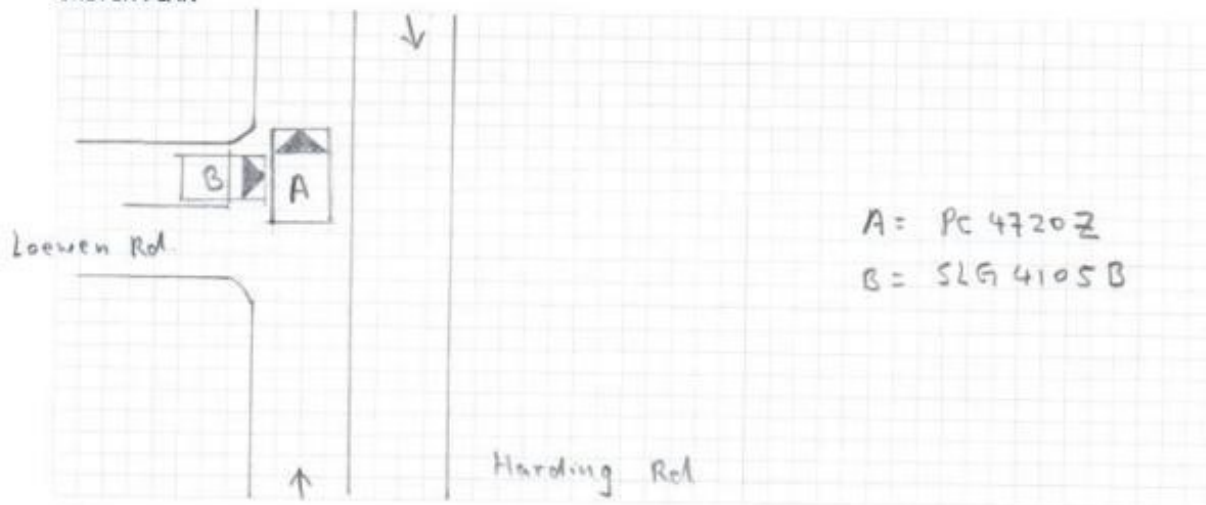
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Statement

DECLARATION

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



Policyholder Signature: _____
Date & Time: _____

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

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

PRIVATE SETTLEMENT FORM

Private Settlement Form
和局私設

Date & Time of accident
事故日期及時間: Wednesday 22nd January 2020 @ 1446 hrs

Location of accident
事故地點: Hordong Road towards Dempsey cluster

Involved Vehicles
涉及車輛: PC 47202 & SLG 4105B

| | |
|---|--|
| 1) Vehicle Registration No. 車牌號碼: PC 47202 | 2) Vehicle Registration No. 車牌號碼: SLG 4105B |
| Name of Owner 車主姓名: KHOFI TRANSPORTER | Name of Owner 車主姓名: Chee Jin hu |
| Driver's name 司機姓名: ADAM BIN DARSH | Driver's name 司機姓名: |
| Driver's NRIC No. 司機身份證號碼: S6841087H | Driver's NRIC No. 司機身份證號碼: S86221821 |

The parties agree that
茲同意:

- There are no injuries or deaths involved in the above accident.
上述事故沒有涉及任何人員傷亡。
- Driver/owner of () has paid Driver/Owner of () sum of \$ 3000/- as full and final settlement to all damages, losses and cost arising from the above accident.
甲方() 已支付乙方() 金額\$ 3000 作為終結賠償解決上述事故所引起的所有損壞、損失、及費用。今則雙方互不追究由此引起的一切責任。
- We agree that such payment is on without prejudice basis and without admission of liability of the part of any parties.
我們同意此項付款純屬為和解，不涉及任何一方在此事故應承擔的責任。
- We agree that we will not involve each other's insurance Company for this accident.
我們同意，我們不會為此事故涉及對方的保險公司。

Signature of driver/owner of car 1
車牌號碼: PC 47202

Signature of driver/owner of car 2
乙方車輛司機/車主簽名

Name
姓名: Chee Jin hu

NRIC No.
身份證號碼: S86221821

Tel No.
電話號碼: 82881229

Created by Tenet Sompoo Insurance Pte Ltd

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



NO. : KDH223-0027163
: 2140 KG
: 2990 KG
SIZE : F.195/80R-15
: R.195/80R-15(S)
S. CAR : F.1 DRIVER 1 OTHER
: R.12 PASSENGERS