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

| ACCIDENT STATEMENT |
|--|
| |
| 23/01/2020 15:47 |
| 20/01/2020 01:25 |
| WOODLANDS CUSTOM TWDS SINGAPORE |
| SINGAPORE |
| DETAILS OF OWN VEHICLE |
| SLN3526P |
| |
| OSCARS LEASING PRIVATE LIMITED |
| 2XXXXX292N |
| NOEMAIL |
| |
| OFFICE-61006913 |
| |
| MITSUBISHI |
| LANCER EX |
| PRIVATE USE |
| NO |
| REPORTING ONLY |
| PRIVATE HIRE |
| |
| NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| THIRD PARTY |
| NO |
| 5109909289 |
| |
| |
| DARREN LAU JUN KIT |
| |

NRIC No SXXXX230B

Date Of Birth 20/03/1995

Occupation OUTDOOR

Date Of Driving Pass 22/12/2015

Driving Experience 4 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83666972

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 483 JURONG WEST ST 41 #02-244 Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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** DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JPS5517 (PRIVATE CAR)

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

2

Number of Passengers (Including Driver)

Passenger 1 NAME:

: UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

JURONG WEST NEIGHBOURHOOD POLICE CENTRE Police Station Name

ROAD: 700 CORPORATION ROAD, POSTCODE: 649818, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2689999 - FAX NO: 62672438

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT T/20200121/2208

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

JPS5517 Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 19

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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:

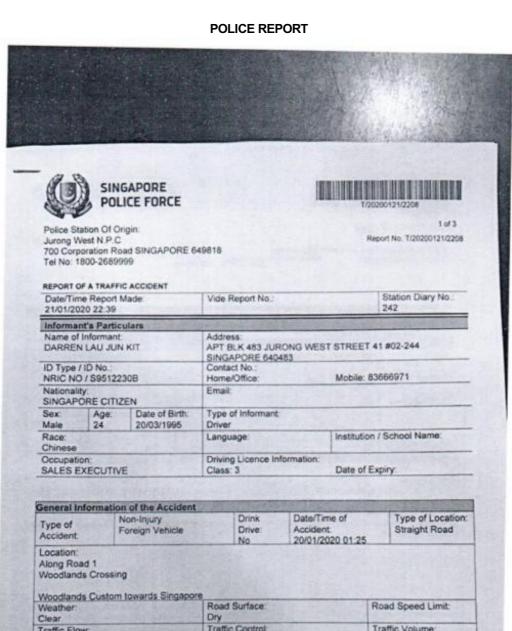
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

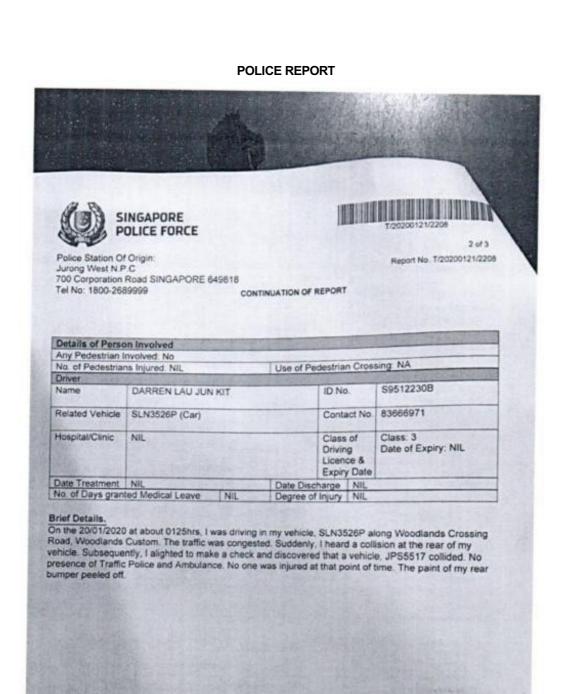
Accident Sketch Plan

| SKETCH PLAN | | |
|--|---|--|
| | | |
| | | A = SIN 3526 P. |
| E | B X A | B = JPS 5517. |
| | woodlands che | elipoint. |
| DESCRIBE CIRCUMSTANC | ES OF THE ACCIDENT | |
| | | |
| Refer | to Police | Report |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| ECLARATION | | |
| | ticulars are true in every respect. | A |
| olicyholder s Signature ste & Atme: | Driver's Signature (If driver is not the policyholder) Date & Time: | Reporting Centre Personnel's Signature Name: NRIC/FIN No.: |



| Type of Accident | Non-Injury Foreign Vehicle | Drink Drive: No | Date/Time of Accident. 20/01/2020 01:25 | Type of Location Straight Road | |
|---|---------------------------------------|-----------------------|---|-----------------------------------|--|
| AND DESCRIPTION OF THE PERSON | ossing astom towards Singap | ore Road Surface: | | Road Speed Limit: | |
| Weather: Roa Clear Dry | | | | Hous Speed Elinic | |
| Clear | w: Traffic Control: Not Controlled | | | | |
| Clear Traffic Flow: One Way | | | | Traffic Volume: Heavy | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|-------------|--|---------|---------------------|-----------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
| JPS5517 | Car | THE RESERVE | | 1850 50 | | 0 |
| SLN3526P | Car | MITSUBISHI | LANCER 1.5 MIVEC SPORTS AT ABS D/AB | | Slightly Damaged | 1 |



POLICE REPORT

