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.

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 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 02/11/2017 10:11 (SGT) Date of Accident 01/11/2017 07:50 (SGT) Exact Location of Accident ALONG JURONG EAST AVE 1 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Isuzu

Vehicle Registration Number PA9349R

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner A STAR TRANSPORT SERVICE LLP Company Reg No T09LL1731B Email Address desmond_astar@yahoo.com.sg Mobile Phone No (Phone) +65-98555125 Alternative Phone No (Phone) +-98555125

VEHICLE PARTICULARS

Manufacturer

Model LT 134P 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 Commercial vehicle Transmission CC

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5077791073-01 Cover Note Number

DRIVER

Name of Driver **TEO KIM CHUAN** NRIC No S1666209G

Date Of Birth	06/12/1964
Occupation	Outdoor
Date Of Driving Pass	07/03/1990
Driving experience	27 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Office) +65-98555125
Alt. Phone Number	-
Email Address	desmond_astar@yahoo.com.sg
Address	BLK 457 CHOA CHU KANG AVENUE 4 #04-191
Address complement	-
Postcode	680457
Is the driver the policyholder?	No No
If No, Relationship of the Driver with the Insured	PARTNER
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver 1	
Vehicle Registration Number of Other Vehicle Owned by Driver 2	
Insurance Company of Other Vehicle Owned by Driver 2	
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver 3	-
insurance company of other vehicle owned by Driver 3	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Chain Collision
Weather Conditions	
Road Surface	Clear
Noad Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	NO
Was anybody injured in the Accident?	- Yes
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	31
Has the driver been approached by unknown person(s)	31
soliciting/offering accident claims assistance?	No
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DETAILS OF POLICE ACTION	
W	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
CIRCUMSTAINCES OF ACCIDENT	
REFER ATTACHED	
ATTACHMENT(S)	
Are accident photos available for attachment?	Ver
	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident Was there any audio recorded?	VIDEO WITH COMPANY
vvas triere arry audio recorded:	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vahiola Pagistration Number	VDC4E4
Vehicle Registration Number	YP6451L
Vehicle Manufacturer	-

TRUCK

Vehicle Model

Vehicle Variant

Vehicle Colour
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SHD4640K - TAXI
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	-
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	PASSENGER
Gender	_
Phone No	_
Address	
Address Complement	_
Post Code	_
Approximate Age Years Old	_
Injuries Sustained	_
Injured person in which vehicle?	_
Were seat belts worn?	_
Was this injured conveyed to hospital by ambulance?	

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	1st Impact
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	d a sound and when I looked into
1 11	de nirror, I saw some debn's on the
	op my vehicle and check on my
risht rear side	of the low. It was then I realised
that the truck (CYP 645 IL) have litted me and a
TAXI (SHD 4640)	K) on the right lane and my
Vehicle (PH1349)) on the right feel side.
I taken photos	
did not want to	give his details and drove off.
	ž
7) a 1.	
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ECLARATION We problem foregoing particulars are tr	rue in every respect.
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STORY SE	15-
1035-240-00-00-00-00-00-00-00-00-00-00-00-00-0	ver's Signature Reporting Centre Personnel's Signature Name: RCCHARD V W 001
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SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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- 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:

- 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")
- 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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or (c) agents{iricluding their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- 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.
- 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 purp
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre pel's Signature RUCHBORDVIN

Name:

NRIC/FIN No .:











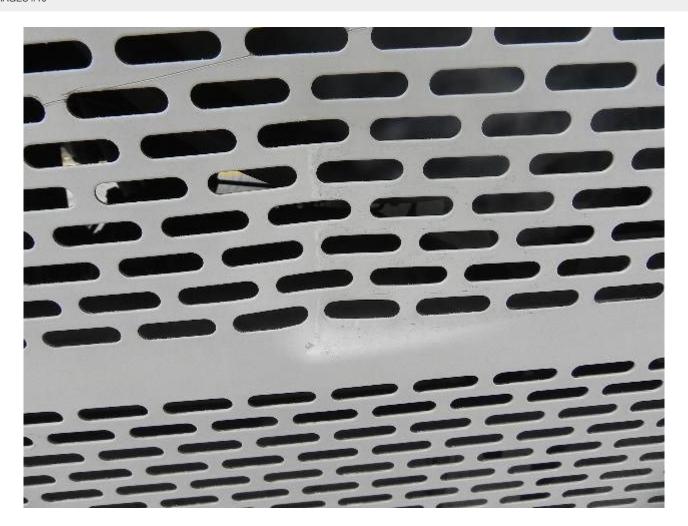


































GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

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: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

Original Report No: MSJ 317/44699 Name(as shownin NNIC): Teo kim Chuan NRIC/FIN/Passport No: ("Vehicle Periver/Vehicle Owner) (") Please delete as appropriate Address: Blk 451, Choa Chu kany Nenve 4 404/91 singapore 68045 Contact (Tel): Mobile No.: 98555125 Email Address: Oles mond—as kin e yahav com. Sy Date of Accident: 1/11/17 Time of Accident: 0760 hrs Place of Accident: Mony Jung East Ave I Insurance Company: NIUC ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Want to amend "Was any Video Captured by Car Camera" from 41s for NO. Car Camera" from 41s for NO. Reporting Lentre Personnel's Signature Name: J. 11/17	PARTICULA	RSOFPERSON	MAKINGTHE	AMENDME	NTS:	100	v.		~-	
Name(as shownin NRIC): 100 Km Chulan NRIC/FIN/PassportNo: ("Yehicle Driver / Vehicle Owner) (") Please delete as appropriate Address : Blk 457, Choa Chu kany Alenve 4 #04-191 Singapore (680 46 Mobile No.: 9 85551) 5 Email Address : Ols mond—as kir & Yahw Com. Sy Date of Accident : 1/11/17 Time of Accident: 0760 kirs Place of Accident : Along Juring East Ale I Insurance Company: NMC ADDITIONAL INFORMATION / AMENDMENTS: 1 have made a report on the above mentioned accident and would like to include additional information or make the following amendments: 1 Want to Amend "Was any video Captured by Car Camera?" from Yes for NO. Reporting centre Personnel's Signature Date: NRIC/FINNO: "Reporting Ventre Personnel's Signature Name: Juli 177	Original Rep	ort No : MS	13/7/44	1699	·v	ehicle Regist	ration No:	PA	939	19 R.
(*Yehicle Driver's Signature Address : Blk 457, Chea Chu kany Renve 4 #04191 Singapore (680 48 Singapore) Address : Blk 457, Chea Chu kany Renve 4 #04191 Singapore (680 48 Singapore) Mobile No.: 98355125 Email Address : Olsmand—askir & Yahu. Com. Sy Date of Accident : 1/11/17 Time of Accident: 0760 hrs Place of Accident : MUNG Jung East Rue (Insurance Company: NAMC ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information of make the following amendments: Want to amend "was any video Captured by Car Camera?" from Yes for HU. Policyholder / Driver's Signature Date: Reporting Zentre Personnel's Signature Name: HI/17 Reporting Zentre Personnel's Signature Name: HI/17	Namerarabou	nio Neio. Teo	kim C	huan						
Address : BIK 457, Cheachu kany Arenve 4 #04-191 singapore(6804) Contact (Tel) : Mobile No.: 98355125 Email Address : Olsmond-Askir & yahuv Com. Sy Date of Accident : 1/11/17 Time of Accident: 0760 hrs Place of Accident : Mony Junny East Ave 1 Insurance Company: NAUC ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Want ho amend "was any video Caphina by Car Camera?" from Yes for NO. Policyholder / Driver's Signature Date: Reporting centre Personnel's Signature Name: Hill 17							sporerro .	86		
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Date: Name: Ju/17 NRIC/FIN No.:	4					8	/ July .			
Date: Name: Ju/17 NRIC/FINNo.:	Policyholder	/ Driver's Signa	ture	7	83	Reporting	Centre Per	sonnel's S	Signatur	e
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