

# 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 Actual 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 First Submission .....	01/11/2024 17:17 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	30/10/2024 13:50 (SGT)
Exact Location of Accident .....	Alexandra Rd, Singapore
Additional Location Information .....	BEFORE AYE(TUAS) ENTRANCE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLA8607A
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	ONG AUTOMOTIVE
Company Reg No .....	5XXXX601D
Email Address .....	ongautomotive.13@gmail.com
Mobile Phone No .....	(Phone) +65-94526618
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	Elantra
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1591
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMHCSNA00027762300

### DRIVER

Name of Driver .....	RAJENDRAN S/O GNANASEGARAN
NRIC No .....	SXXXX451B
Date Of Birth .....	15/12/1988
Occupation .....	Outdoor
Driving Pass Date .....	24/03/2009
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	15 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88170346
Alt. Phone Number .....	-
Email Address .....	eddy_rajendran@msn.com
Address .....	325A SUMANG WALK #15-971
Address complement .....	-
Postcode .....	821325
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
Does Driver Own Other Vehicles? .....	No
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 .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
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

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number ..... SLJ9875M  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
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) ..... -

**IMPORTANT NOTICE**

**SKETCH PLAN**

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6. This report will be forwarded by the insurers to 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.
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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.



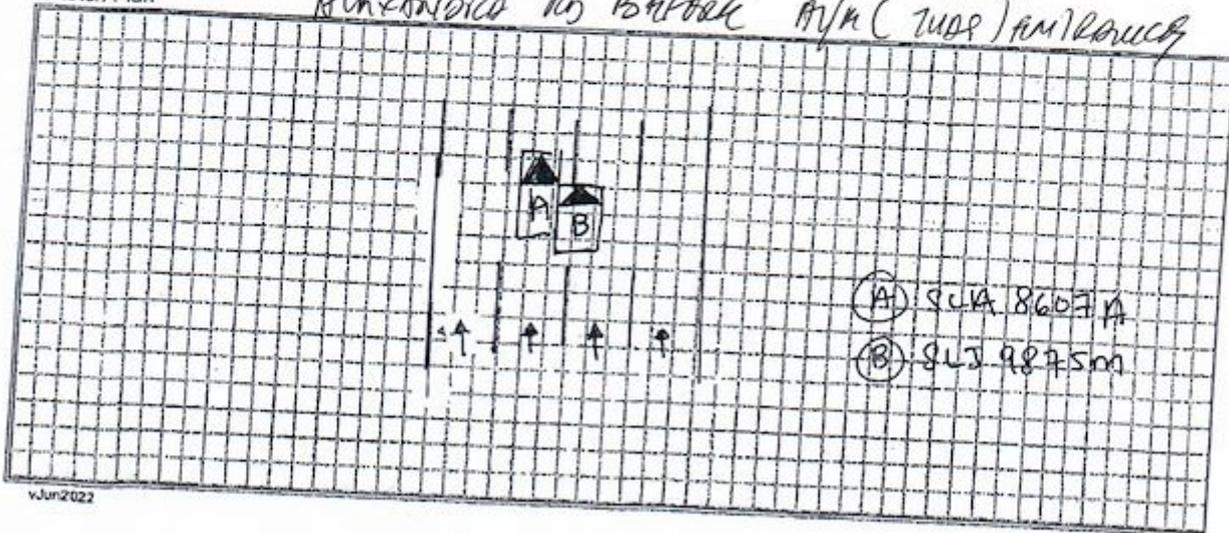
X  
Policyholder's Signature / Date & Time

*[Signature]*  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]* 02/04/2024  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

*RUH-KANDIRA RD B44FOK A/K (TUA) AM/ROUCH*



vJun2022

Describe Circumstance of the Accident

On the stated date and time, I was driving my rental car (SLA 8607A) straight along the stated venue. Suddenly vehicle B (SLJ 9875m) swerve into my lane and collided onto my vehicle right side.

Declaration

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

X   
Policyholder's Signature / Date & Time

  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)





























**ONG AUTOMOTIVE**VEHICLE LEASE AGREEMENTAgreement Date: 8/7/2024 (renew)

Referrer Name: \_\_\_\_\_

NRIC: \_\_\_\_\_

Car plate no.: \_\_\_\_\_

Company **ONG AUTOMOTIVE**  
53401601D

Rental Begins on: \_\_\_\_\_

Time Out &amp; Sign : \_\_\_\_\_

Office No:

Office hour : 10 am – 6 pm

Date &amp; Time In: \_\_\_\_\_

Signed by Staff: \_\_\_\_\_

Hirer's Name: Rajendran SIO GnanasegaramIC: S88494518Address: AP1 BLK 325A Sumang Walk #15-971 S(821325)

(hereinafter known as "the Hirer")

hereby agrees that the Owner shall let and the Hirer shall take the vehicle described below or a replacement vehicle provided by the Owner (hereinafter known as "the Vehicle") upon the terms and conditions hereinafter appearing.

**1. DESCRIPTION OF VEHICLE**

- a. Make & Model : Hyundai Elantra AD 1.6 GLS AT  
 b. Registration No : SLA 8607A  
 c. Mileage : \_\_\_\_\_  
 d. Contact No : 8817 0346  
 e. Bank Account : \_\_\_\_\_  
 f. Email : \_\_\_\_\_

2. RENTAL PERIOD: 6 month3. DEPOSIT AMOUNT: \$500

4. FIRST WEEK RENTAL STARTS ON \_\_\_\_\_ AMOUNT \_\_\_\_\_

5. RENTAL FEE : S\$ 440 per week

a. Rental Fee includes the following items:

- i. Unlimited mileage;
- ii. Service and maintenance;
- iii. Road Tax and Radio License;
- iv. Motor Insurance Coverage (Excess applicable);
- v. 24-hours breakdown and emergency service (in Singapore only); and