

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 ability.
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 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	19/12/2017 17:14
Date Of Accident	07/12/2017 12:00
Exact Location Of Accident	BLK 289 YISHUN AVE 6 OPENSOURCE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB1985Y
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	X-CLUSIVE CAR RENTAL PTE LTD
Co Reg No	201701254C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	ISIS 1.8LX A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5087851728
Cover Note Number	

Driver

Name of Driver	PECH GOO LEONG
NRIC No	S1457428Z
Date Of Birth	20/06/1960
Occupation	OUTDOOR
Date Of Driving Pass	16/03/1981
Driving Experience	36 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84587255
Fax Number	
Contact Number	OFFICE-84587255
Email Address	NOEMAIL

Address	BLK 4 TELOK BLANGAH CRESCENT #04-478
Postcode	090004
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - G/20171219/2142. VEHICLE MISSING.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU9469T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
------	--

Phone Number
Email Address

Accident Sketch Plan

SKETCH PLAN

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. 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.
7. 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:
 - (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:

on behalf of
Pech Goo Leng

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

[Signature]

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. 6/2017/219/2142.

DECLARATION

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



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.:

A C SYED & PARTNERS

Advocates & Solicitors
Commissioner for Oaths
101A Upper Cross Street
#13-23 People's Park Centre
Singapore 058358

Tel : 6538 7411 Fax : 6534 1011 (Not for service of Court Documents)

Our Ref : ACS.CH(ys).MISC.17.ts
Date : 13 December 2017

WITHOUT PREJUDICE

 M/s. X-CLUSIVE CAR RENTAL PTE LTD
10 Ubi Crescent
#07-18 Ubi Techpark
Singapore 408564

BY CERTIFICATE OF POSTING

Dear Sirs

ACCIDENT INVOLVING SJU 9469T & SJB 1985Y ON 7.12.17 @BLK 289 YISHUN AVE 6 OPEN CARPARK

We act for CHNG ERIC, the registered owner of motorvehicle No. **SLU 9469T** in the above matter.

Our investigation reveals that you were the owner of motorvehicle No. **SJB 1985Y** at the time of the accident. Kindly confirm.

Please let us have the following particulars and document:-

- (a) the name, address and NRIC No. of the driver;
- (b) whether the said motorvehicle was at the time of the accident covered by a policy of insurance and if so, the particulars thereof.
- (c) whether the driver was at the time of the accident driving as your servant or agent;
- (d) whether the driver was an authorized driver and covered by the policy of insurance.
- (e) a copy of your Motor Accident Report (GIA report)/Police report.
- (f) Copy of the Hiring Agreement.

Please take notice that there is a presumption in law that the said driver was driving as your servant or agent unless you confirm otherwise. Kindly revert within the next 5 days.

We advise that upon receipt of this letter you should report the above accident to your insurers immediately together with your Certificate of Insurance to enable them to assist you.

If you fail to do so, your said insurers may exercise their right not to cover you against our client's claim. In such event, our client will look to you for his claim. If you are found liable, you will have to pay our client's damages out of your own pocket.

Yours faithfully

cc. client [by fax]

Police Report



**SINGAPORE
POLICE FORCE**



G/20171219/2142

1 of 2

POLICE REPORT (NP299)

Report No. G/20171219/2142

Police Station Of Origin
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

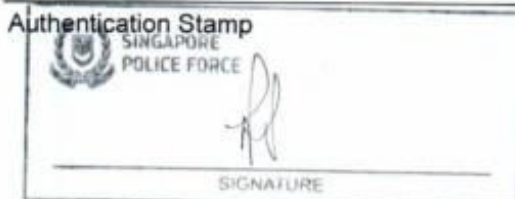
Date/Time Report Made 19/12/2017 16:44	Vide Report No.	Station Diary No. 28
Name Of Informant LIM TAT ANN	Address APT BLK 145 LORONG 2 TOA PAYOH #22-308 SINGAPORE 310145	
ID Type / ID No. NRIC NO / S8013618H	Contact No. Home/Office Mobile 86138631	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SELF EMPLOYED	Sex Male	Age 37
Institution/School Name	Date of Birth 17/05/1980	Race Chinese
Date/Time Of Incident 03/12/2017 16:40	Location Of Incident 10 UBI CRESCENT #07-18 UBI TECHPARK SINGAPORE 408564	

Brief details.

I am the shareholder of this vehicle rental company, X-clusive car rental Pte Ltd which is located at 10 Ubi Crescent #07-18.

On 03/12/2017, one male customer came to my company and signed an agreement to rent a car (SJB1985Y, Toyota ISIS), however the duration of rental was not stated in the agreement.

Signature Of Officer Recording The Report: G / Sgt 2 LIM ZHENG HONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/12/2017 16:44
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / ASP IVAN TAN JIAN LIANG Contact No.: 62440000	Classification Of Case:



Police Report



SINGAPORE
POLICE FORCE



G/20171219/2142

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20171219/2142

On 18/12/2017 evening, the customer told my partner that he will be coming to the office to settle the payment and some insurance matters with us on 19/12/2017 at between 1100hrs to 1200hrs. However, he did not turn up and I could not contact him. The car location is unknown at the moment.

On 19/12/2017 at about 1600hrs, I opened my company letter box and received a letter from "A C Syed & Partners" which is a third party lawyer firm saying that the vehicle that this customer had rented was involved in a car accident on 07/12/2017.

This customer informed that he had made a report with the traffic police however I am not sure of the report number.

I am lodging this report for insurance claim purpose and IDAC to lodge a Motor Accident Report.

Particulars of customer:

PECH GOO LEONG

S1457428Z

BLK 4 TELOK BLANGAH CRESCENT #04-478

TEL: 8458 7255

Signature Of Officer Recording The Report:

G / Sgt 2 LIM ZHENG HONG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
ASP IVAN TAN JIAN LIANG
Contact No.: 62440000

Signature Of Informant:

Date/Time:
19/12/2017 16:44

Classification Of Case:

Authentication Stamp



SIGNATURE