## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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 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 consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	19/12/2017 15:24
Date Of Accident	18/12/2017 10:00
Exact Location Of Accident	BERNAM STREET
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG397A
Insured/Policyholder	
Name Of Registered Owner	KYRO AUTOMOBILE
Co Reg No	53156832J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96659531
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY

Vehicle Category PRIVATE HIRE

**Insurance Company** 

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number 5089098523

Cover Note Number

Driver

PHUAH TIAN POO Name of Driver

NRIC No S7767411Z Date Of Birth 18/06/1977 **INDOOR** Occupation **Date Of Driving Pass** 06/07/2012

**Driving Experience** 5 YEARS AND 5 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-96659531

Fax Number

**Contact Number** 

**EMail Address** B.PHUAH@HOTMAIL.COM Address 216 JOO CHIAT ROAD #03-10

**SINGAPORE** 

Postcode 427483

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 SIDE SWIPE
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.
Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

REFER ATTACHED

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 SH9111L

Vehicle Make/Model/Colour

**Details Of Properties** 

Name of Driver CHIANG MEOW TEE

NRIC/Passport Number S1281380E

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness** 

Name

Phone Number

**Email Address** 

#### **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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 the purpose of the content of the purpose of the content of the purpose of the purpo
  - (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: 18-12-17 Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

## Sketch Plan #2 Pg. 1

# **SKETCH PLAN** SJG397A CAR CAR

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Oh 18/12/17 at 10:00 am, I was diving along Bernam Street, I indicated to pull over to the right of the road to alight a passenger at the drop off point. A taxi sudduly move forward and but my car.
I indicated to pull over to the right of the road to alight
a passenger at the drop off point. A taxi suddenly
move forward and but my car.
J

DECLARATION

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

Policyholder's Signature

Date & Time:

GIARMC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 18/6 18/12/17

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Sketch Plan #3 Pg. 1



No.1 Bukit Batok Crescent #04-25 Wcega Plaza Singapore 658064 tel: +65 6684 8470 fax: +65 6684 8471

Business Registration No: 53156832J

UOB 3603035362 Kyro Automobile Hp: 90000000

## VEHICLE HIRING AGREEMENT

	O ACILEIVILIVI	
HIRER'S PARTICULARS	Vehicle No: \$3474 Replace Veh No:	
Name (as in I/C) Physik Tight Poo	Mileage Out: 136628 Veh Replacement Form:	
NRIC/Passport No: \$7757 411 Z Date of Birth:  Address: 316 300 Chief Road \$103.40 Age:	Make & Model: Twoth Covilla Aftis LE Auto/Manual Group: Auto	
Address: 316 300 CNOT ROAD 110570 Age:	Out Date: [1.12.30 [7] Time: 10.30 ca	
Name & Address of Employer	Hire/Period Expiry: Time:	
Hamo a Address of Employer	NON-WAIVER EXCESS: \$ 2000/1500 CDW YES / N	0
Occupation: Driving Extp: Yrs	Personal Accident Insurance PA1 YES/N	0
Driving Licence No: Passed Date: 06 Jul 2012	CHARGES \$	cts
D/L Type: Local/Int'l/Others: (ass 3	Daily day @\$ Per day	
Tel(O)(R)HP/Pg_9655953	Weekly Week @\$ 400 Per week 400	-
DRIVER'S PARTICULARS	Monthly month @ \$ Per Monthly	
Name (as in I/C) As above	Others	
NRIC/Passport No: Date of Birth:	CDW @\$ Per day/Monthly	
Address: Age:	PAI @ \$ Per day/Monthly	
s()	Delivery/Collection Svc	
Occupation: Driving Extp: Yrs	GST	
Driving Licence No: Passed Date:	OR No: (A) SUB-TOTAL	<b>†</b>
D/L Type: Local/Int'l/Others:	Misc/Ex Deposit 500	$\vdash$
Contract No:	GST	
ADDITIONAL DRIVER'S PARTICULARS	OR No: (B) SUB-TOTAL	
Name (as in I/C)	Misc/Ext	
NRIC/Passport No: Date of Birth:	GST	
Address: Age:	OR No: (C) SUB-TOTAL	-
Occupation: Driving Extp: Yrs	Petrol Level   OUT   E   1/4   1/2   3/4   F	
Driving Licence No: Passed Date:	& 001	
D/L Type: Local/Int'l/Others:		
Contract No:	GST CONTRACTOR CONTRAC	
Security Deposit: \$ 500 Bank:	TOTAL CHARGES 900	
CASH/NETS/VISA/MC/AMEX/CHQ No:		
Expiry Date: Card ID No:	Compt.	
Remarks:		
	Hirer's Signature: Additional Driver's Signatu	re:
Rented Out By: Sales ID:	SINGAPORE Use Only	

I have read and agreed to the terms and condition on both sides of this agreement. If I have presented a charge/credit card for payment. I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have been given Kyro Automobile in connection with this agreement is true.

#### **IMPORTANT OFFICE HRS HELPLINE: 6684 8470**

- Only persons above 23 & below 65 years of age with more than 2 years driving experience authorised licensed and signing this agreement may drive the vehicle.
   All vehicles are supplied with petrol and should returned with petrol level likewise. A service charge of \$5 on top of a petrol surcharge is payable by the hirer should he fail to return the vehicle at the appropriate petrol level.
   No refund for early return of Vehicle. The Hirer shall be liable for excess charges for any late return at the rate shown per hour per day, inclusive of CDW and/or PAI where applicable. Any returns after our operation hours will be charged as a full day rental.

- 4. Use of the vehicle for illegal purpose (for instance: in connection with theft, drug pedaling of trafficking, smuggling), is strictly prohibited.
  5. Vehicle strictly for Singapore use only and my not be driven out of Singapore without prior written consent of Kyro Automobile. The hirer is liable for a penalty fee of \$200 in additional to the appropriate insurance top up in the case of non-disclosure of Malaysia usage.
  6. In case of accident, the hirer shall report to rental office immediately. An accident report must be made within 24 hours. Failure to comply, the hirer will have to borne

all liability from all parties claim.

Return of vehicle: The hirer driver is required to sign in the column "Signature of Hirer driver failing which the day and time inserted below shall be deemd to be the day and time the vehicle is returned to Kyro Automobile and the same shall be accepted as conclusive evidence of the same and shall not be challenged or questioned on any account whatsoever.

Date In	Time In	Mileage	Checked By	Remarks	
					Hirer's/Driver Signature



















