

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 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	23/01/2018 09:41
Date Of Accident	10/12/2017 02:50
Exact Location Of Accident	JUNC GEYLANG RD & GUILLEMARD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ2300P
Insured/Policyholder	
Name Of Registered Owner	CTG LEASING PTE LTD
Co Reg No	201711631Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84484545
Alternative Phone No	OFFICE-84484545

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
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	NO
Policy Number	5092415467
Cover Note Number	

Driver

Name of Driver	MUHAMMAD HIDIR BIN RAHMAN
NRIC No	S8701978J
Date Of Birth	11/01/1987
Occupation	OUTDOOR
Date Of Driving Pass	16/08/2006
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87493669
Fax Number	
Contact Number	OFFICE-87493669
Email Address	NOEMAIL

Address	BLK 217B BOON LAY AVENUE #12-255
Postcode	642217
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
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
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
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	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180103/2083. VEHICLE HAS BEEN SCRAPPED.

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	SHC2492P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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:

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

No Sketch plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20180103/2083

DECLARATION

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

Policyholder's Signature
Date & Time:

QARNF SketchPlanForm_V3

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

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180103/2083

1 of 3

Police Station Of Origin:
Tampines N.P.C
8 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No: T/20180103/2083

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2018 14:30	Vide Report No.:	Station Diary No.: 58
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Informant's Particulars				
Name of Informant: PEH BAN GIAP, WILLIE			Address: APT BLK 463 TAMPINES STREET 44 #06-94 SINGAPORE 520463	
ID Type / ID No.: NRIC NO / S8100806Z			Contact No.: Home/Office:	Mobile: 84484545
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 36	Date of Birth: 06/01/1981	Type of Informant: Employee of CTG Leasing Pte Ltd	
Race: Chinese			Language:	Institution / School Name:
Occupation: SALES MANAGER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/12/2017 02:50	Type of Location:
Location: Junction of Road 1 and Road 2 GEYLANG ROAD GUILLEMARD ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLQ2300P	Car	MITSUBISHI	Lancer EX	Grey		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLQ2300P	NTUC Income Insurance Co-Operative Limited	5092415487	04/07/2017	20/01/2018

Police Report



**SINGAPORE
POLICE FORCE**



T/20180103/2083

2 of 3

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871959

Report No. T/20180103/2083

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
EMPLOYEE OF CTG LEASING PTE LTD			
Name	PEH BAN GIAP, WILLIE	ID No.	S8100806Z
Related Vehicle	SLQ2300P (Car)	Contact No.	84484545
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MUHAMMAD HIDIR BIN RAHMAN	ID No.	S8701978J
Related Vehicle	SLQ2300P (Car)	Contact No.	87493889
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am currently working as a sales manager for CTG Leasing Pte Ltd for the past more than 1 year. The company deals with leasing vehicle to customer for private use or GRAB/Uber use.

On 26/11/2017, a customer namely Muhammad Hidir Bin Rahman came to us and rented a vehicle from us for 2 days. After renting the vehicle, the customer called us and requested to extend the usage of the car from time to time. We extended his lease and the driver paid the rental without any trouble.

On 11/12/2017, I received a call from the Traffic Police saying that the vehicle was involved in an accident. He requested for the particulars of the driver and I emailed to "Lim_Hong_Lee@spf.gov.sg". I do not know the details of the accident. To my understanding the vehicle is being compounded by Traffic Police.

About 2 weeks ago, I received a traffic police letter advising us to lodge a police report with regards to the accident. We do not know the details of the accident.

Police Report



SINGAPORE
POLICE FORCE



T/20180103/2083

3 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529882
Tel No: 1800-5871999

Report No: T/20180103/2083

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Staff Sgt LOO JIA JIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/01/2018 14:30

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

Contact No:

Authentication Stamp

SP168

SIGNATURE

Scrapping letter

Downgrading Temp Transfer Vehicle (Continued)	
Vehicle Number	64009041 Temporary Transfer
First Registration State	21 Jan 2018
Vehicle Make	MITSUBISHI
Vehicle Model	LANCEIA DELTA 1.6 16V
Chassis No.	84187CY AAA 000128
Engine No.	4015401264
Ex Label No.	11175706
Proprietor	Period
Road Tax Expiry Date	20 Jan 2018
Temporary Start Date	20 Jan 2018
Temporary End Date	27 Apr 2018
Downgrading Details	
Downgrading Reason	Apply for it
Downgrading Date	20 Jan 2018
<div> <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Confirm <input type="checkbox"/> Cancel </div>	