

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 | 25/01/2018 16:04 |
| Date Of Accident | 13/12/2017 06:00 |
| Exact Location Of Accident | JUNC SERANGOON CENTRAL & UPPER SERANGOON RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SKV3433T |
| Insured/Policyholder | |
| Name Of Registered Owner | ASCOTT CAR RENTAL PTE LTD |
| Co Reg No | 201431143G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-81333106 |
| Alternative Phone No | OFFICE-81333106 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | SUZUKI |
| Model | SWIFT 1.3 AT |
| 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? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 17-MI001390-R00 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | TAUFIK BIN AMINALLAH |
| NRIC No | S8517200Z |
| Date Of Birth | 30/05/1985 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 27/11/2014 |
| Driving Experience | 3 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | +65-96888551 |
| Fax Number | |
| Contact Number | OFFICE-96888551 |
| Email Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 445A FERNVALE ROAD #21-405 |
| Postcode | 791445 |
| 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 | |
| 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 | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - G/20180125/2087.

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 | UNKNOWN |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | |
| 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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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 driver 
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

2

Refer to police report- 4/20180125/2067.

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

signature

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

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



G/20180125/2087

1 of 2

POLICE REPORT (NP299)

Report No. G/20180125/2087

Police Station Of Origin
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

| | | | | | |
|---|--|--|-----------|-----------------------------|-----------------|
| Date/Time Report Made 25/01/2018 14:47 | | Vide Report No. | | Station Diary No. 30 | |
| Name Of Informant CHIA JING CHUAN | | Address 27 ANCHORVALE CRESCENT #01-36 SINGAPORE 544657 | | | |
| ID Type / ID No. NRIC NO / S8943996E | | Contact No. Home/Office Mobile 81333108 | | | |
| Nationality SINGAPORE CITIZEN | | Email Address | | | |
| Occupation Other administrative clerks (eg public relations clerk) | | Sex Female | Age 28 | Date of Birth 04/12/1989 | Race Chinese |
| Institution/School Name | | Language | | | |
| Date/Time Of Incident 13/12/2017 16:00 | | Location Of Incident 189 KAKI BUKIT AVENUE 1 #01-00 SHUN LI INDUSTRIAL PARK SINGAPORE 416019 | | | |

Brief details.

I am working in Ascott Car Rental Pte Ltd.

On the 13/12/2017 at about 1600 hrs, my colleague tried to contact a Taufik Bin Aminallah, who had previously rented a orange color Suzuki Swift (SKV3433T) from my company from the 8/12/2017 at 1600 hrs to 13/12/2017 at 1600 hrs, however, he was uncontactable. On the 15/12/2017, my colleague

| | |
|--|--------------------------------|
| Signature Of Officer Recording The Report: G / Sgl 2 ONG YU XIANG | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 25/01/2018 14:47 |
| Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / ASP CHUA KWEE HAO, GARRET Contact No.: 62447200 | Classification Of Case: |

Authentication Stamp:



Police Report



**SINGAPORE
POLICE FORCE**



G/20180125/2087

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180125/2087

received a call from Traffic Police who informed that the said vehicle was involved in an accident on the 13/12/2017 and is currently in the Traffic Police compound. On the 25/01/2018 at about 1400 hrs, my colleague went to Traffic Police compound to collect the vehicle. I wish to state that Taufik rented the said vehicle from 8/12/2017 to 11/12/2017 for SGD\$200/- and he called extend the rental on the 11/12/2017, to 13/12/2017 for SGD\$100/-. He has already made the first payment but has not made the second payment. I also wish to state that there was a written agreement between Taufik and my company and the agreement states that he is liable for the damage cost for the vehicle.

I am lodging this report for my company to take civil actions.

Signature Of Officer Recording The Report: *G. Yu Xiang*
G / Sgt 2 ONG YU XIANG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
ASP CHUA KWEE HAO, GARRET
Contact No.: 62447200

Signature Of Informant:

[Signature]

Date/Time:
25/01/2018 14:47

Classification Of Case:

Authentication Stamp



Addendum Sheet



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: S66550020G / 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

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA18012343 Vehicle Registration No: SLV 3433 T
Name (as shown in NRIC) : Jawid Bin Aminallah NRIC/FIN/Passport No : S85172002
(*Vehicle Driver / ~~Vehicle Owner~~*) Please delete as appropriate
Address : Blk 445A Fernvale Rd #21-405 Singapore (79194)
Contact (Tel) : _____ Mobile No. : 96888551
Email Address : _____
Date of Accident : 13/12/17 Time of Accident : 06:00
Place of Accident : Junc Serangoon Central & upper Serangoon Rd
Insurance Company : TMI

(B) 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:

Add in police report - 6/20182123/2017.

Policyholder / Driver's Signature
Date:

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