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 <u>truthful and accurate</u> 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 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
ehicle Registration Number	SKV3433T
nsured/Policyholder	
lame 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
/ehicle Particulars	
<i>l</i> lanufacturer	SUZUKI
Model	SWIFT 1.3 AT
exact Purpose for which vehicle was being used me of accident	at COMMERCIAL
are you claiming under your own insurance polic for repair to your vehicle?	y YES
No, Please state action to be taken	
ehicle Category	COMMERCIAL VEHICLE
nsurance Company	
lame of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
ype Of Coverage	COMPREHENSIVE
leet 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

BLK 445A FERNVALE ROAD Address

#21-405

Postcode 791445

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - HIRER

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

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?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

YES

NO

NO

Circumstances of Accident

REFER TO POLICE REPORT - G/20180125/2087.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

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)

UNKNOWN

Accident Sketch Plan

SKETCH PLAN

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- 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.
- 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.
- 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 ...
 - 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:
 - 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: of driver

Driver's Signature

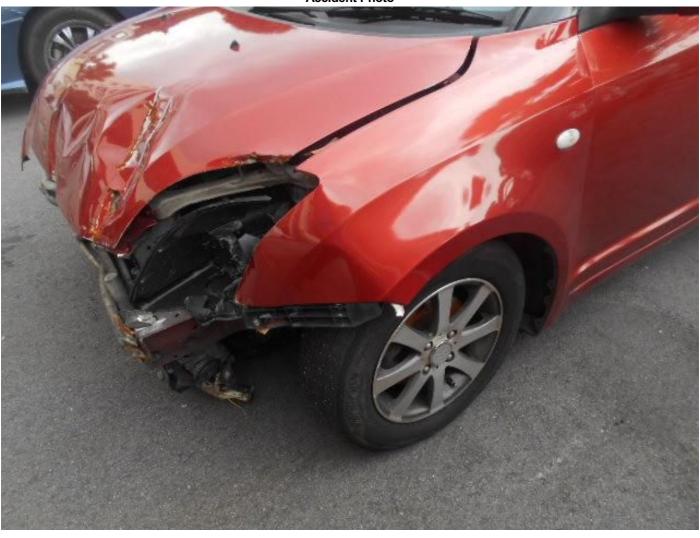
Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

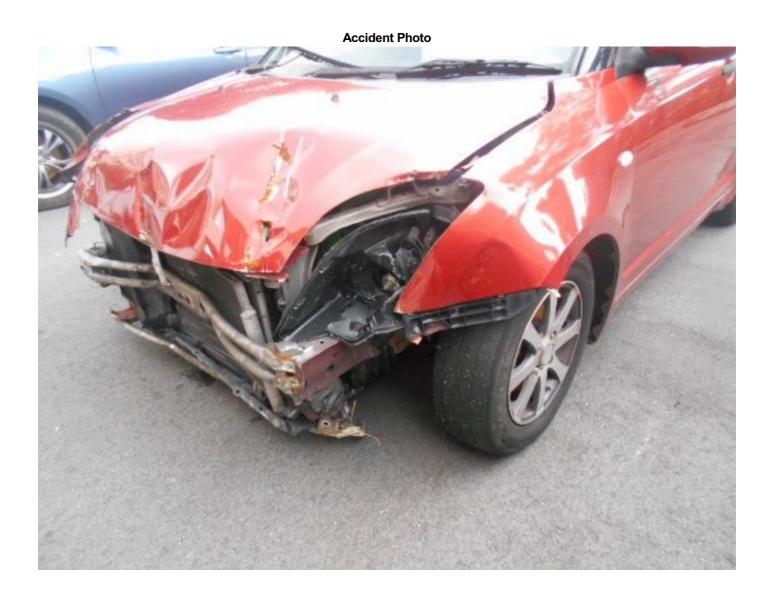
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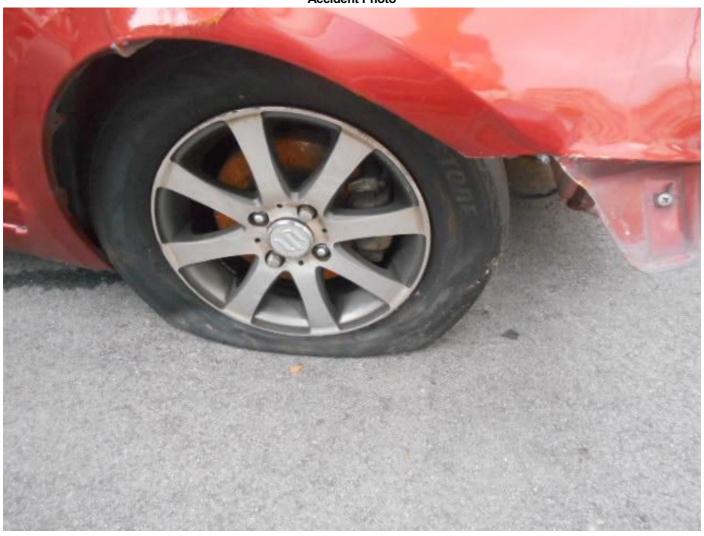
Accident Sketch Plan

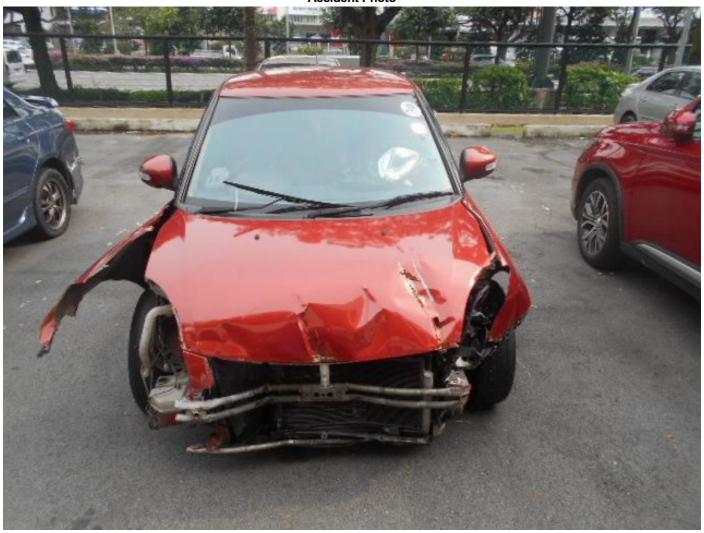
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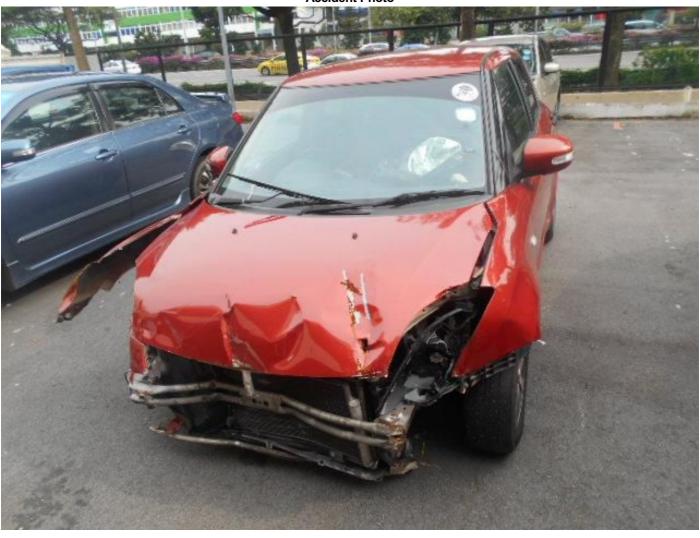


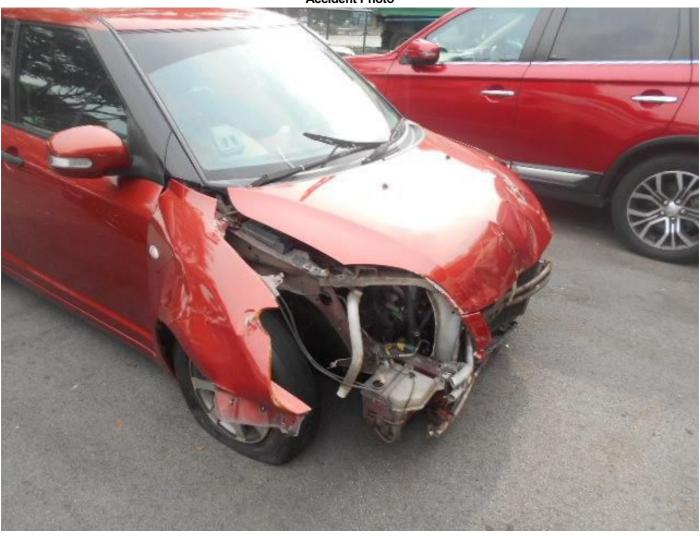


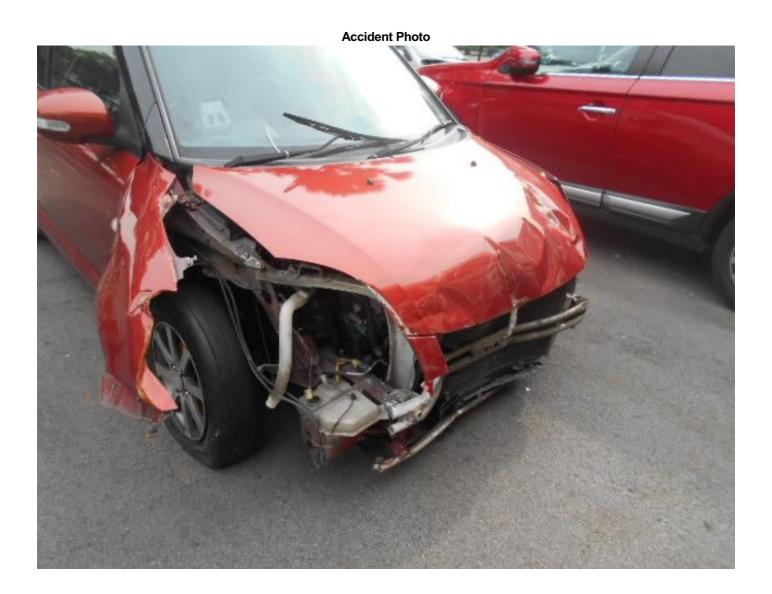


















1 of 2

Report No. G/20180125/2087

POLICE REPORT (NP299)

Police Station Of Origin Euros NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629

Tel No: 1800-4439999

Date/Time Report Made 25/01/2018 14:47	Vide Rep	ort No.		Station Diary No. 30
Name Of Informant	Address			
CHIA JING CHUAN	27 ANCHORVALE CRESCENT #01-35 SINGAPORE 544657			
ID Type / ID No.	Contact N	lo.	908040	
NRIC NO / \$8943996E	Home/Office		Mobile 81333108	
Nationality SINGAPORE CITIZEN	Email Address			
Occupation	Sex	Age	Date of Birth	Race
Other administrative clerks (eg public relations clerk)	Female	28	04/12/1989	Chinese
Institution/School Name	Language			
Date/Time Of Incident 13/12/2017 16:00	Location Of Incident 169 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 grange 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 Informant:
GH GH
Date/Time: 25/01/2018 14:47
Classification Of Case:





2 of 2

POLICE REPORT (NP299)

Authentication Stamp

SIMBAPORE POLICE FORCE

HISINATURE

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: Capp.	Signature Of Informant:
G / Sgt 2 ONG YU XIANG	(All)
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:

Addendum Sheet



Policyholder / Driver's Signature

Date:

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffies Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MNA (1801) 343 Vehicle Registration No: SICV 3433 T Namelos shownin NRIC): Tum Alc Sin Aming Mah NRIC/FIN/Passport No : 585 172002 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate : Dk yyJA Fernyale Rd &21-405 _Singapore(791YV) Address Mobile No.: Contact (Tel) **Email Address** Time of Accident : 06 = 00 Date of Accident Place of Accident Insurance Company: __ (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: report- 6/20/80/25/25/251.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: / Date: