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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	09/02/2018 16:33
Date Of Accident	09/02/2018 09:00
Exact Location Of Accident	ORCHARD HOTEL INFRONT OF THE YELLOW BOX
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC4221U
Insured/Policyholder	
Name Of Registered Owner	CARSONRENT
Co Reg No	53320759B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98793205
Alternative Phone No	OFFICE-98793205
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ALLION 1.5 A
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096318932
Cover Note Number	
Driver	
Name of Driver	PHUA CHIN CHYE

Name of Driver PHUA CHIN CHYE

NRIC No S1455859D

Date Of Birth 17/06/1960

Occupation OUTDOOR

Date Of Driving Pass 05/08/1980

Driving Experience 37 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98793205

Fax Number

Contact Number OTHERS-98793205

EMail Address NOEMAIL

BLK 157 BEDOK SOUTH AVE 3 Address

#12-563

Postcode 460157

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

COLLISION - HEAD TO REAR 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?

NO

NO

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?

Circumstances of Accident

NO

NO

PLS REFER TO THE ATTACHED STATEMENT.

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

SHB6696Y Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category **TAXI**

TAN CHEE WEE Name of Driver S7212304B NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 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:
 - (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.:

Sketch Plan #2

KETCH PLAN		
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Orevia	in thouse	
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
		20 Chal a 1 11 12 1
Vehicle A	was driving	near Crahard Hotel
infront d	the road whi	in suddenty VehicleB
turn in	to the yellow P	pox and stop suddenty
but 1	relaide A first sl	ightly trouch on the
vislet s	ide rear port	un of Vehicle B
113-11	Total Transfer	
DECLARATION	audays are true in every cornect	*
	culars are true in every respect.	- 9/2/20
C 22200 159 #	0	1 - 9/2/20
		Reporting Centre Personnel's Signature
Policyholder's Signature Date & Time:	Oriver's Signature (If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

Sketch Plan #3



CS17-1136 KENTAL AUKBEMENT 11-Dec-17 Company Name: CARSonRENT (ROC No. 533207598) 61 Ubi Avenue 2 #02-03 Automobile Megamart 408898 Phua Chin Chye Name: NRIC No. S1455859D 9879 3205 Local Contact Hp : Hirtr's Address. 157 Bedok South Ave 3 #12-563 480157 Rental Fees To Be Deposited Every Monday Before 2.00pm To DBS Current A/C No. 023-905224-0 Deposit Remark: \$500.00 Start Date : Start Time: No. Of Months: 11-Dec-17 1338hrs 12 Return Date: Return Time: Rate Per Week 08-Sep-18 23.59Hrs \$420.00 NO NO Model Toyota Allion 1.5A CAR PLATE SLC4221U C = ChipsD = Dent S - Scratches R - Rust M - Missing 1/8 518 · Every 1/8 of of petrol used is FUEL chargewhile (8 \$20 nem

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Sketch Plan #4



CS17-1136 KENTAL AUKBEMENT 11-Dec-17 Company Name: CARSonRENT (ROC No. 533207598) 61 Ubi Avenue 2 #02-03 Automobile Megamart 408898 Name: Phua Chin Chye NRIC No. S1455859D 9879 3205 Local Contact Hp : Hirtr's Address. 157 Bedok South Ave 3 #12-563 480157 Rental Fees To Be Deposited Every Monday Before 2.00pm To DBS Current A/C No. 023-905224-0 Deposit Remark: \$500.00 Start Date : Start Time: No. Of Months: 11-Dec-17 1338hrs 12 Return Date: Return Time: Rate Per Week 08-Sep-18 23.59Hrs \$420.00 NO NO Model Toyota Allion 1.5A CAR PLATE SLC4221U C = ChipsD = Dent S - Scratches R - Rust M - Missing 1/8 518 · Every 1/8 of of petrol used is FUEL chargewhile (8 \$20 nem

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Transfer Of Vehicle Ownership (Acknowledgement)

Vehicle Details	MALE PLANT		MANAGEM BURES		
/ehicle No.:	SLC4221U				
Vehicle Type:	Z10 - Private Hire (Chauffeur) Motor Car	Vehicle Scheme:	Normal		
/ehicle Make:	TOYOTA	Vehicle Model:	ALLION 1.5 A		
Chassis No.:	NZT2603024476	Engine No.:	1NZD021325		
Motor No.:		Trailer Chassis No.:	*		
Propellant:	Petrol	Passenger Capacity:	4		
Engine Capacity:	1496 cc	Power Rating:	*		
Unladen Weight:	1200 kg	Maximum Laden Weight:	1475 kg		
Primary Colour:	White	Secondary Colour:			
IU Label No.:	1029882411	Maximum Power Output:	81.0 kW (108 bhp)		
First Registration Date:	08 Sep 2008	Original Registration Date:	08 Sep 2008		
Manufacturing Year:	2008	Open Market Value:	\$13,959.00		
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$6,979.00		
No. of Transfer:	4	Actual ARF Paid:	\$13,959.00		
Owner Particular	s				
Owner Name:	CARSONRENT				
Owner ID Type:	Business				
Owner ID:	53320759B				
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes				
Registered Block /House No.:	61 •				
Registered Street Name:	UBI AVENUE 2				
Registered Unit No.:	#02-03				
Registered Building Name:	AUTOMOBILE MEGAMART				
Registered Postal Code:	408898				
COE No./Expiry Date:	2008100101000580M / 07 S	Sep 2018			
COE Bid Category:	A - Car (1600cc & below)				
QP Paid:	\$9,501.00				





























