

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	09/05/2018 15:41
Date Of Accident	21/04/2018 13:15
Exact Location Of Accident	EXIT 2 OF MSCP SK31 BLK 195A RIVERVALE DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP954U
Insured/Policyholder	
Name Of Registered Owner	DISTINCT CAR RENTAL PTE LTD
Co Reg No	201627318Z
Email Address	MAX5013@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-96461000

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	YES
Policy Number	5089724279-01
Cover Note Number	

Driver

Name of Driver	TIAN BOON KENG(CHENG WENQING)
NRIC No	S8742799D
Date Of Birth	31/12/1987
Occupation	OUTDOOR
Date Of Driving Pass	17/02/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83864347
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 289A COMPASSVALE CRESCENT #13-317
Postcode	541289
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	COLLIDED INTO PROPERTY
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
Was any other material or property damaged?	NO
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	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: E/20180509/2041

Attachment(s)

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

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)**

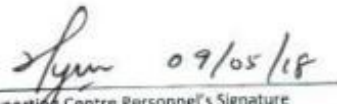
I understand, acknowledge, agree and consent that:

- (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:

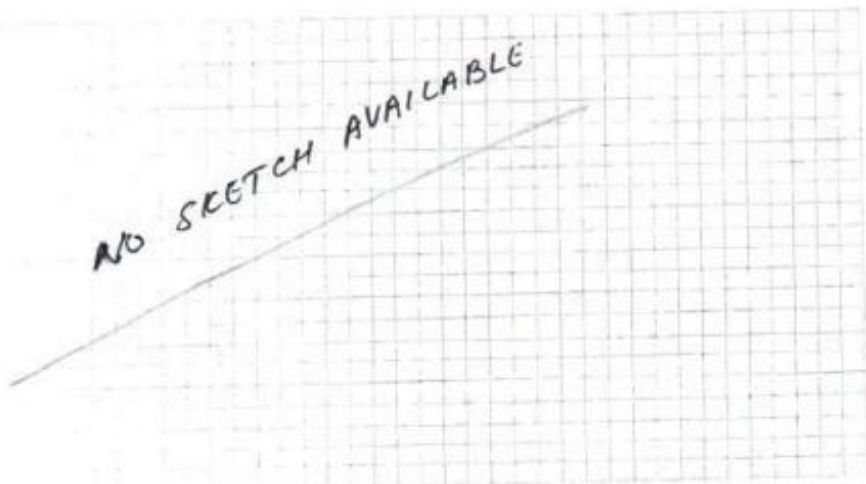


Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: E/20180509/2041


DECLARATION

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


Policyholder's Signature
Date & Time:



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

 09/05/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



E/20180509/2041

1 of 2

POLICE REPORT (NP299)

Report No. E/20180509/2041

Police Station Of Origin
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

Date/Time Report Made 09/05/2018 12:20	Vide Report No.	Station Diary No. 4		
Name Of Informant SEOW KUAN MIN, MAX	Address APT BLK 197D BOON LAY DRIVE #03-121 SINGAPORE 644197			
ID Type / ID No. NRIC NO / S8409233I	Contact No. Home/Office	Mobile 96461000		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation DIRECTOR	Sex Male	Age 34	Date of Birth 28/03/1984	Race Chinese
Institution/School Name	Language			
Date/Time Of Incident 12/04/2018 00:00 - 09/05/2018 00:00	Location Of Incident 197D BOON LAY DRIVE BOON LAY FIELDS SINGAPORE 644197			

Brief details.

I am a director of a car rental company Distinct car rental PTE LTD

On 02/04/2018, I rented one Hyundai Avente (SJP954U) to a hirer (Tian Boon Keng, S8742799D) for 3 months with a weekly rental fee. On 12/04/2018, he did not pay the weekly fee. As such I lodged a police report to tow the car back. However, he asked me for some time so I gave him some time. On the 01/05/2018 he went uncontactable as such on the 07/05/2018 I towed back the vehicle. On 09/05/2018 I

Signature Of Officer Recording The Report: E / Sgt 2 JOEL EE CHYE TECK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/05/2018 12:20
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / SI KANG BEE YAN Contact No.: 63910000	Classification Of Case:

Authentication Stamp



Individual Statement



**SINGAPORE
POLICE FORCE**



E/20180509/2041

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20180509/2041

received an insurance claim letter ref (MT/0992366-001) stating that my car that I rented to this hirer got into an accident with a property on the 21/04/2018.

I am lodging this report was to informed that I was not aware of such accident.

13:14

EXIT 2 OF MSCP SK31

BLK 175A RIVERVALE DRIVE

Signature Of Officer Recording The Report:

E / Sgt 2 JOEL EE CHYE TECK

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
09/05/2018 12:20

Officer In-Charge Of Case:
E / Tanglin Police Divisional Investigation Branch /
SI KANG BEE YAN
Contact No.: 63910000

Classification Of Case:

Authentication Stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



E/20180509/2041

1 of 2

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River Valley NPP
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Tel No: 1800-2789999

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Name Of Informant SECW KUAN MIN, MAX	Address APT BLK 197D BOON LAY DRIVE #03-121 SINGAPORE 644197			
ID Type / ID No. NRIC NO / S8409233I	Contact No. Home/Office	Mobile 98481000		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation DIRECTOR	Sex Male	Age 34	Date of Birth 28/03/1984	Race Chinese
Institution/School Name	Language			
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E / Sgt 2 JOEL EE CHYE TECK

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
09/05/2018 12:20

Officer In-Charge Of Case:
E / Tanglin Police Divisional Investigation Branch /
SI KANG BEE YAN
Contact No: 83910000

Classification Of Case:

Authentication Stamp



Police Report



SINGAPORE
POLICE FORCE



E/20180509/2041

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20180509/2041

received an insurance claim letter ref (MT/0992368-001) stating that my car that I rented to this hirer got into an accident with a property on the 21/04/2018.

I am lodging this report was to informed that I was not aware of such accident.

(35-114)

EXIT 2 OF MSCD SK31

BLK 198A RIVERVALE DRIVE

Signature Of Officer Recording The Report

E / Sgt 2 JOEL EE CHYE TECK

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
E / Tanglin Police Divisional Investigation Branch /
SI KANG BEE YAN
Contact No.: 63910000

Authentication Stamp



Signature Of Informant:

Date/Time:
09/05/2018 12:20

Classification Of Case: