SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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	29/09/2018 16:52
Date Of Accident	28/09/2018 19:40
Exact Location Of Accident	BLK 9461A PASIR RIS DR 6 OPEN CP
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX9461A
Insured/Policyholder	
Name Of Registered Owner	POPULAR RENT A CAR PTE LTD
Co Reg No	199608195Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-67428888
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Гуре Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	
Cover Note Number	
Driver	
Name of Driver	TAI KWANG YAP
NRIC No	S1410040G
Date Of Birth	02/07/1960

OUTDOOR

27/03/1978

40 YEARS AND 6 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-87501681

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 825 JURONG WEST ST 81 #10-16 S640825

Postcode

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

NO

NO

NO

NO

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

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.

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

REFER TO ATTACHED REPORT

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 SJJ3347J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NORSURIA BINTE ORHAN

NRIC/Passport Number S8024053H

Contact Number NA Address NA NA Postcode NA

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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 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:

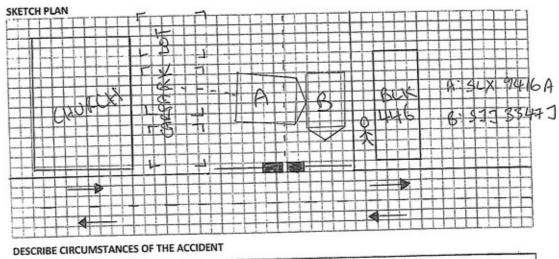
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



I	WAS DOIN	VG A 39	01N7 7	URN, IN	ORTHR 70	PICK-UP
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DECLARATION

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

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

Date & Time:

Reporting Centre Personnel's Signature

2

Name:

NRIC/FIN No.:

GIARMC SketchPtanl arm_V3

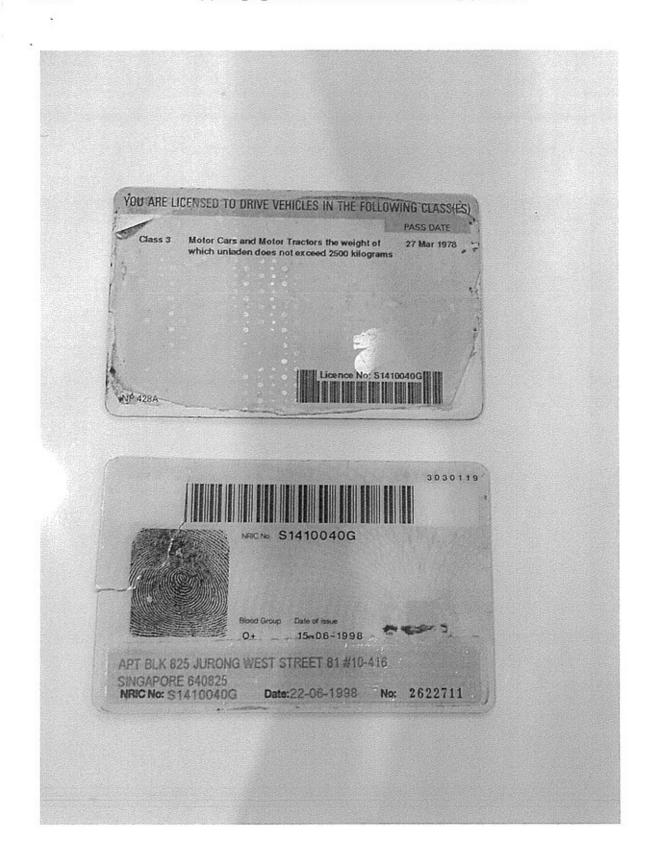


AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way #07-16

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: 7A1 KOVANG YAP
200 C C C C C C C C C C C C C C C C C C	: SLX 9461A
EHICLE NUMBER	. 28 SEPT 2018/1940
DATE/TIME OF ACCIDENT	: 68 XX (600) (170
PLACE OF ACCIDENT	BLK 446 PASIR RIS PRIVE 6
THIRD PARTY VEHICLE (IF ANY)	: SJJ 3347 J
*****	******
THE LOCAL PROPERTY OF THE LOCAL PROPERTY OF THE PARTY OF	R JOURNEY AND WHERE WAS THE INTENDED DENT? 15 MRT TO RASIR RIS DENE G
ANALYSER TEST ON YOU? IF YES	HE TRAFFIC POLICE CONDUCT ANY BREATHE., WHAT IS THE RESULT?
WHAT IS THE TYPE OF COLLISI	ON AND THE EXTENSIVENESS OF THE DAMAGES
TO ALL VEHICLES INVOLVED?	FROM 70 SIDE RH
	SLX 9461 A - FRONT
	SJJ 3347 J - SIDE RH
WERE YOU OR YOUR PASSENCE WERE YOU TAKEN TO THE TRAF	GER/S INJURED? IF INJURED, WHICH HOSPITAL? FIC POLICE FOR INVESTIGATION?
Day my	
Name:	STULAR
I Affirmed The Above Information Is	CI T. M. D. W. D. A. M. A. D. A. M. A. D. A. M.





POPULAR RENT A CAR PTE LTD 501 Guillemard Road Singapore 399840 Tel: 6742 8888 I Fax: 6743 3003 Co Reg No: 199608195Z GST Reg No: 19-9608195-Z



VEHICLE RENTAL AGREEMENT

No. R17110193

Date: 22 Nov 2017

HIRER'S PARTICULARS		VEHICLE PARTICULARS					
Name (as in I/C)	:	TAI KWANG YAP	Vehicle No	:	SLX9461A		
NRIC/Passport No	:	51410040G	Make & Model				
Gender	:	Male		X AUTO			
Address (Res)	:	5-11 5-5	Date & Time Out	:	22 Nov 2017 10:00		
		JURONG WEST STREET 81 #10-416	Hire Period Expiry	:	05 Dec 2018 10:00		
		Singapore 640825	CDW (Collision Damage Waiver)	:	No		
Driving Lic. No	:	S1410040G	Malaysia Usage	:	No		
Passing Date	:	27/03/1978	Excess	:	4280 M'sia 8560		
Date of Birth	:	02/07/1960	PAYMENT AMO		AMOUNT		
Res / Office Tel	:	-	Daily: 181 days x 88.00 15.928.00				
Mobile	:	+6587501681	Weekly 0.00				
Hirer is driver	:	Yes	Monthly 0.00				
DRIVER'S PARTICULARS		CDW 0.00					
Name (as in I/C)	:	-	Delivery/Collection Service		e 0.00		
NRIC/Passport No			Others 0.		0.00		
Gender		-	SUB TOTAL 15,928		15,928.00		
Address (Res)	:		GST 1,042		1,042.02		
Driving Lic. No	:	-	NETT AMOUNT 15,928.		15,928.00		
Passing Date	:		SECURITY DEPOSIT 300.		300.00		
Date of Birth	:	-	Payment Mode	:	Visa		
Res / Office Tel	:		Bank	:			
Mobile	:	-	Expiry	:			
ADDITIONAL DRIVER'S PARTICULARS		I.D.	:	_			
Name (as in I/C)	:	•	Rented out by	:	KK HO		
NRIC/Passport No	:	-	Sales ID	:	S001		
Gender	:		IMPORTANT				
Address (Res)	:		1. Only persons above 23 & below 60 years of age with				

- only persons above 23 & below 60 years of age with more than 2 years driving experience, authorised, licensed and signing this agreement may drive the vehicle.
- The hirer shall be liable for excess charges for any late return at the rate shown per hour or per day, inclusive of CDW and/or PAI where applicable.
- Vehicle is strictly for singapore use only, and may not be driven out of Singapore without prior written consent of the company Popular Rent A Car Pte Ltd.
- In case of accident, the hirer shall report to rental office IMMEDIATELY. If there is any bodily injury, a police report must be made within 24 hours.

24-HOUR ROAD SIDE ASSISTANCE 67415828

Acknowledgement

Driving Lic. No : -Passing Date

Date of Birth Res / Office Tel : -

Mobile

Acknowledgement
I have read and agree to the terms and conditions of this agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infringements may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given Popular Rent A Car Pte Ltd in connection with this agreement is true.

Hirer's Signature

Main Driver's Signature

Rented out by Staff Name: KK HO

Accident Photo















Accident Photo





Accident Photo





