

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 liability.
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	08/10/2018 18:50
Date Of Accident	06/10/2018 23:50
Exact Location Of Accident	SLIP ROAD TO ANG MO KIO AVENUE 3 FROM CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW5159E
Insured/Policyholder	
Name Of Registered Owner	PYRO CARS PTE LTD
Co Reg No	201710328D
Email Address	KAIPENG.CHIA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96201026
Alternative Phone No	OFFICE-96201026

Vehicle Particulars

Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MJ001123-R00
Cover Note Number	

Driver

Name of Driver	CHIA KAI PENG
NRIC No	S7703235E
Date Of Birth	26/01/1977
Occupation	OUTDOOR
Date Of Driving Pass	21/08/1995
Driving Experience	23 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96201026
Fax Number	
Contact Number	OTHERS-96201026
Email Address	KAIPENG.CHIA@GMAIL.COM

Address	33 PASIR RIS LINK 09-31
Postcode	518154
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	COLLISION - HEAD TO REAR
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT6204R
Vehicle Make/Model/Colour	CHEVROLET AVEO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FONG WENG HONG JEREMY
NRIC/Passport Number	S9832500Z
Contact Number	96891272
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.

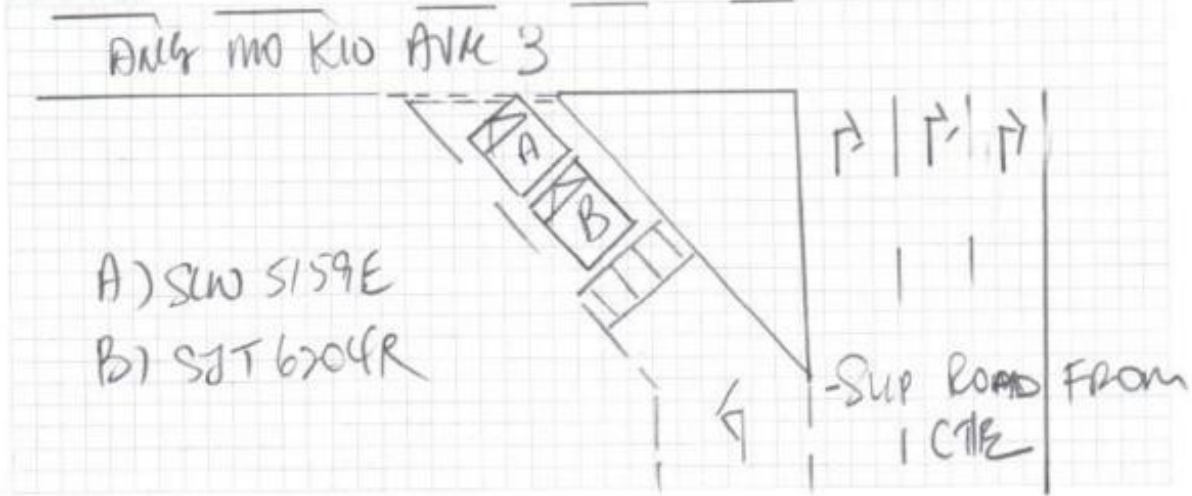
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 8/10/18

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my car SLW5159E along the slip road from CTE going Ang Mo Kio Ave 3. While ~~exity~~ exiting from slip road I stop to check for traffic and I was hit from behind by SJT6204R.

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: 5/10/18

Reporting Centre Personnel's Signature
Name: Robert W...
NRIC/FIN No.: 9201 1234 5678 9010

LEASING AGREEMENT

PYRO CARS PTE. LTD.

73 Ubi Road 1 #08-65 Oxley Bizhub Singapore 408733

Agreement Date: 14/09/2018

Agreement No:

AUTOMOBILE LEASE AGREEMENT

THE SCHEDULE

(Lessor)	Name: PYRO CARS PTE. LTD. Address: 73 UBI ROAD 1 #08-65 OXLEY BIZHUB SINGAPORE 408733	ROC No: 201710328D
(Lessee)	Name: CHIA KAI PENG Address: 33 PASIR RIS LINK #09-31 S(518154)	NRIC/PP/UED No: S7703235E
(Guarantor)	Name: Address:	NRIC/PP/UED No:

DESCRIPTION OF VEHICLE ("Vehicle")

MAKE/MODEL AND DISTRIBUTOR OF VEHICLE	COLOUR	REGISTRATION NO.
1. Make/Model : MAZDA 3 2. Chassis : JM6BN22A8H0166402 3. Engine No : P520458149 4. Distributor : ("Distributor")	GREY	SLW5159E

TERMS OF RENTAL PAYMENT

1. Commencement Date: 14/09/2018
2. Period of Lease: From 14/09/2018 to 14/09/2023 (5 Year) ("Lease Period").
3. Initial Payment of SGD \$420.00 for 1 st week ("Rental"), due on every FRIDAY of the week (payable in advance) ("Due Date").
4. Security Deposit: SGD \$ 500.00
5. PYRO CARS PTE. LTD. UOB Account Number : 310 306 9376

OTHER TERMS OF LEASE(*Except for Items 8,12 & 13, please delete the option clearly if inapplicable)

1. Service : Lessor's Package ("Package") / Lessee to pay for own service at [BLK 10 ANG MO KIO AVE 5 #03-12 AMK AUTO POINT S568047] 98790189 Ah Dee
2. Mileage Limit : YES (20,000) Kilometer every (12) Months / NO
3. Motor Insurance: Included in Rental / Not-included in Rental
4. Road-Tax: Included in Rental / Not-included in Rental
5. 24 Hr Emergency Break down 7 Towing IN Singapore: YES / NO
6. 24 Hr Emergency Break down 7 Towing IN Malaysia: YES / NO
7. Collision Damage Waiver (CDW): YES / NO
8. Mandatory Excess SGD \$5,000 (in Singapore) and SGD \$N/A in Malaysia) in respect of each every single accident.
9. GPS Tracking : YES (Please refer to clause 17.3) / NO
10. Provision of Courtesy Car: YES (Subject refer to clause 7.4) / NO
11. Replacement cost of Vehicle's Tyres : Included in Package / Payable by Lessor
12. Contractor (pursuant to Clause 12.1.1):
13. Upon completion of the whole 60 mths lease with no outstanding rental payment, car ownership will automatically be transferred to your name with no further payment.
14.

LEASING AGREEMENT

FULL PARTICULARS OF MAIN NAMED DRIVER

Name	: CHIA KAI PENG
Date of Birth	: 26/01/1977
Company	:
Nationality	: Singaporean
Address	: 33 PASIR RIS LINK #09-31 S(518154)
Contact No	: 96201026
NRIC/FIN/PP No:	S7703235E
Driving Licence No	: S7703235E

FULL PARTICULARS OF OTHER NAMED DRIVER

Name :	
Date of Birth :	
Company :	Nationality:
Address :	
NRIC/FIN/PP No:	Driving Licence No:

WITNESS to Lessor Signature

SIGNED by
for and on behalf of PYRO CARS PTE. LTD. (Lessor)

Name:
NRIC/PP NO.:

Authorised Signatory



WITNESS to Lessee Signature

SIGNED by OR for and on behalf of LESSEE:

Witness Signature
Name:
NRIC/PP No:

Lessee Signature Name :
CHIA KAI PENG

WITNESS to Guarantor Signature

SIGNED by GUARANTOR:

Witness Signature
Name:
NRIC/PP No

Guarantor Signature
Name :

ID



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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:

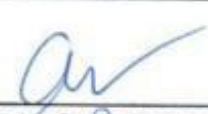
Original Report No : MUAN18130636 Vehicle Registration No: SLW5K9E
Name (as shown in NRIC) : ahm KOI PANG NRIC/FIN/Passport No : S1703235E
☒ Vehicle Driver / Vehicle Owner (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 96701076
Email Address : _____
Date of Accident : 06/10/2018 Time of Accident : 23:50
Place of Accident : Slip RO to back mo Kio Ave 3 From C9E
Insurance Company : Tokio Marine

(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:

- ① Insert Contact IC & Driver's License
- ② Upload Video

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: Polly Wong
NRIC/FIN No.: 9910012018
Date: