SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	05/10/2018 17:01
Date Of Accident	05/10/2018 10:10
Exact Location Of Accident	SHEARES AVE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS8405X
Insured/Policyholder	
Name Of Registered Owner	MT SINGAPORE CAR RENTAL PTE LTD
Co Reg No	201630785W
Email Address	TWIN_WOODLANDS@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67652616
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PVT HIRE
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1766861700
Cover Note Number	16/11/17-15/11/18
Driver	
Name of Driver	CHIANG MING WHY
NRIC No	S7986313J
Date Of Birth	31/07/1979
Occupation	OUTDOOR
Date Of Driving Pass	06/02/2010
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98602222
Fax Number	
Contact Number	

NOEMAIL

Address BLK 122 SENGKANG EAST WAY #05-07

Postcode 540122

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?

Was any other material or property damaged? YES

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

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME: : PVT HIRE 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

I WAS TRAVELLING FROM SHEARES AVE TOWARDS COLLYER QUAY. TRAFFIC LIGHT WAS RED. I SLOW DOWN AND STOPPED. AS THE DISTANCE WAS TOO NEAR, MY CAR GENTLY TOUCHED VEH B. NO DAMAGED WAS EVIDENT TO BOTH CARS AND NO INJURIES WERE SUB-STAINED ON BOTH PASSENGERS AND DRIVERS. THUS BOTH DRIVERS PROCEED ON AS PER NORMAL.

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 SH9811A
Vehicle Make/Model/Colour HY I40

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LIEW

NRIC/Passport Number

Contact Number 97692726

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

VEHICLE NO.: SLS 8405 X INSURER: China Taiping DOA: OS 10/2018

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- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 law yers/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.

P.T.O.

(collectively the 'Purposes')

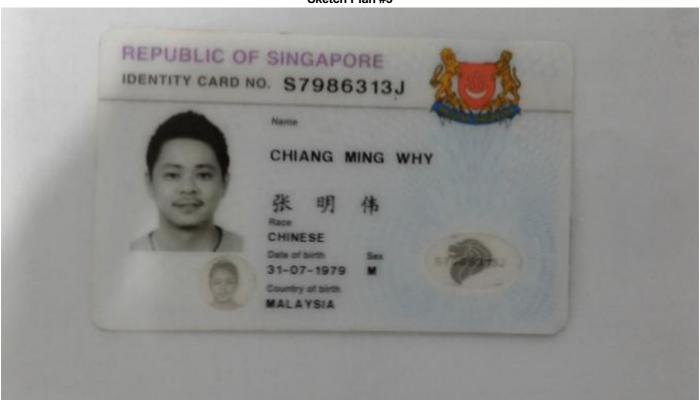
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purgloses.

MT PS/10 FOR

Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel 7.11

Describe Circumstances of the Accident				
ch Plan			15.0	SLS 8405X
			B	SH 9811A
		<u></u>	A	*
		Sheares Av	re.	
I was travelli	o Gene alesse	es que towards co	olling Dunis to	affic bolt was
	J			
red, I slow d	own and stoppe	d. As the distance	was too near	, my car
gently touched	veh B. No da	maged was eviden	it to both cars	and no injur
				,
MAG 200-21011	ka on betn	passengers and	ativers into	peta CUMEZ
proceed on as	per normal.			
Declaration				
Declaration I/We declare the foregoing				1





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) EFFECTIVE DATE Class 2B Motorcycles =< 200 cc Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of Feb 2010 of the driver; and other motor vehicles =< 2500kg NP 428A

Land Transport Authority	Serial No. A 33486
Name Ching Ming Why	JOSHUA SCON 34796313-7
TEMPORARY PRIVATE HIRE CAR DR	IVER'S VOCATIONAL LICENCE
1. You have passed the vocational lineage exempetency is	sex and have been ground to Private Hire Car Driver's Vocational Licence (PDVL).
PDVI. Commencement Date: 200 100 100 100 100 100 100 100 100 100	6.5
2. You must display this Temporary PDVL in your case	r at all times while driving a chauffcured private laire car.
3. LTA will subsequently infone you to collect your Vo- You must collect your Verniccal Licence Faul within thereafter. Otherwise, your PDVL may be revulsed.	JOSHUA SOON
Kwan Mei Bung	FXECUTIVE 6
Assistant Registrar of Vehicles	200 m 100 13
Lindl Transport Authority of Singapore	0 Au 18930081
This Temperary PDVL is handed to you by	(contre officer name).
And the second s	entre cause).

















