

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	03/04/2019 17:36
Date Of Accident	09/10/2018 11:30
Exact Location Of Accident	JUNCTION OF CANTOMENT RD & HOE CHIANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ2552R
Insured/Policyholder	
Name Of Registered Owner	HYMS CAR LEASING PTE LTD
Co Reg No	201320561K
Email Address	HYMS@LIVE.COM.SG
Mobile Phone No	
Alternative Phone No	Office-64515752

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS ALPHA HYBRID-1.8 S CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994505
Cover Note Number	

Driver

Name of Driver	CHIA KWOK KEA
NRIC No	S7615644A
Date Of Birth	29/05/1976
Occupation	OUTDOOR
Date Of Driving Pass	21/10/1996
Driving Experience	21 YEARS AND 11 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-84278811
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 466 ANG MO KIO AVENUE 10
Postcode	S560466
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 (including own vehicle) involved in the accident	2
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)	1

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 ATTACHED SKETCH PLAN 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	FBM4215D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	LIU MENG LONG
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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. 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.
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.



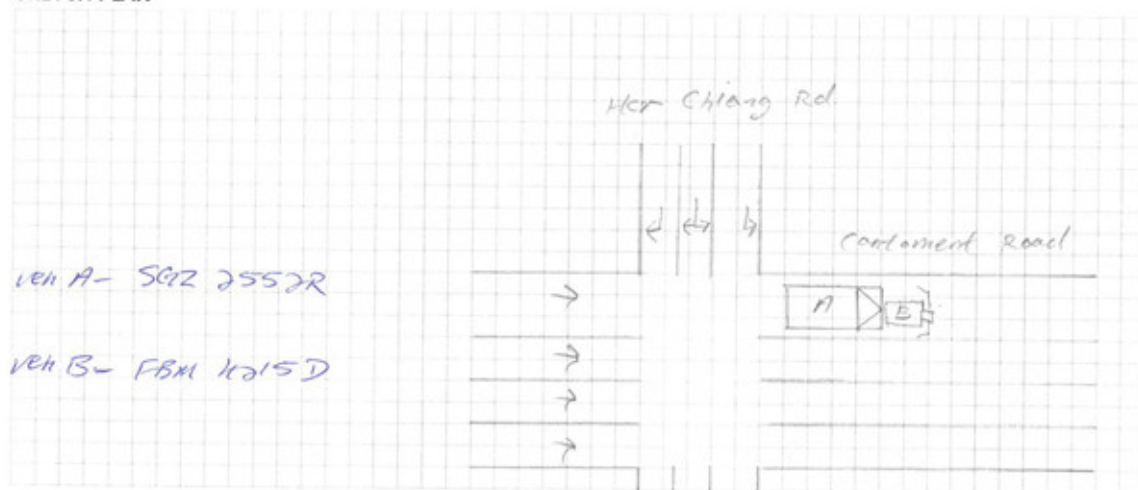
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 9/10/2018 @ about 1130hrs, I vehicle A SGZ 2552R was travelling along Cantonment Road towards Keppel Vlastict to pick up my passenger. After passing by the junction of Cantonment Rd & Hoe Chiang Rd, my vehicle accidentally knock down on the mac-delivery rider vehicle B FBM 1015D in a very slow speed due the heavy congested traffic ahead on the forth lane. Upon the rider pick up the bike, he realise that his bike couldn't start hence he called up his manager to discuss on the accident settlement between us.

As with me & the manager came to an agreement that he will kept me & my rental company update on the settlement but fifth day had passed, I've called up the rider on 14/10/18 @ 1709hrs & 17/10/18 @ 1639hrs, however both still with no result given.

Therefore, I received a screenshot from my rental company on 25th nov 2019 saying they received a letter on 27th nov 2019 with regards to the said accident & require me to make an accident report immediately.

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:

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


RENTAL AGREEMENT

HYMS CAR LEASING PTE LTD

BLK 176 SIN MING DRIVE #04-02 SIN MING AUTOCARE SINGAPORE 575721
ROC: 201320561K GST Register No: 201320561K HP:83336725 FAX: 64514658

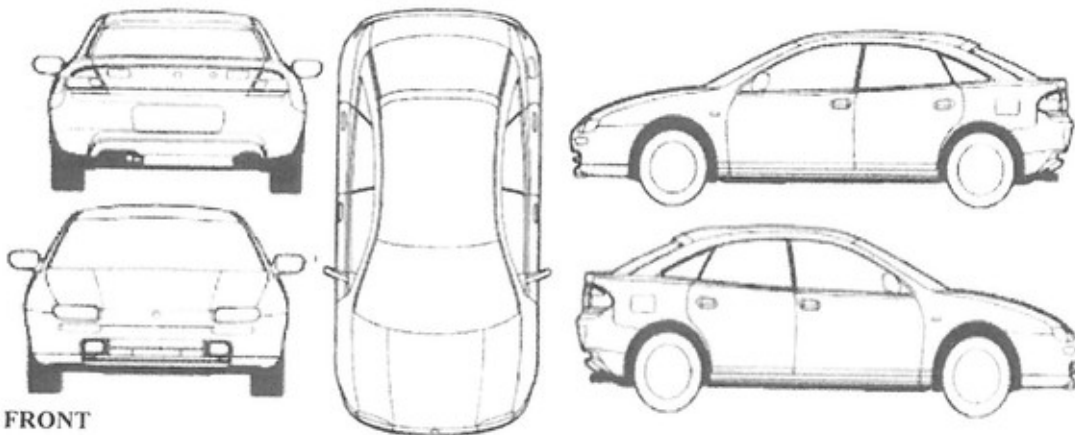
RENTAL AGREEMENT

RA:1260

HIRER'S NAME: CHIA KWOK KEA	
NRIC NO: S7615644A	CONTACT NO: 8427 8811
ADDRESS: BLK 466 ANG MO KIO AVENUE 10 #02-1042 SINGAPORE 560466	
VEHICLE REG NO: SGZ2552R	MAKE & MODE: TOYOTA PRIUS ALPHA
COMMENCING START DATE: 3/3/2018 <i>12.00pm</i>	COMMENCING END DATE: 2/9/2019
RENTAL PER DAY: \$88 + cdr (\$3)	DEPOSIT: \$2000
FUEL: 	VEHICLE MILEGE:

REAR

TOP



FRONT

D = DENT

S = SCRATCHES

C = CHIPS

R = RUST

M = MISSING

REMARKS

- If vehicle return within 18 months from the commencing start date, deposit of \$2000 will not be refund.
- After 17 months from the commencing start date, hirer can terminate by giving 1 mth advance notice . If fail to do so, deposit of \$2000 will not be refunded.
- 1st party excess per claim \$2000
- 3rd party excess per claim \$2000
- Malaysia excess double

Signature Of Hirer

*The Hirer shall not use the Vehicle for any other commercial activity other than solely for the purposes of providing transportation service requested by GrabCar user via the Grab app. Falling which, we reserve the absolute right and option to terminate this Car Rental Agreement, forfeiting your deposit, and you shall be required to return the car immediately and you shall continue to be liable for rental due for the remaining rental term

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

