

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	03/11/2018 16:51
Date Of Accident	02/11/2018 17:30
Exact Location Of Accident	TUAS TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA8774T
Insured/Policyholder	
Name Of Registered Owner	SIANG HOCK CAR RENTAL PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87498235
Alternative Phone No	OFFICE-87498235

Vehicle Particulars

Manufacturer	KIA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D-18090574MFCV/74
Cover Note Number	

Driver

Name of Driver	HO CHOON CHYE
NRIC No	S1663501D
Date Of Birth	23/06/1964
Occupation	INDOOR
Date Of Driving Pass	30/09/1982
Driving Experience	36 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87498235
Fax Number	
Contact Number	OTHERS-87498235
Email Address	NOEMAIL

Address	BLK 608 SENJA ROAD #06-20
Postcode	670608
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

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?	YES
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

PLS REFER TO THE ATTACHED STATEMENT.

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	GBC4973B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHAI JIE WEN
NRIC/Passport Number	S9203451H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBG306H
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

HO CHOONCHYE

Approximate Age

Injuries Sustain

NECK PAIN

Injured person in which vehicle?

GBA8774T

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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:

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

3/11/2018

Sketch Plan #2

SKETCH PLAN



A - GBA 8774T
B - GBC 4973B
C - GBG 306M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Tuas towards PIE. There was a jam at the road. Vehicle A stop than Vehicle B hit rear of Vehicle A and the impact was so great and hit the Vehicle C rear portion.

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.:

3/11/2018

Sketch Plan #3





Robinson Rent-a-Car LLP

Business Cert. No: T14LL1187 B
21, Jalan Masjid, Singapore 418946
Tel: 6749-2002 Fax: 6547-2002

OFFICIAL RECEIPT

No: 1015450

Date: 02/11/18

Received from: LSK DEKO
Payment for rental extension / damages / deposit

H/P No: 84083763

VHA No: 17012

Vehicle No: GBA8774

Rented Vehicle to be returned on 03/11/18 at 09:00 am/pm
Booking deposit paid will be forfeited if the vehicle is not collected on at am/pm

Vehicle booked: Van 10-8x

Rate agreed: \$ 908

Total amount paid: \$ 908
Cash/Cheque No.

Robinson Rent-a-Car LLP

IMPORTANT NOTES:

- 1) All vehicles are for Singapore Use Only.
- 2) Latest Check-in time is 1pm on Saturday and eve of Public Holiday.
- 3) Emergency Assistance nos: 6848 2002 (office hour), 96362002 (between 6pm to 12 midnight, 7am to 9am)

Jia



ROBINSON Rent-a-Car LLP

Business Registration No. T14LL1187B

Dated

VEHICLE HIRE AGREEMENT

No. 0017012

Vehicle Registration No.		Hirer's Particulars										
Make of Vehicle:		Name										
Daily Rental Rate:	S\$ _____ per day	Address										
Rental Rate:	S\$ _____ per	NRIC No.								Postal		
(Other than daily rate)	week / month	D.O.B.								Tel No:		
Rental Fee paid by:		D/L Type	Local/International							HP No:		
Cash/Cheque	Amount: S\$ _____	D/L No.								D/L Expiry:		
	Receipt No: _____	Other Document Proofs:										
Additional Rental Fee Payable:		Co-Hirer's Particulars										
Please see Clause 6 as printed OVERLEAF		Name										
Deposit paid by:		Address										
Cash/Cheque	Amount: S\$ _____	NRIC No.								Postal		
	Receipt No: _____	D.O.B.								Tel No:		
Commencement Date of Hire:		D/L Type	Local/International							HP No:		
Date Out: (If different from Commencement Date)		D/L No.								D/L Expiry:		
Time Out:	AM/PM	Other Document Proofs:										
Hire Period Expires On:		Extension of Rental										
Collision Damage Reduction: (CDR)	Accepted/Declined If accepted, premium Paid	Date										
	S\$ _____	Amount										
		Expiry										
		Receipt No.										
		Mode of Payment										

The Hirer/Co-Hirer hereby declare that the above particulars given by him/them are true and correct in every respect and he/they have read & understood the Terms & Conditions of this Vehicle Hire Agreement as printed OVERLEAF.

I/We, the Hirer and/or the Co-Hirer agree to take on hire the vehicle on the Terms & Conditions stated OVERLEAF.

我明白及同意这份合同书及背面所定的条件

(Strictly for Singapore Use Only)

Signature of Hirer/Company Stamp

Signature of Co-Hirer

NOTE:

Upon signing the above, an Agreement for Hire shall deem to have been made between ROBINSON and the Hirer, whereby ROBINSON will let and the Hirer will take on the hire of the vehicle based on the Terms & Conditions stated OVERLEAF.

IMPORTANT:

- It is essential that the vehicle be returned to ROBINSON not later than the end of the hire period stated above. On the expiration date of that period, all third party and other insurance cease to be effective.
- Age Limit and Driving Licence: All drivers must be above 21 years old and hold a valid driving licence for at least one year.
- No returning of vehicles after 2pm on Sat or Holiday Eve.

Return of Vehicle: The Hirer/Driver is required to sign in the column under "Signature of Hirer/Driver", failing which the day and time inserted below shall be deemed to be the day and time the vehicle is officially returned to ROBINSON. Similarly, the same shall be accepted as conclusive evidence of the same and shall not be challenged or questioned on any account whatsoever.

Date In	Time In	Checked By	Remarks	Signature Of Hirer/driver

Accident Photo



Accident Photo



A blue Kia Bongo truck is parked on a paved area in front of a building. The truck has a flatbed bed and a black bumper. The license plate is GBA 8774T. The building in the background has a sign that says 'dac'. There are red pillars and a glass entrance visible.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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