

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	14/11/2018 15:33
Date Of Accident	14/11/2018 08:00
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT (BEFORE EUNOS EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH3392M
Insured/Policyholder	
Name Of Registered Owner	AUTOHOME TRADING
Co Reg No	52827128L
Email Address	SULAIMANWAYLANDER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94888153
Alternative Phone No	OFFICE-94888153

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS-1.5 (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5087895579-02
Cover Note Number	

Driver

Name of Driver	SULAIMAN BIN ABU SAMAH
NRIC No	S1566042B
Date Of Birth	09/12/1962
Occupation	OUTDOOR
Date Of Driving Pass	28/10/2008
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94888153
Fax Number	
Contact Number	OTHERS-94888153
Email Address	SULAIMANWAYLANDER@GMAIL.COM

Address	BLK 539 BEDOK NORTH STREET 3 #02-647
Postcode	460539
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	RAINING
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?	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)	2
Passenger 1	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJJ2118K
Vehicle Make/Model/Colour	TOYOTA LEXUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG HOE WEE
NRIC/Passport Number	
Contact Number	96336268
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:

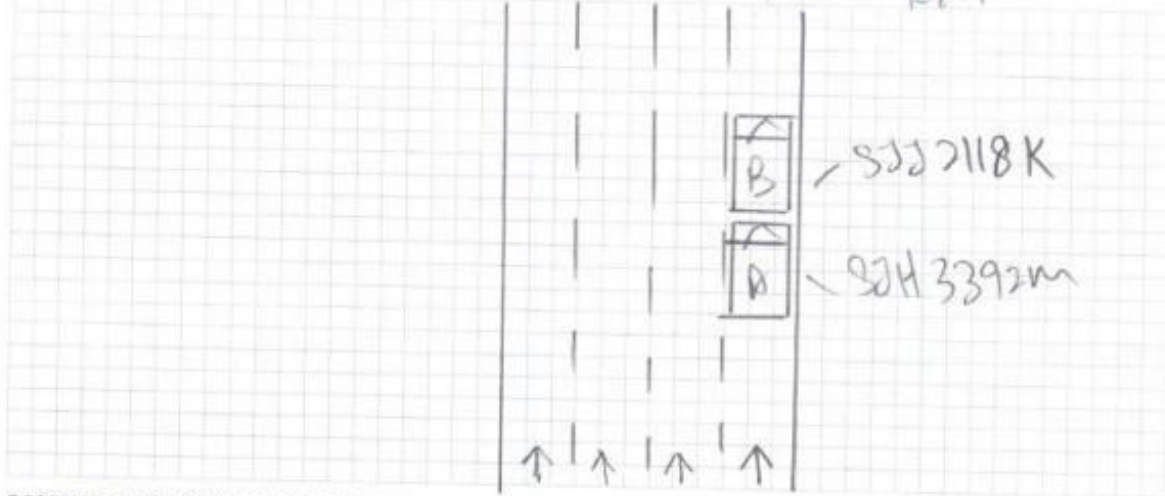
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

Pike towards Eunos BLF Eunos Exit



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/11/2018 at about 08:00hrs I was travelling along Pike towards Eunos with 1 female passenger on board. Before Eunos Exit I saw the car in front of me SJJ 2118K turn his brake so I brake due to thinking a turn road was what my car skidded & hit the car SJJ 2118K that all

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.:

GP/RCM Secretariat Form 208

LETTER



HIRER'S PARTICULARS Name: (as in IC) <u>Sulaiman Bin Abu Samah</u> NRIC/PASSPORT No: <u>S1566042B</u> Address (Res): <u>Bk 599 Bedok North St 3</u> <u># 02-647 51460539</u> Name & Address of Employer: _____ Occupation: _____ Driving Exp: _____ D/L No: _____ D/L Type: Local/International Pass Date: _____ Date of Birth: _____ Tel: (O) _____ (R) _____ HP / PG: <u>94588153</u> ADDITIONAL DRIVER'S PARTICULARS Name: (as in IC) _____ NRIC/PASSPORT No: _____ D/L No: _____ D/L Type: Local/International Pass Date: _____ Date of Birth: _____ Occupation: _____ Driving Exp: _____ Refundable Deposit: <u>\$500/-</u> Card/Note/Check/VN/IC/NO Card No: _____ (A) - ACCIDENTS (D) - DENTS (E) - SCRATCHES <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> FRONT LEFT RIGHT REAR </div> <div style="text-align: center;"> OUT IN Petrol Out Petrol In Remarks </div> </div>		Vehicle No: <u>SJH 3392M</u> Make & Model: <u>TOYOTA PRIUS AUTO</u> Auto / Manual: <u>(3 months)</u> OUT: Date <u>24/10/2018</u> Time: <u>12.45pm</u> IN: Date _____ Time: _____ HIRE / PERIOD EXPIRY RENTAL CHARGES Daily: <u>\$9</u> Weekly: <u>\$9</u> Monthly: <u>\$9</u> Hours: <u>\$9</u> Others: <u>\$9</u> EXTENSION Delivery / Collection Service SUB-TOTAL: \$ Misc. ESTIMATED TOTAL RENTAL \$ Sales Person Code: _____ A) STRICTLY NO SMOKING B) THE HIRER UNDERTAKES NOT TO USE OR LET OTHER VEHICLES TO ENGAGE IN ILLEGAL ACTIVITIES TRANSPORTING OF DUTY UNPAID GOODS Hirer is responsible for the first \$2000 excess for collision/damage to the company (including windscreen) and also first \$200 collision / damage to third party's vehicle for each and every use. Hirer's Signature: _____ Additional Driver's Signature: _____
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I/we agreed to the terms and conditions above, checked and find all information given to be true & correct in all respect. I/we driving license(s) before current and not expired. You may change all details due to the rental to my/our credit card.

IMPORTANT
 1. ONLY PERSONS ABOVE 21 YEARS OF AGE WITH MORE THAN 2 YEARS DRIVING EXPERIENCE, AUTHORIZED, LICENSED AND SIGNING THIS AGREEMENT
 2. VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY
 3. IN THE EVENT OF AN ACCIDENT, THE HIRER OR AN UNLICENSED DRIVER:
 (a) shall report all accidents involving the said vehicle to the Owner immediately;
 (b) shall report all accidents involving the said vehicle to the Police immediately;
 (c) shall report all accidents involving the said vehicle to the Police immediately;
 (d) shall report all accidents involving the said vehicle to the Police immediately;
 (e) shall report all accidents involving the said vehicle to the Police immediately;
 (f) shall report all accidents involving the said vehicle to the Police immediately;
 (g) shall report all accidents involving the said vehicle to the Police immediately;
 (h) shall report all accidents involving the said vehicle to the Police immediately;
 (i) shall report all accidents involving the said vehicle to the Police immediately;
 (j) shall report all accidents involving the said vehicle to the Police immediately;
 (k) shall report all accidents involving the said vehicle to the Police immediately;
 (l) shall report all accidents involving the said vehicle to the Police immediately;
 (m) shall report all accidents involving the said vehicle to the Police immediately;
 (n) shall report all accidents involving the said vehicle to the Police immediately;
 (o) shall report all accidents involving the said vehicle to the Police immediately;
 (p) shall report all accidents involving the said vehicle to the Police immediately;
 (q) shall report all accidents involving the said vehicle to the Police immediately;
 (r) shall report all accidents involving the said vehicle to the Police immediately;
 (s) shall report all accidents involving the said vehicle to the Police immediately;
 (t) shall report all accidents involving the said vehicle to the Police immediately;
 (u) shall report all accidents involving the said vehicle to the Police immediately;
 (v) shall report all accidents involving the said vehicle to the Police immediately;
 (w) shall report all accidents involving the said vehicle to the Police immediately;
 (x) shall report all accidents involving the said vehicle to the Police immediately;
 (y) shall report all accidents involving the said vehicle to the Police immediately;
 (z) shall report all accidents involving the said vehicle to the Police immediately;

DATE IN	TIME IN	MILEAGE	CHECKED BY	REMARKS	DEPOSIT REFUND	SIGNATURE

317 OUTRAM ROAD #B1-37 CONCORDE SHOPPING CENTRE SINGAPORE 169076
 MOBILE 90088701 FAX 67331970 EMAIL 999stephen199@gmail.com REG NO 52R9710R

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 : 241A48147568 Vehicle Registration No: SJH382M
Name (as shown in NRIC) : SUBRAMANIAM ANAND SIVAMURTHY NRIC/FIN/Passport No : S1566042B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 94888153
Email Address : _____
Date of Accident : 14/11/2018 Time of Accident : 08:00
Place of Accident : Pine Towers Condo Building (Block 100A Ave 1)
Insurance Company: XI74C

(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:

Vehicle B ~~was~~ involved to SJJ211FK on 14/11/2018

Policyholder / Driver's Signature
Date:

13/11/2018
Reporting Centre Personnel's Signature
Name: Ralph Loo
NRIC/FIN No.:
Date: