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 <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	18/03/2019 19:45
Date Of Accident	18/03/2019 08:05
Exact Location Of Accident	ALONG DUNEARN ROAD TOWARDS CITY
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLW6351J
Insured/Policyholder	
Name Of Registered Owner	GIS MOTORING PTE. LTD.
Co Reg No	201803437N
Email Address	DAVID_MON78@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93212278
Alternative Phone No	OFFICE-93212278
Vehicle Particulars	
Manufacturer	RENAULT
Model	MEGANE HATCH-1.5 D (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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098097810-01
Cover Note Number	

Driver

Name of Driver JOHN MON MING KAW

NRIC No S2050999F

Date Of Birth 08/05/1948
Occupation OUTDOOR
Date Of Driving Pass 05/09/1970

Driving Experience 48 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93212278

Fax Number

Contact Number OTHERS-93212278

EMail Address DAVID MON78@YAHOO.COM.SG

Address BLK 214 CHOA CHU KANG CENTRAL

#10-236

NO

2

NO

NO

2

NO

NO

Postcode 680214

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

surance company of briver's Own Verlice

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?

Number of vehicles (including own vehicle)

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.

Number of Passengers (Including Driver)

Passenger 1

NAME: : PASSENGER

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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 SLT6100H

Vehicle Make/Model/Colour NISSAN MURANO

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver KOH CHEE BOON

NRIC/Passport Number S1800051B Contact Number 96961631

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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 interested parties.
- 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)

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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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:
 - 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:

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

Accident Sketch Plan

TOWARDS

DUNIEARN

ROAD

ALONG BUKIT TIMAH

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

was hat hit	the filter care heading Duneara Road towards City. My as in the rear of my our by another car SLTGIOOH.
we both excl in this accor	larged drivers post, aulars and left. There is no injurie

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: 18-3-2019

10:18 Am

Reporting Centre Porsonniel's Synature Name: Poll up VIII NRIC/FIN No

AGREEMENT

GIS Motoring Pte Ltd (201803437N) 60 Jalan Lam Huat #05-13 Carros Centre Singapore 737869

Rental Agreement

The Rental Agreement is made on25(D:	ay)(Month)(Year)
Vehicle No: SLW63517 Vehicle I	Make/Model Renault Megane
Vehicle Collect Date : 25/01/2019 Time : _	12 pw/ Mileage : KM
Vehicle Return Date : Time :	Mileage: KM
Rental Commencement Date : 35 /01/2019	(25/1 half day Rental).
Particular of Driver	,
Name: John Mon Ming Kaw	
I/C No: S2050999F DOB: 08/5/1948	Licence Passed : 14/04/1970
Contact No: 9321 2278	
Address: Blk 214 Choa Chu Kang Centra	1 #10-236 5 (680214)
Email Address: Sg 1551 & gmail:com	
Terms and Conditions:	0
The Minimum Rental period is formonths	s.
Rental: S\$ \$75/- per day / month	(Raid) The from smotosek.
Rental deposit and daily rental: Rental deposit:_ paid to GIS Motoring Pte Ltd weekly from Mon to Su GIS Bank Account: DBS Current Account No: 01	n. Rental payment shall be paid by Monday to
Insurance Coverage : The said vehicle is covered to NTUC Income Insurance Co-operative Limited (INCO	by Commercial Comprehensive insurance under OME). Copy of Certificate of Insurance is attached.
Usage of The Vehicle: The Driver has the full right (Please note that the usage does not allow for Malay	on usage of the vehicle within Singapore. /sia).
Liabilities of The Driver: Please note that the drive vehicle takes possession.	er is fully liable for the use of the vehicle after the
Indemnity: The Hirer agreed to indemnify the full ke confiscation on the said vehicle by the relevant authorase of unlawful / illegal activities usage, drug traffic offences and non-adherence to conditions imposed driver who is below 22 years old or (2) with less than agrees to indemnify GIS Motoring Pte Ltd should Ex Motoring Pte Ltd due to the actions of Hirer.	ority of Singapore within the rental period, in the king, illegal racing and other violation of the traffic by Insurer, (1) The Policy does not cover any a 2 years driving experience. The Hirer also
Termination of Agreement : 2 weeks notice	
I hereby agreed to accept the above mentioned to	terms and condition stipulated above
Driver Name / NRIC / Signature	Witness (Name/ IC): Lim Bin Seng

AGREEMENT

DRIVER'S PARTICULARS FORM

(This shall form part of the Rental Documents referred in the Rental Agreement and terms and conditions)

	Toka Mara Mara Vari
ame	John Mon Ming Kaw S2050999F
RIC No.	08/5/1948
ate of Birth	100-100-100-100-100-100-100-100-100-100
ender	Male / Esmale
ge	49 years
ear(s) of Driving Experience	9321 2278
ontact No.	BIK 214 Chas (hu Kang Central #10-236 5(680214)
ome Address	DIE 217 CHOS CHO SAVY CENTRAL THE 200 SECOND
Case of Emergency	
ame	Lian Ping
elationship	Daughter
contact No.	8668, 4884
Have you ever been charged caused human injuries in if yes, please state:	ged with, cautioned or convicted of any offence involving any major accidents that has Singapore or in any other country? (Yes No.)
Have you ever been charged caused human injuries in If yes, please state:	ged with, cautioned or convicted of any offence involving any major accidents that has Singapore or in any other country? (Yes No) ged with, cautioned or convicted of any offence in relation to any traffic rules in Singapore (Yes / No)
Have you ever been charged caused human injuries in If yes, please state: Have you ever been charger in any other country? If yes, please state:	ged with, cautioned or convicted of any offence in relation to any traffic rules in Singapore (Yes / No.)
Have you ever been charged caused human injuries in If yes, please state: Have you ever been charger in any other country? If yes, please state: Have you ever been charged singapore or in any other if yes, please state:	ged with, cautioned or convicted of any offence in relation to any traffic rules in Singapore (Yes / No.)

The Hiver's Name:

















