

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	04/04/2019 12:41
Date Of Accident	03/04/2019 17:30
Exact Location Of Accident	PIE TWDS CHANGI B4 LORNIE RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCY7778B
Insured/Policyholder	
Name Of Registered Owner	EPIC CAR LEASING PTE LTD
Co Reg No	201818232K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81833239
Alternative Phone No	OFFICE-81833239

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH1.8X A
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5101294101
Cover Note Number	

Driver

Name of Driver	AHMAD BIN UJANG
NRIC No	S1629546I
Date Of Birth	07/09/1964
Occupation	OUTDOOR
Date Of Driving Pass	13/03/1985
Driving Experience	34 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93840516
Fax Number	
Contact Number	OFFICE-93840516
EEmail Address	NOEMAIL

Address	BLK 125 MARSILING RISE #04-184
Postcode	730125
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RENTAL
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	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	4
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

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	SMG7244B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLN1483S
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLZ9706J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:

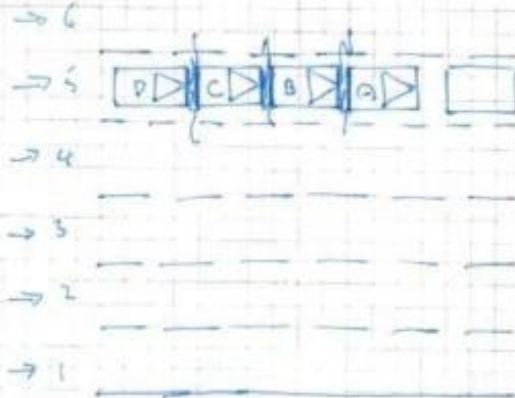
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

Vehicle A - SCY 7778B
 Vehicle B - SMA 7244B
 Vehicle C - SLN 1483S
 Vehicle D - SLZ 9706J

P12 Toward Change Before Collision



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG AS TOWARD CHANGE DIRECTION, I WAS ON THE FIFTH LANE.

DUE TO THE HEAVY TRAFFIC, THE VEHICLE IN FRONT BRAKED TO COMPLETE STOP AND SO I TOO BRAKED TO COMPLETE STOP. SUDDENLY, WHILE I'M IN A STATIONARY POSITION, I FELT A IMPACT FROM THE REAR OF MY VEHICLE.

RIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (SMA 7244B) THAT COLLIDED TO THE REAR OF MY VEHICLE. AND IT WAS A CHAIN COLLISION INVOLVING 4 VEHICLES.

VEHICLE A - SCY 7778B

VEHICLE B - SMA 7244B

VEHICLE C - SLN 1483S

VEHICLE D - SLZ 9706J

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.:

Epic Car Leasing Pte. Ltd.

421 Tagore Industrial Ave, #01-20 Tagore 8, Singapore 787805
Tel: 81833239/ 83076428 CO.Registration No. 201818232K

DATE: 21/9/2018

No. _____

Car Rental Agreement

Hirer Particulars	
Name (as per NRIC): AHMAD BIN WANG	License Pass Date: 13/03/1985
NRIC/Driving License: S1629546I	D.O.B (DD/MM/YYYY): 07/09/1964
*Address: Blk 125 Marsiling Rise # 04-184 (S) 730125	*Mobile Number: 9384 0516
*Next of Kin: X SUZANA BTE AB. SAMAD	Home Number:
*Mobile Number: 90673201	*Email Address:
Vehicle Description	
Make / Model: Toyota Wish - Brown	Vehicle Number: SCY 7778B
Date of Collection: 21/09/2018	Date of Return:
Time of Collection:	Time of Return:
Contract Period: 3 months till 21/12/2018	Insurance Excess: \$2000 / \$2000
Remark:	

Security Deposit

I Deposit of SGD 500 for vehicle collection on 21/9/18 (Date).

The Owner reserves the right to charge a late collection fee of \$70 per day after the collection date or rent out the said other Hirers.

Signature of Hirer: _____ (Hirer Signature & Date)

The deposit will be refunded after two weeks from the vehicle return date. The Owner reserves the right to use the deposit to offset damages, fines, or any other related charges incurred by the Hirer during the rental period.

Initial Amount of SGD 420 (Per Week) to be made on every Monday. I Agree that a penalty of \$30 will be applicable for late payment. Incomplete payment, there will be a penalty of SGD \$30 per day.

12017

Date

Authorised Staff Signature



15 Jun 2017

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

