

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	13/05/2019 15:09
Date Of Accident	10/05/2019 17:30
Exact Location Of Accident	BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ8492G
Insured/Policyholder	
Name Of Registered Owner	FRESH CARS PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90939749
Alternative Phone No	OFFICE-90939749

Vehicle Particulars

Manufacturer	TOYOTA
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994463
Cover Note Number	

Driver

Name of Driver	CHOO CHEE BENG
NRIC No	S8231064I
Date Of Birth	12/10/1982
Occupation	OUTDOOR
Date Of Driving Pass	09/03/2004
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90939749
Fax Number	
Contact Number	OTHERS-90939749
EEmail Address	NOEMAIL

Address	BLK 603 WOODLANDS DRIVE 42 #03-17
Postcode	730603
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?	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)	3
Passenger 1	NAME: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL GENDER: : MALE

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?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG1207D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHONG WAY SIT
NRIC/Passport Number	G2503651X
Contact Number	97587787
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	CHOO CHEE BENG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLZ8492G
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:



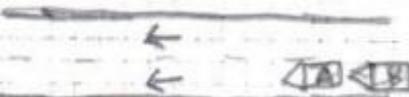
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan #2

SKETCH PLAN

Newton Fly Over



Traffic light

Bukit Timah Road

Car A -
SLZ8492G

Car B -
GBG 1207D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

5:30
Accident happen on 10/05/2019, 5:30 pm
I stop due to the traffic suddenly Car B
GBG 1207D knock into the Rear of my Car.

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.:

13/5/2019

Sketch Plan #3



FRESH CARS PTE LTD

ROC No: 201608540Z

105 Kaki Bukit Ave 1, #03-03, Shunli

Industrial Park, Singapore 415987

Telephone: (65) 96192819 / 98226730

Email: myfreshcars@gmail.com

**VEHICLE RENTAL AGREEMENT
(CHAUFFEUR)**

This vehicle agreement is made on 20 Nov 2018 between FRESH CARS PTE LTD, located at 105 Kaki Bukit Avenue 1 #03-03 Shun Li Industrial Park Singapore 415987 (hereinafter referred to as)

"The Owner and, Choo Chee Beng
of Business registration number, S8231064I
located at, Blk 601 Woodlands Drive 42 #06-91 S730601
(hereinafter referred to as "The Hirer").

Customer Detail	
Rental Agreement Number	FC720 COV1
Customer Type	GB/SB
Agreement Date	20 Nov 2018
Date Of Birth	

HIRER DETAILS	
Name of Hirer	Choo Chee Beng
NRIC of Hirer	S8231064I
Driving License Pass Date	
Phone Number	90939749
Email of Owner	edenbeng@gmail.com
Home Address of Owner	Blk 601 Woodlands Drive 42 #06-91 S730601

RENTAL DETAILS	
Vehicle Registration Number	SLZ8492G
Make/Model/Color	TOYOTA WISH 1.8A GREY
Rate	\$400.00
Deposit	
Start Date	20 Nov 2018
End Date	20 Nov 2019

Remarks

Signed by THE OWNER
Name: Jason Mar
for and on behalf of
FRESH CARS PTE LTD



Signed by THE HIRER

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



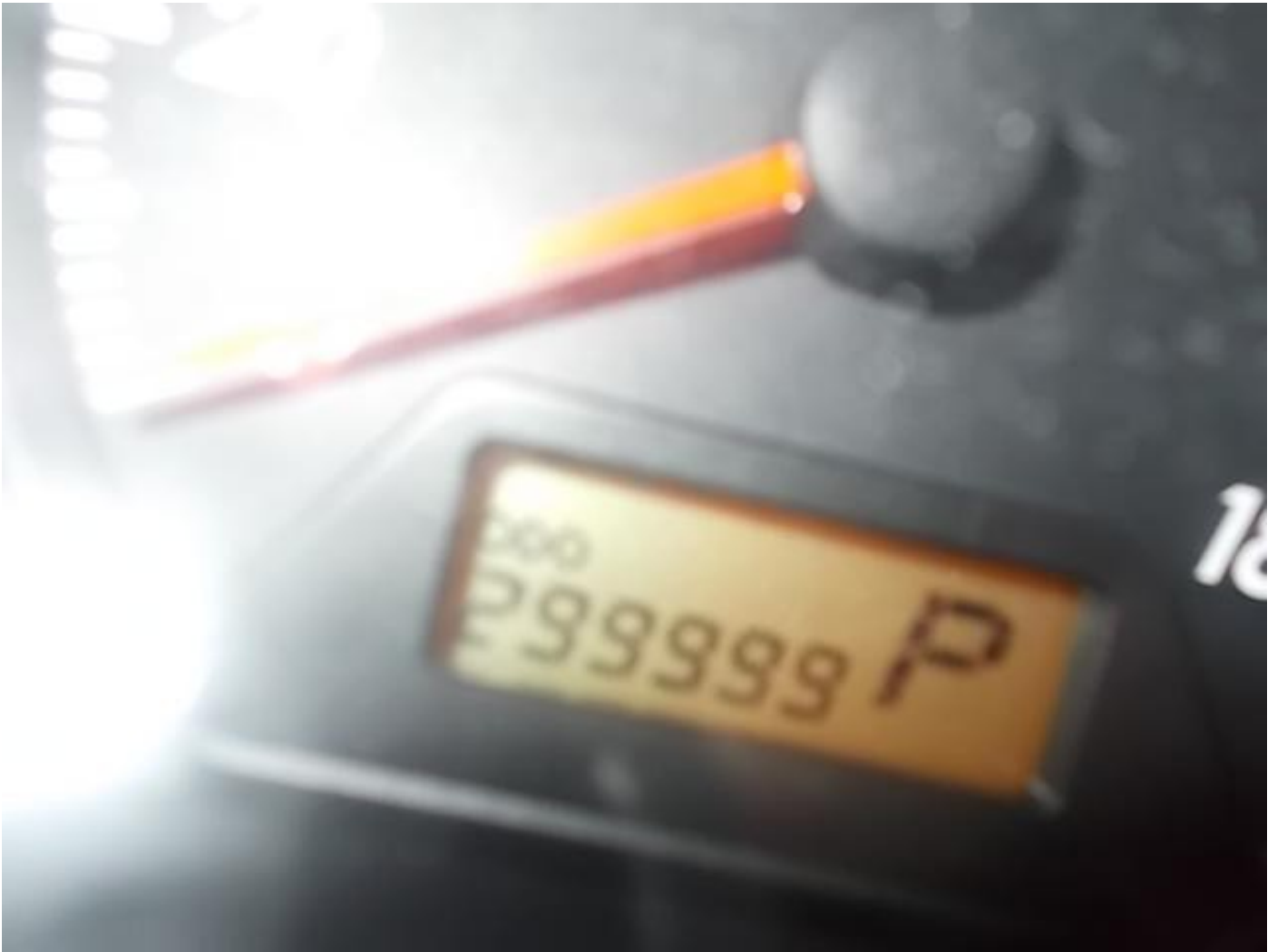
Accident Photo



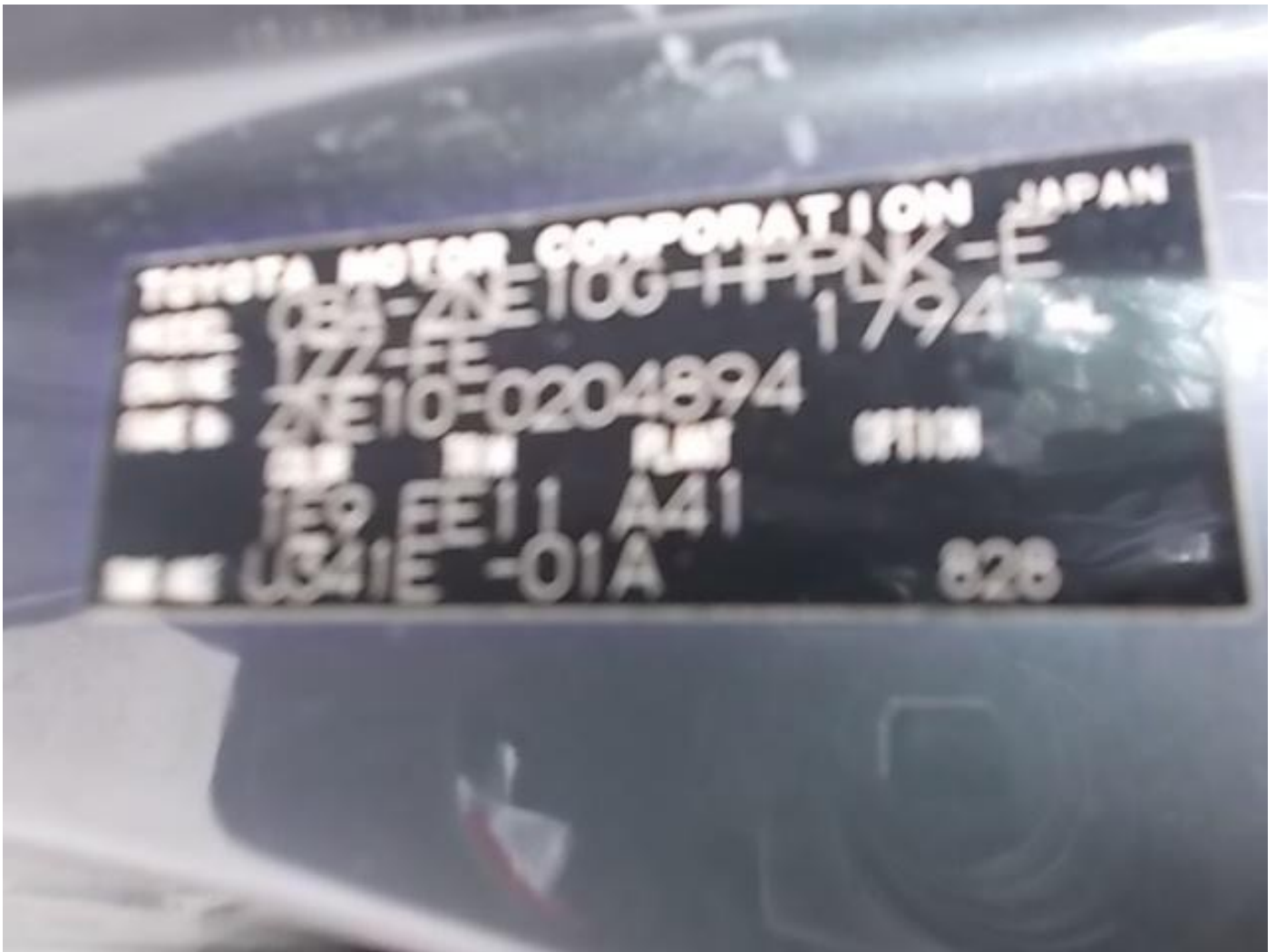
Accident Photo



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: S66500206 / 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 : MNA119061755 Vehicle Registration No: SL284926
Name (as shown in NRIC) : CHIO CHEE BENG NRIC/FIN/Passport No : 58231064I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 603 WOODLANDS DR 42 #03-17 Singapore (730603)
Contact (Tel) : _____ Mobile No. : 90939749
Email Address : _____
Date of Accident : 10/05/19 Time of Accident : 18:30
Place of Accident : BUKIT TIMAH RD
Insurance Company : AIG

(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:

AMEND TIME OF ACCIDENT

TYPE OF COVERAGE

Policyholder / Driver's Signature
Date: _____

24/07/19
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____