

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	22/05/2019 11:19
Date Of Accident	19/05/2019 14:30
Exact Location Of Accident	SHAW CENTRE DROP OFF POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH3236X
Insured/Policyholder	
Name Of Registered Owner	HYMS CAR LEASING PTE LTD
Co Reg No	201320561K
Email Address	HYMS@LIVE.COM.SG
Mobile Phone No	
Alternative Phone No	Office-64515752

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	
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 CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994505
Cover Note Number	

Driver

Name of Driver	HEW YIN FEI
NRIC No	S8266005D
Date Of Birth	23/07/1982
Occupation	OUTDOOR
Date Of Driving Pass	02/03/2009
Driving Experience	10 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-81573585
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 226B SUMANG LANE
Postcode	S822226
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?	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

PLEASE REFER TO ATTACHED SKETCH PLAN REPORT

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	SLM8450X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	
NRIC/Passport Number	
Contact Number	81531818

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.



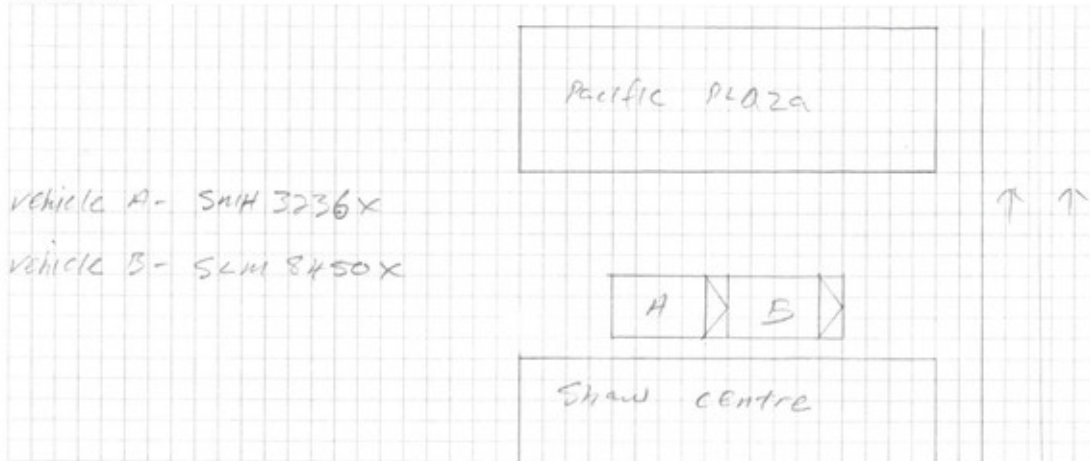
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SCOTTS RD

on 19/05/2019 at 14:30 hrs, I vehicle A SMH 3236X after dropping my passenger went about to move off. I misjudge and collided in to vehicle B SLM 8450X rear left portion. I then get off for my vehicle to check on the damage and we exchange our particular with photo taken.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]



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

RENTAL AGREEMENT

HYMS CAR LEASING PTE LTD

BLK 176 SIN MING DRIVE #04-02 SIN MING AUTOCARE SINGAPORE 575721
ROC: 201320561K GST Register No: 201320561K HP:83336725 FAX: 64514658

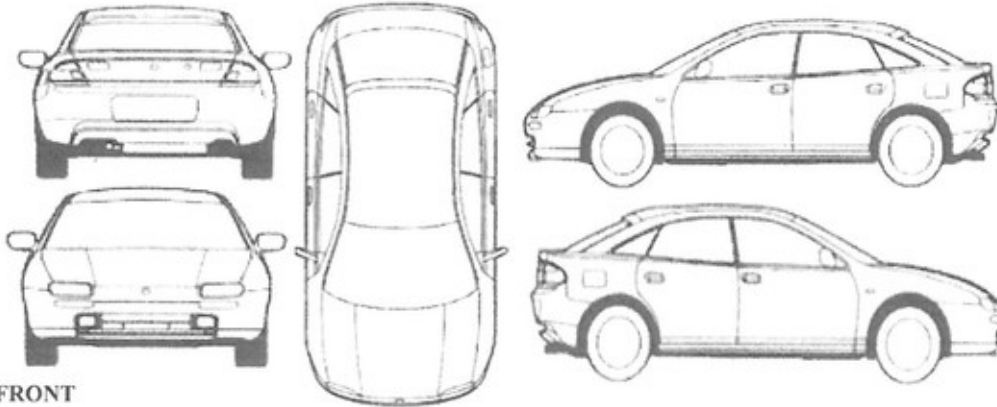
RENTAL AGREEMENT

RA:1460

HIRER'S NAME: HEW YIN FEI	
NRIC NO: S8266005D	CONTACT NO: 81573585
ADDRESS: BLK 226B SUMANG LANE #06-220 SINGAPORE 822226	
VEHICLE REG. NO: SMH3236X	MAKE & MODEL: HONDA SHUTTLE HYBRID 1.5A
COMMENCING START DATE: 21/01/19	COMMENCING END DATE: 20/01/20
RENTAL PER DAY: $\$7\frac{1}{4} + \$6 = \$8\frac{1}{4}$	DEPOSIT: \$1000 TRF FROM SKR3925L
FUEL: 	VEHICLE MILEGE:

REAR

TOP



FRONT

D = DENT

S = SCRATCHES

C = CHIPS

R = RUST

M = MISSING

REMARKS

- If vehicle return within 12 months from the commencing start date, deposit of \$1000 will not be refund.
- After 11 months from the commencing start date, hirer can terminate by giving 1 mth advance notice . If fail to do so, deposit of \$1000 will not be refund.
- 1st party excess per claim \$2000/-
- 3rd party excess per claim \$2000/-
- Malaysia excess double

Signature Of Hirer

*The Hirer shall not use the Vehicle for any other commercial activity other than solely for the purposes of providing transportation service requested by GrabCar user via the Grab app. Failing which, we reserve the absolute right and option to terminate this Car Rental Agreement, forfeiting your deposit, and you shall be required to return the car immediately and you shall continue to be liable for rental due for the remaining rental term.



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

