### 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.
- Information provided must be as truthful and accurate 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.

	ACCIDENT STATEMENT
Date Of Report	27/05/2019 14:58
Date Of Accident	25/05/2019 11:00
Exact Location Of Accident	MARINE PARADE RD TWDS SIGLAP
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA5425R
Insured/Policyholder	
Name Of Registered Owner	H & H CAR RENTAL & LEASING
Co Reg No	53331980C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97234411
Vehicle Particulars	Company of the Compan
Manufacturer	MITSUBISHI
Model	LANCER
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108503970
Cover Note Number	
Driver	
Name of Driver	TEO TZE MIN AARON GERARD (ZHANG ZIMIN AARON GERARD
NRIC No	S7937108D
Date Of Birth	19/11/1979
Occupation	OUTDOOR
Date Of Driving Pass	25/04/2006
Driving Experience	13 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98392953
Fax Number	252 EX
Contact Number	
EMail Address	NOEMAIL

Address

BLK 23 EUNOS CRES #13-3013

Postcode

400023

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - HIRER

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

AFTER RAINED

Road Surface

WET

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?

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 STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

HAVENT RETRIEVE

Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SJR8605P

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

SHAH NIZAM BIN ABDUL GAFFAR

NRIC/Passport Number

S8106804F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

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- 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.
- The 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.
- 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)

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:
  - 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.

H Rental

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 .:

# Please Refer to statoment

DECLARATION

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

Policyholder Signatur Date & Time: Driver's Signature

(If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

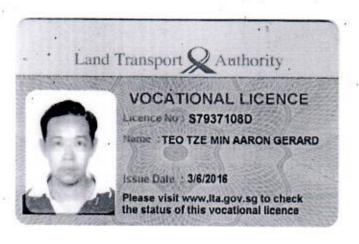
Name:

NRIC/FIN No .:

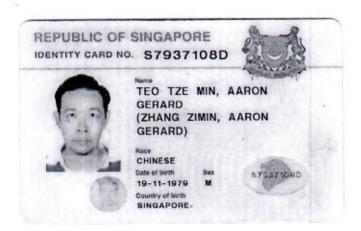
I WAS TRAVELLING ALONG MARINE PARADE RD TWDS SIGLAP ON THE RIGHT LANE, SUDDENLY VEH B WHICH WAS INFRONT OF ME JAMMED BRAKE DUE TO A TAXI CUT INTO HIS LANE, I MANAGE TO STOP BUT CANNOT STOP IN TIME, AS THE RESULT, MY VEH HIT ONTO VEH B REAR PORTION.

# ACCIDENT STATEMENT

	)(DD/MM/YYYY), TIME:(11:00)(HH:MA
HON. HAFINE PAP	ade Rd twds & Siglap
DETAILS OF VEHICLE	100
a) VEHICLE NUMBER:	SMA 5425 R.
b)INSURANCE COMPANY:	Imc
C)POLICY NUMBER:	
	ENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT
	The arriver of the arriver of the arriver
	MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIV	ATE / COMMERCIAL / MOTORCYCLEL
h) PURPOSE OF USING AT AC	CIDENT TIME: Commercia /
IF NO. PLEASE STATE (THIRD	PARTY CLAIM / PEPOPTING ONLY
	TAKTI CEAIM / REPORTING ONET)
The state of the s	Rental & Leating - MANE ( FERNALE)
b)NRIC/FIN/PASSPORT:	CONTACT:
CIADDRESS:	CONTACT
* CONTINUE TO 3.d IF DRIVER	ALSO POLICY HOLDER
DRIVER	
a)NAME: Teo 7ze M	in AAron (MALE / FEMALE)
b)NRIC/FIN/PASSPORT:	CONTACT: 98392953
c)ADDRESS:	
*d)DATE OF BIRTH: (/	/ 1(DD/MM/YYYY)
e)OCCUPATION: (INDOOR /	OUTDOOR)
f) YEARS OF DRIVING EXPRERI	ENCE:
WAS DRIVER AN EMPLOYEE	OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF T	HE DRIVER WITH INSURED: Herer
a) WEATHER CONDITION: (CLE	EAR / RAINING / OTHERS After Romed
b)ROAD SURFACE: (DRY / WE	T / OTHERS
WAS ANYBODY INJURED (YES	/NO)
REPORTED TO POLICE (YES	(NO)
CLUDD DADTY VELLE	
a) VEHICLE NUMBER: S	JR 86 05 P MODEL.
b) DRIVER'S NAME: Shah	Nizam Bin Abdul Gaffar
C) NRIC/FIN/PASSPORT:	S 810 6804 F CONTACT
HIRD PARTY VEHICLE	John Not.
	MODEL:
NRIC/FIN/PASSPORT	CONTACT
7	CONTACT:
85	
M (2)	
8.0	
email =	Ronnie.
Control Williams	Ronnie.
Control Williams	Ronnie.
fax =	Ronnie. Yes. / Hovert Petriere
	DETAILS OF VEHICLE  a) VEHICLE NUMBER:  b) INSURANCE COMPANY:  c) POLICY NUMBER:  d) POLICY TYPE: (COMPREHE  e) MAKE & MODEL:  f) TYPE: (SALOON / COUPE / I  g) VEHICLE CATEGORY: (PRIV  h) PURPOSE OF USING AT AC  i) ARE YOU CLAIMING UNDER  IF NO, PLEASE STATE (THIRD  INSURED / POLICY HOLDER  A) NAME:  b) NRIC/FIN/PASSPORT:  c) ADDRESS:  * CONTINUE TO 3.d IF DRIVER  DRIVER  a) NAME:  b) NRIC/FIN/PASSPORT:  c) ADDRESS:  *d) DATE OF BIRTH: (/  e) OCCUPATION: (INDOOR / O  f) YEARS OF DRIVING EXPRENII  WAS DRIVER AN EMPLOYEE  IF NO, RELATIONSHIP OF T  a) WEATHER CONDITION: (CLE  b) ROAD SURFACE: (DRY / WE  WAS ANYBODY INJURED (YES  c) REPORTED TO POLICE (YES  IF YES, PLEASE STATE WHICH  THIRD PARTY VEHICLE  a) VEHICLE NUMBER:  5







This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description

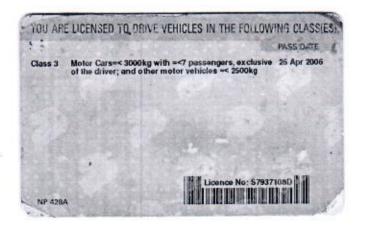
O2 TAXI VL

O3 BUS VL

O4 BUS ATTENDANT

Issue Date 27/04/2016 03/06/2016 03/06/2016







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My Desktop Notice of Loss	Policy Query											
	Policy N	io.	510850	5108503970			Date of Accident			25/05/2019 09:17		
	Vehicle	No.(For Motor)	SMA542	SMA5425R		Certificate Number						
						Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	9	5108503970	5108503970- 000025	H & H CAR RENTAL & LEASING	53331980C	GFM	drivo CLASSIC	SMA5425R	SMA5425R	28/03/2019	27/03/2020	

Claim Handling

### Accident MT/1046322 Policy No. 5108503970 Vehicle No. SMAS425R GST Registration No. Certificate No. 5108503970-000025 Policyholder Name H & H CAR RENTAL & LEASING Policyholder NRIC 533319 Product Code FLEET MASTER INSURANCE Cover Type drivo CLASSIC Loading Contact No.(Mobile) 97234411 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode No Y \* No Yes KFK TCA No Yes eCode Reason NCD Protection NCD Entitlement(%) Yes. Accident Details Report Date 27/05/2019 19:17 Accident Report Within 24 hrs. Accident Type Yes Collisio Date of Accident 25/05/2019 Time of Accident hh:mm 11:00 Country of Accident Singap Reporting Centre Orange Force ICM No. Accident Location MARINE PARADE RD TWDS SIGLAP ▼ Total Excess Applicable Excess Type Per Accident Windscreen Excess 100.00 **OD Standard Excess** 2,000.00 TP Standard Excess 1,500.00 YIED OD Excess 0.00 YIED TP Excess 0.00 Driver is Covered? Covere Additional Excess 0.00 Total OD Excess Applicable 2,000.00 Total TP Excess Applicable 1,500.00 → Benefits GST Registered Information **GST** Registered **GST Registration Date** GST Registration No. GST Status Verified Yes Modification History Policyholder Mailing Address Address 1 61 UBI AVENUE 2 Address 2 #04-12 AUTOMOBILE MEGAMAR Address 3 SINGA Address 4 Address Type Singapore address Post Code 408898 Unit No. 04-12 Related Policy Number 5108503970 ♥ OI Driver Info Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name TEO TZE MIN AARON GERARD (. Driver NRIC 57937108D Driver DOB 19/11/ Register Date of Driver License 25/04/2006 Driver Age Driving Experience 13 Contact No.(Mobile) 98392953 Contact No.(Office) Contact No.(Home) BLK 23 #13-3013 Address 2 EUNOS CRESCENT Address 3 SINGA Address 4 Address Type Singapore address Post Code 400023 Unit No. 13-3013 Does he own a Singapore Registered car? Yes + No Driver Vehicle No. Driver Insurer Company Breathalyser or Blood Test Reading? Any injury? Yes . No Modification History Claim 001 New Claim Type • Name H & H CAR RENTAL & LEASING OD-MX Contact Contact No.(Mobile) (Home) 01 Email Address Vehicle Number SMAS425R Claim Description SMA5425R / SJR8605P ON 25 May 2019 Proferered Repair Option Preferred Workshare Preferred Workshare Preferred Workshop Contact No. Finalisation Yes GIA. Preferred Workshop, Name unknown report Received Claim Close Date Date Registered 27/05/2019 19:20 Report Taken By LIEW SHAN HUI Print AK letter Save | Submit

Attachment

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Video List										
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