

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	31/05/2019 16:59
Date Of Accident	30/05/2019 21:20
Exact Location Of Accident	NICOLL HIGHWAY TOWARDS ESPLANADE DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV2914S
Insured/Policyholder	
Name Of Registered Owner	W CAR LEASING PTE LTD
Co Reg No	201709732W
Email Address	SQUARECAR123@GMAIL.COM
Mobile Phone No	
Alternative Phone No	Office-97677915

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS ALPHA HYBRID 1.8S AT
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 HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994506
Cover Note Number	

Driver

Name of Driver	TAN HOCK THIAM
NRIC No	S7632434D
Date Of Birth	06/10/1976
Occupation	OUTDOOR
Date Of Driving Pass	20/12/1996
Driving Experience	22 YEARS AND 5 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98311955
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 283 CHOA CHU KANG AVENUE 3 #14-406
Postcode	680283
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.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5179A
Vehicle Make/Model/Colour	TRANSCAB / RED
Details Of Properties	
Vehicle Category	TAXI
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.



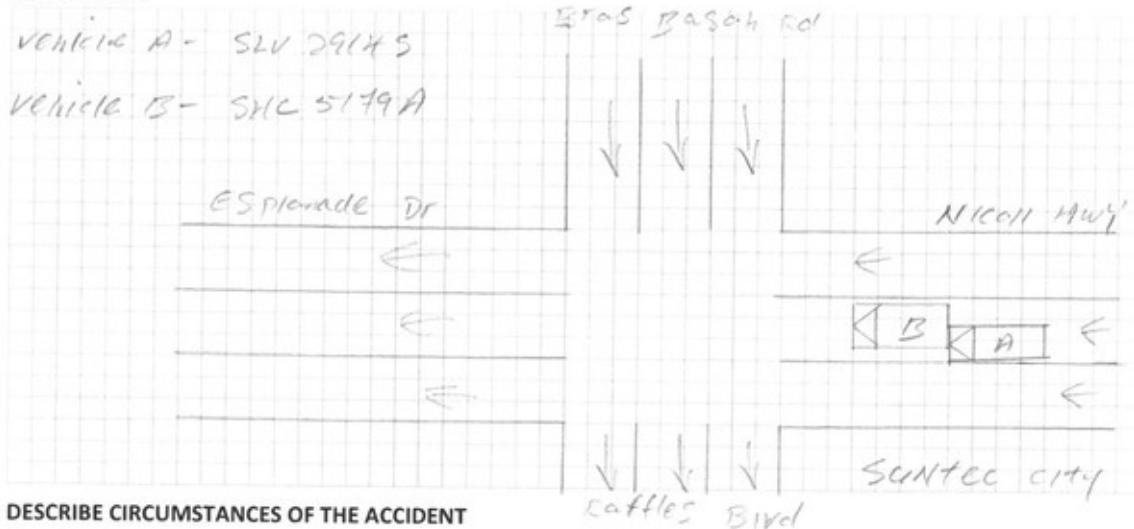
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/5/19 at 9:20pm, 1 vehicle A (SLV 29145) was travelling along Nicoll highway towards Esplanade Drive. upon reaching the cross junction of Bras Basah Road and Raffles Boulevard on lane 3, suddenly a vehicle from the rear flashes the high beam on me, which distract my vision and cause me to collided onto vehicle B (SHC 5179A). Both of us has no pastenge on board. No one is injured. Both of us alighted and exchange particulars.

I would like to clarify that there is a lot of old damages done beside the damage that I have came on the left bottom portion of the bumper.

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: *Be*
NRIC/FIN No.:

W CAR LEASING PTE LTD

176 SIN MING DRIVE #04-08 SIN MING AUTOCARE S(575721)
RENTAL AGREEMENT

Kindly fill up all of the details below

CAR MODEL/CARPLATE: TOYOTA PRIUS ALPHA / SLV2914S

HIRER'S NAME:	TAN HOCK THIAM
NRIC/PASSPORT NO.:	S7632434D NOK: LI WEI 85936265
DRIVING LICENSE NO.:	S7632434D
ADDRESS:	BLK 283, CHOA CHU KANG AVE 3, #14-406, S(680283)
CONTACT NO.:	98311955
RENTAL DEPOSIT:	\$500/-
DATE OF COMMENCE:	28 JAN 2019
EMAIL:	desht@gmail.com
RENTAL PER DAY.:	\$80/DAY
BANK/ ACCOUNT NO.:	
*All Payments will be transferred to you every Thursday. You will only transfer us your earnings every Thursday at 2pm. Hence, we will only be able to process your payout after we receive their payment. Thank you.	
CONTRACT VAILDITY:	06 MONTHS
1)INSURANCE 1 ST PARTY EXCESS \$2000-\$1500/- 2)INSURANCE 3 RD PARTY EXCESS \$2000 \$1500/- 3)INSURANCE EXCESS FOR OVERSEA WILL BE DOUBLED 4)INSURANCE EXCESS FOR DRIVING LICENCE LESS THEN 2 YEAR AND BELOW 22 YEAR OLD WILL BE DOUBLED 5)WINDSCREEN EXCESS \$200	



Left Side



Right Side



REMARKS:

Back



Front



Top



D=DENT S=SCRATCHES C=CHIPS R=RUST M=MISSING

Signature

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

