

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	16/07/2019 09:23
Date Of Accident	16/06/2019 12:20
Exact Location Of Accident	JURONG WEST AVE 1 TWDS BUKIT GOMBAK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ9289T
Insured/Policyholder	
Name Of Registered Owner	MKM CAR LEASING PTE LTD
Co Reg No	201224734R
Email Address	RINA@MKMCARLEASING.COM.SG
Mobile Phone No	
Alternative Phone No	Office-67476880

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID-1.8 S CVT (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 HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994421
Cover Note Number	

Driver

Name of Driver	LEE WEN LONG
NRIC No	S8806741Z
Date Of Birth	03/03/1988
Occupation	OUTDOOR
Date Of Driving Pass	16/06/2017
Driving Experience	2 YEARS AND 0 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-93896778
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 337B TAH CHING ROAD #12-59
Postcode	S612337
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)	4
Passenger 1	Name: : UNKNOWN (PASSENGER) Gender: : Female
Passenger 2	Name: : UNKNOWN (PASSENGER) Gender: : Female
Passenger 3	Name: : UNKNOWN (PASSENGER) 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

PLEASE REFER TO ATTACHED SKETCH PLAN

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	SKS1784J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAI YOONG MING
NRIC/Passport Number	S2555591J
Contact Number	96716928
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:

17/06/14

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

17/06/14

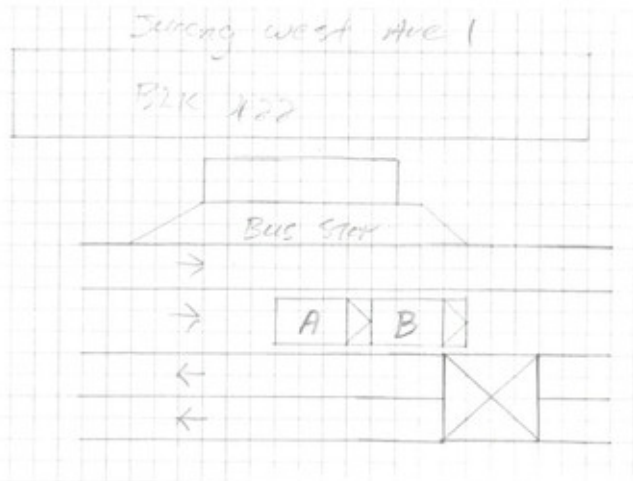


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Vehicle A - SMS 9289T

Vehicle B - SKS 1784J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16 June 2019 at about 12:20 hrs, I vehicle (A) SMS 9289T was travelling along Surong West Ave 1 towards Butik Hopokok. Suddenly vehicle (B) SKS 1784J came to complete stop which I could not react in time and collided into his rear portion on lane 1 on the right instant at block 422.

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.:



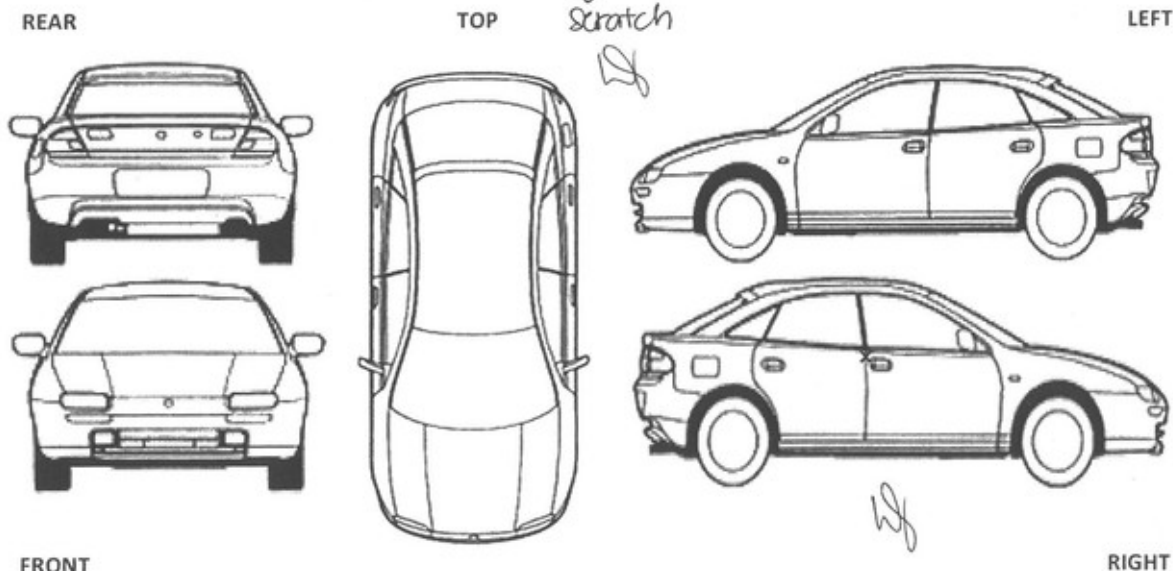
176 Sin Ming Drive # 04-08,
Sin Ming AutoCare, Singapore 575721
Tel: 6747-6880 Fax: 6352-0443
Co. Reg. No./ GST Reg No.: 201224734R
Website: www.mkmcarleasing.com.sg
Email: enquiries@mkmcarleasing.com.sg



RENTAL AGREEMENT

No. USC19/00031 G

HIRER'S NAME : LEE WEN LONG	
NRIC No.: S8806741Z	CONTACT NO.: 93896778
BANK A/C No.: DBS 002-6-062353	EMAIL: iamwenlong@gmail.com
ADDRESS : APT BLK 337B TAH CHING ROAD #12-59 SINGAPORE 612337	
VEHICLE REG. No.: SMJ9289T	MAKE & MODEL : Toyota Prius Hybrid 1.8s
COMMENCING DATE : 25/03/2019	END DATE : 25/09/2020
RENTAL PER DAY(S\$): \$ 70.09 +7% GST	DEPOSIT (S\$): \$1,000.00
FUEL :  EMPTY	VEHICLE MILEAGE : 34km
IN CAR CAMERA RECORDER : 01	TIME OUT : 1750 HRS.
CAR KEYS / REMOTE : 01	NEXT OF KIN: Kat (spouse)
MKM FRAME : FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/>	CONTACT NO.: 91451090
PHC DECAL: FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/>	



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

REMARKS

INSURANCE

(a) Own Excess Damage fee per claim is	S\$ 2,000.00	:	
(b) Third Party Damage Excess fee per claim is	S\$ 2,000.00	:	
(c) Outside Singapore Damage Excess fee per claim is	S\$ 4,000.00	:	
(d) Addition Own Damage Excess fee per claim	S\$ 2,000.00	:	
is applicable for any of the drivers below:			
(i) Aged 24 years old or below;			
(ii) Aged 66 years or above; or			
(iii) Driving experience in Singapore of less than 2 years under the relevant class of driving license.			
(e) Windscreen Damage excess fee per claim	S\$ 200.00	:	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

