

## 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	24/06/2019 12:57
Date Of Accident	24/06/2019 10:35
Exact Location Of Accident	NEW UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV367X
Insured/Policyholder	
Name Of Registered Owner	PREMIER RENT A CAR PTE LTD
Co Reg No	200612929E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62141101

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	B 29123167 MCX
Cover Note Number	

### Driver

Name of Driver	TAN TUAN WAH
NRIC No	S8605801D
Date Of Birth	12/02/1986
Occupation	OUTDOOR
Date Of Driving Pass	01/12/2006
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93680395
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 832 #10-546 HOUGANG CENTRAL
Postcode	530832
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	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

BOTH VEHICLES - NO PAX

#### 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	SHA8803Y
Vehicle Make/Model/Colour	CITY CAB/HYUNDAI
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	TEO CHEE SENG
NRIC/Passport Number	S6912944G
Contact Number	90927992
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	TAN TUAN WAH - DRIVER OF VEH. A
------	---------------------------------

Approximate Age	
Injuries Sustain	WILL SEEK FOR MEDICAL TREATMENT
Injured person in which vehicle?	SKV367X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLANIMPORTANT NOTICE

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7. 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 :
  - (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.

PREMIER RENT A CAR PTE LTD  
23 CHANGI SOUTH AVE 2  
#01-01  
SINGAPORE 486443  
TEL : 6214 1101

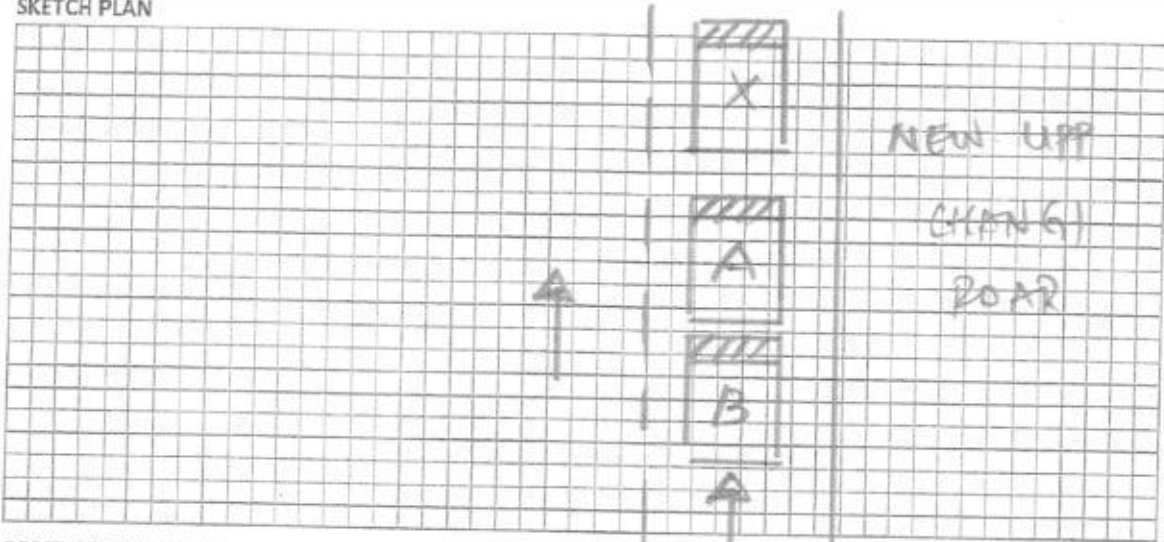
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SKV 367X

B: SHA 8803Y

## DECLARATION

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

PREMIER RENT A CAR PTE LTD  
23 CHANGI SOUTH AVE 2, #01-01  
SINGAPORE 486443  
TEL : 6214 1301

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.:

SIARMC SketchPlanForm\_V5

Describe Circumstance of the Accident.

ON 24/06/2019 @ 1035HRS, I WAS DRIVING MY VEHICLE ( SKV 367 X )  
TRAVELLING ALONG NEW UPP CHANGI ROAD, IN LANE 1.

I STOPPED MY VEHICLE AS ANOTHER VEHICLE AHEAD OF ME STOPPED –  
DUE TO RED TRAFFIC LIGHT.

WHEN TRAFFIC LIGHT TURNED GREEN ON MY ROUTE FAVOUR & WAS  
PREPARING TO MOVE OFF AHEAD, SUDDENLY I FELT AN IMPACT FROM  
THE REAR.

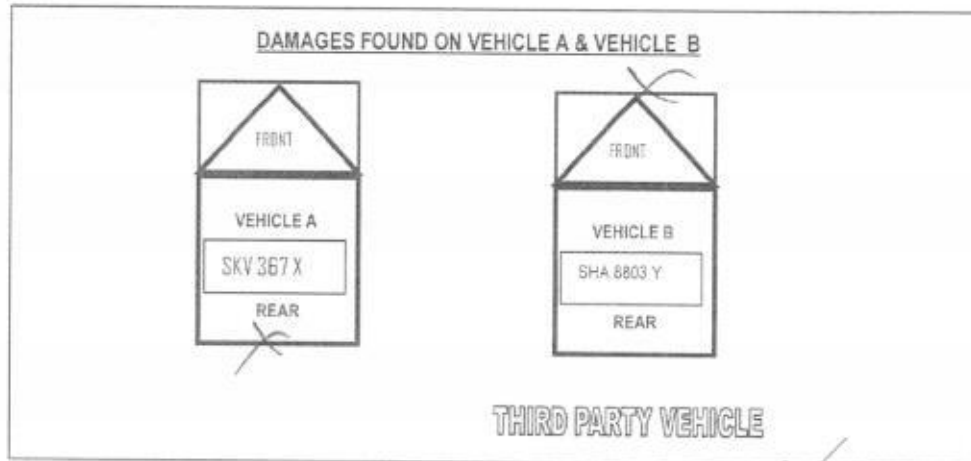
WHEN INSPECTED, I DISCOVERED THAT VEHICLE B ( SHA 8803 Y – CITY  
CAB ) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY  
VEHICLE.

DUE TO THE IMPACT, MY VEHICLE HAD DAMAGES ON THE REAR  
PORTION AND VEHICLE B HAD DAMAGES ON THE FRONT PORTION.

AS A RESULT, I FELT SOME DISCOMFORT & WILL SEEK FOR MEDICAL  
TREATMENT.

NO AMBULANCE AT SCENE.

NO PASSENGERS ONBOARD BOTH VEHICLES.



Tan Tian Wah / 88605801/D

Driver's Signature

Monday, June 24, 2019 @ 1:06:20 PM

( attended by