

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	01/08/2019 10:02
Date Of Accident	10/05/2019 00:00
Exact Location Of Accident	CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF4237J
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Insured/Policyholder

Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	201602573M
Email Address	EDWIN@CARCOVE.COM.SG
Mobile Phone No	(LOCAL) +65-87818338
Alternative Phone No	OFFICE-87989597

Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO-1.5 X (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	999994246
Cover Note Number	

Driver

Name of Driver	KHAMISAN BIN ISMAIL
NRIC No	S7805693B
Date Of Birth	02/03/1978
Occupation	OUTDOOR
Date Of Driving Pass	07/03/2018
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87818338
Fax Number	
Contact Number	OTHERS-87989597
Email Address	EDWIN@CARCOVE.COM.SG

Address	BLK 852 WOODLANDS STREET 83 #08-248
Postcode	730852
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	NO COLLISION
Weather Conditions	UNKNOWN
Road Surface	UNKNOWN

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE: 140111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4749999 - FAX NO: 64715297
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20190716/2038

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Accident 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:

01/08/2007
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Unknown

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Report To buca REP-1 D7090716 2038

DECLARATION

I/We declare the foregoing particulars to be 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.: P0221100

POLICE REPORT



**SINGAPORE
POLICE FORCE**



D/20190716/2038

1 of 2

POLICE REPORT (NP299)

Report No. D/20190716/2038

Police Station Of Origin
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

Date/Time Report Made 16/07/2019 13:53	Vide Report No.	Station Diary No. 11
Name Of Informant NG JI HUI	Address APT BLK 470B FERNVALE LINK #18-432 SINGAPORE 792470	
ID Type / ID No. NRIC NO / S8315757G	Contact No. Home/Office	Mobile 87818338
Nationality SINGAPORE CITIZEN	Email Address	
Occupation DIRECTOR	Sex Male	Age 36
Institution/School Name	Date of Birth 26/05/1983	Race Chinese
Date/Time Of Incident 10/05/2019 00:15	Location Of Incident 22 ANG MO KIO INDUSTRIAL PARK 2 UNNAMED SINGAPORE 569506	

Brief details.

I am the director of this company Car Cove Leasing Pte Ltd.

On the 16th April 2019, this customer by the name of Khamsan Bin Ismail, S7805693B came to my car rental company previously located at 1 Commonwealth to rent a car Toyota Axio. He signed an agreement for this rental for a year.

Signature Of Officer Recording The Report: D / Sgt 3 DAMIEN LEONG JUN SIAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/07/2019 13:53
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Sr Staff Sgt MUHAMAD AZLI BIN MAIZAR Contact No.: 68727683	Classification Of Case:

Authentication Stamp



POLICE REPORT



**SINGAPORE
POLICE FORCE**



D/20190716/2038

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20190716/2038

On the 10th May 2019 at about midnight, I received a call from him and he requested towing services to be activated as he had an accident with another vehicle earlier. I informed him to come down to the office within 24hrs for a statement to be recorded from him. On the 11th May 2019, I arranged to meet up with him at IDAC Bukit Merah, but however it was closed. We then brought him back to office which had been located to Keppel Rd and he refuses to co-operate and started to create a scene. The police was also called down. The incident reference number is A/20190511/0080. The damaged car was sent to the workshop and it was informed that the total cost repair is about SGD \$20,000.

The insurance company contacted me today the reason of why there wasn't a police report about the accident earlier. I then came down to lodge a report for my company record purpose. I wish to state that I do not know any details of the accident and as a result, I was unable to report to the police.

Signature Of Officer Recording The Report

D / Sgt 3 DAMIEN LEONG JUN SIAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
Sr Staff Sgt MUHAMAD AZLI BIN MAIZAR
Contact No.: 68727683

Authentication Stamp



Signature Of Informant:

Date/Time:
16/07/2019 13:53

Classification Of Case: