

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	05/08/2019 19:54
Date Of Accident	02/08/2019 20:05
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT (BEFORE EUNOS EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT2395Z
Insured/Policyholder	
Name Of Registered Owner	SHARING WELL PTE.LTD.
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91800392
Alternative Phone No	OFFICE-91800392

Vehicle Particulars

Manufacturer	BMW
Model	325I
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	19-MS002821-R00
Cover Note Number	

Driver

Name of Driver	JARED SIM YU HUI (SHEN YUHUI)
NRIC No	S8945218Z
Date Of Birth	14/12/1989
Occupation	OUTDOOR
Date Of Driving Pass	02/02/2015
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91800392
Fax Number	
Contact Number	OTHERS-91800392
EEmail Address	NOEMAIL

Address	BLK 216 TAMPINES STREET 23 #06-39
Postcode	520216
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	CHAIN COLLISION
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	3
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: : SIM KWANG MENG GENDER: : MALE
Passenger 2	NAME: : DEWI GENDER: : FEMALE
Passenger 3	NAME: : SIM SIHAN GENDER: : FEMALE

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 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	SMJ8525T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

No. Of Passenger (Including Driver)

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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.

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.:

Accident Sketch Plan

SKETCH PLAN

PIE > change Ref Envas Exit

A: SJ T2395Z
C: SGJ1855H
B: SMJ852ST

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and -time, I vehicle A (SJ T2395Z) was travelling along stated route. Vehicle B 'SGJ1855H' suddenly jammed brake. I couldn't stop in time and hit onto veh B. Then I realise I was involve in a 3-car chain collision

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.:

CS4400C Sketch Form, 02

LETTER

Sharing Wealth LLP/ Sharing Well Pte Ltd

25 Kaki Bukit Road 4 #06-30 Singapore 417800

Date:

Rental Agreement

We are pleased to offer Mr/Ms Jared sim yu hui
of NRIC holder S8945218Z as our independent driver of our company using
Uber Application and Grabcar Application You will be tasked to drive our company's
vehicle SJT2395Z from Monday-Sunday His remuneration shall be
based on commission. Commission based on earning for Uber and Grabcar app will
deduct \$450 per week rental.

Hirer is taking full responsibility of the car and in charge of the payment regardless of relief's
due diligence, payment, accident or whatsoever. The driver hereby indemnifies Sharing Wealth
LLP/ Sharing Well Pte LTD in the case whereby the vehicle is used for purpose other than the
above said. In the event of accident, daily rental is chargeable. Full legal, admin, towing fee is
chargeable, and/or rental payment is due after 3 days. The excess for the insurance is based on
the insurance policy bought which required driver to make immediate payment.

As an employee of the company, you have to abide to the rules and regulations set by the
Managing Director. Subletting of the vehicle without our company's knowledge is disallowed at
all times. You are to be duly in charge and take care of our company's property at all times. The
vehicle under your car disallowed from driving out of Singapore without the permission of the
company. Driver is required to return the car immediately when payment is default, it will be
reported to the Police. **Company has the right to terminate this contract without any
reason at anytime of the contract.**

Contract period: 01 months from 04/06/2019

Hirer's commission from Uber and Grab can credited to Sharing Wealth LLP POSB Savings
Account 290096499.

AUTO RE-CONTRACT EVERY 1 MONTHS AFTER ITS EXPIRY DATE STATED Above.

We look forward to your cooperation, and wish you have a safe journey in your employment with
us.



Yours Sincerely

Patrick Kuah/Melvin Chang

Acknowledged by

Driver's Name: Jared sim yu hui

NRIC Number: S8945218Z

Emergency Number: 01444833

Address: 216 Tampines St 23 #06-31 s520216

Deposit: \$500

Handover Time: 1200hrs



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S685500100 / GST Reg. No: M400017731

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MAA119102811 Vehicle Registration No: SJT 295Z
Name (as shown in NRIC): JARAD SIM YU HUI (Sim Yuhui) NRIC/FIN/Passport No: SP945218Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 91800392
Email Address: _____
Date of Accident: 02/08/2019 Time of Accident: 20:05
Place of Accident: PIKE TOWARDS CHANGI AIRPORT (BEFORE KUNIOS EXIT)
Insurance Company: TOKIO MARINE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED VEHICLE NUMBER SJT 295Z

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rohit
NRIC/FIN No: _____
Date: _____