**Your NCD will be affected due to late reporting**
**Actual e-Filling Submission Date & Time: 09/09/2019 12:49**

# 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 witholding 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 | 14/08/2019 12:01 |
| Date Of Accident | 19/07/2019 11:10 |
| Exact Location Of Accident | SLIP ROAD OF JALAN BOON LAY AND BOON LAY WAY |
| Country/State of Loss | SINGAPORE |

## DETAILS OF OWN VEHICLE

| | |
|---|---|
| Vehicle Registration Number | SJQ7907E |
| **Insured/Policyholder** | |
| Name Of Registered Owner | PANG'S MOTOR RENTAL PTE. LTD. |
| Co Reg No | 201608109H |
| Email Address | PANGSMOTORRENTAL@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91324602 |
| Alternative Phone No | OFFICE-91324602 |
| **Vehicle Particulars** | |
| Manufacturer | PROTON |
| Model | SAGA |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 5104142597 |
| Cover Note Number | |
| **Driver** | |
| Name of Driver | KRISHNAN SENTHIL KUMAR |
| Passport No/FIN | G7670022U |
| Date Of Birth | 30/07/1980 |
| Occupation | INDOOR |
| Date Of Driving Pass | 25/07/2018 |
| Driving Experience | 0 YEAR AND 11 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91324602 |
| Fax Number | |
| Contact Number | OTHERS-91324602 |
| EMail Address | PANGSMOTORRENTAL@GMAIL.COM |

| | |
|---|---|
| Address | 11 YISHUN INDUSTRIAL STREET 1<br>#02-115 NORTH SPRING BIZ HUB |
| Postcode | 761316 |
| 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 | -<br>-<br>- |
| Insurance Company of Driver's Own Vehicle | -<br>-<br>- |

**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? | |
| 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 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 | SLJ712J |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

## SKETCH PLAN

### 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. The 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 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:

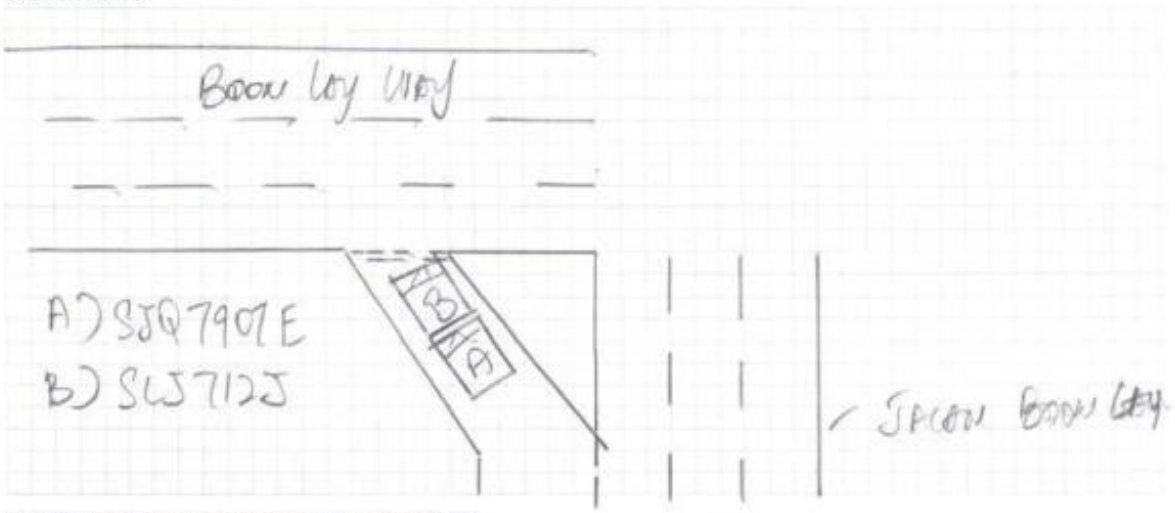
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

| | | |
|---|---|---|
| Policyholder's Signature<br>Date & Time: | 13/8/2019 '<br>Driver's Signature<br>(If driver is not the policyholder)<br>Date & Time: | 14/05/2019<br>Reporting Centre Personnel's Signature<br>Name:<br>NRIC/FIN No.: |

**Accident Sketch Plan**

**SKETCH PLAN**




**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

ON 19/07/2019 AT 11:10HRS I WAS AT THE SLIP ROAD OF JLN BOON LOY & WANTED TO TURN LEFT TO BOON LOY WAY INFRONT OF ME WAS A CAR SLJ712J UPON ~~STOP~~ SEEING HIM MOVE SO I FOLLOW. SUDDENLY HE JAM BROKE & I COULD NOT BRAKE IN TIME & HIT THE REAR OF THE SAID CAR THE DAMAGE SO MIRROR & THE BUMPER SO SMALL AMOUNT: AS BUT CURRENTLY THE CAR NOT COME MR DUE TO LOTS PAPERS I ATTACH THE PASSPORT CHANGING & COME BACK TO SINGAPORE.

**DECLARATION**

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

| | | |
|---|---|---|
| Policyholder's Signature<br>Date & Time: | 13/08/2019<br>Driver's Signature<br>(If driver is not the policyholder)<br>Date & Time: | 14/08/2019<br>Reporting Centre Personnel's Signature<br>Name: ROSLI<br>NRIC/FIN No.: |

**LETTER**

From: **Pang's Motor Rental Pte Ltd** pangsmotorrental@gmail.com
Subject: CLAIM NUMBER: MT/1055546-001
Date: 8 August 2019 at 3:45 PM
To: motor@income.com.sg

To: Officer In Charge

Dear Sir/Mdm,

We're writing in response to the letter dated 30th July 2019 pertaining to above claim number and would like to furnish below information:

- The said vehicle SJQ7907E was rented to a hirer at time of the accident
- SJQ7907E was driving behind SLJ712J and there was a sudden break by SLJ712J resulting in SJQ7907E to come to a halt as well.
- According to the hirer, there was minimal or no damage to SLJ712J. The owner of SLJ712J requested for the contact number of SJQ7907E and our hirer provided his mobile number to him. It was said that if there is a need for any follow up or damage claims, then he will contact our hirer via his mobile. However, according to our hirer, there was no calls made to him regarding any damage claims after the accident.
- As the damage was insignificant, our hirer did not report this incident to us at all. Neither were there any photos or videos taken by the hirer.
- His rental contact ended on 1st Aug 2019 and the car was returned back to us at our office
- The hirer then went overseas and our company recieved the letter from NTUC regarding this accident
- We contacted the hirer but consistently could not reach him hence the delay in our response.

We would like to seek NTUC's help in below:
1) Could we have more information on how this accident happen? Where was the damage to the other party's car and what's the severity of the damage?
2) Could NTUC on behalf of our company check with the owner of SLJ712J whether he/she is willing to release his/her contact information to us so we could speak to him in more details. Alternatively, he could also contact us if he prefer to do so.

Our contact details:
Name: Vernon Pang
Designation: Director of Pang's Motor Rental Pte Ltd
Mobile: 9060 3299

Truly appreciate it.

Best Regards,
Inez Lau
9661 4546
Pang's Motor Rental Pte Ltd

**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: S66SS0020G / GST Reg. No.: M400017735

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 : MAV1916604 Vehicle Registration No: SJQ 2907E

Name(as shown in NRIC) : KRISHNAN SIVAPRAKASH KUMAR NRIC/FIN/Passport No : G7670032H

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : Mobile No. : 91324602

Email Address :

Date of Accident : 19/07/2019 Time of Accident : 11:50.

Place of Accident : SLIPROAD OF JURONG BOON LAY & BOON LAY WAY

Insurance Company : AMC

(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:

T/P VEHICLE NUMBER IS SLJ 7123J.

Policyholder / Driver's Signature
Date:

09/09/2019

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