

## 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	23/08/2019 18:27
Date Of Accident	23/08/2019 15:30
Exact Location Of Accident	TPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC1602S
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### Insured/Policyholder

Name Of Registered Owner	RENTOKIL INITIAL SINGAPORE PTE LTD
Co Reg No	195900145N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-63478138

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200-1.5 L ABS AIRBAG 2WD 6DR EURO 5 (M)
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	100806878
Cover Note Number	

### Driver

Name of Driver	CHEW MIN
NRIC No	S1711639H
Date Of Birth	08/06/1965
Occupation	INDOOR
Date Of Driving Pass	08/02/1991
Driving Experience	28 YEARS AND 6 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-82230019
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 842 TAMPINES STREET 92 #10-147 SINGAPORE
Postcode	620842
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?	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)	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

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### 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	GZ2449G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	

Contact Number  
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:

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

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

Rentokil Initial Singapore Pte Ltd  
16 & 18 Jalan Mesin  
Singapore 368815  
Tel: 6347 8138 Fax: 6347 8105

Rentokil Initial Singapore Pte Ltd  
16 & 18 Jalan Mesin  
Singapore 368815  
Tel: 6347 8138 Fax: 6347 8105

# SKETCH PLAN

		<b>Vehicle</b> A - ABC1602 S B - GZ2449 G
		<b>Legend</b> 

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/8/2019, Around 3:30pm. I was driving along TPE. That was a ~~van~~ lorry in front of me suddenly brake and stop and I was unable to stop in time, cause my van collided onto his lorry. The lorry driver told me he sudden brake is because he saw an accident in front.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.  
 Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.


Policyholder's Signature  
 Date & Time:  
 Rentokil Initial Singapore Pte Ltd  
 15 & 18 Jalan Mesin  
 Singapore 368815  
 Tel: 6347 8138 Fax: 6347 8105

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:  
 Rentokil Initial Singapore Pte Ltd  
 16 & 18 Jalan Mesin  
 Singapore 368815  
 Tel: 6347 8138 Fax: 6347 8105

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

DRIVER NRIC & LICENSE

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1711639H



Name  
CHEW MIN  
邱 銘

Race  
CHINESE

Date of Birth  
08-06-1965

Sex  
M

Country of Birth  
SINGAPORE

S1711639H

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No. S1711639H

Name  
CHEW MIN

Start Date  
06 Jun 1965

Valid Date  
07 Jan 2019




00288509C

15318153



NRIC No. S1711639H



Board Group  
Date of issue  
21-12-1993

Address  
APT 04A 042 TAMARIS ESTATE, 177  
SINGAPORE 63042

NRIC No. S1711639H Date 08-03-1965 No. 2444971


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  06 Feb 1991

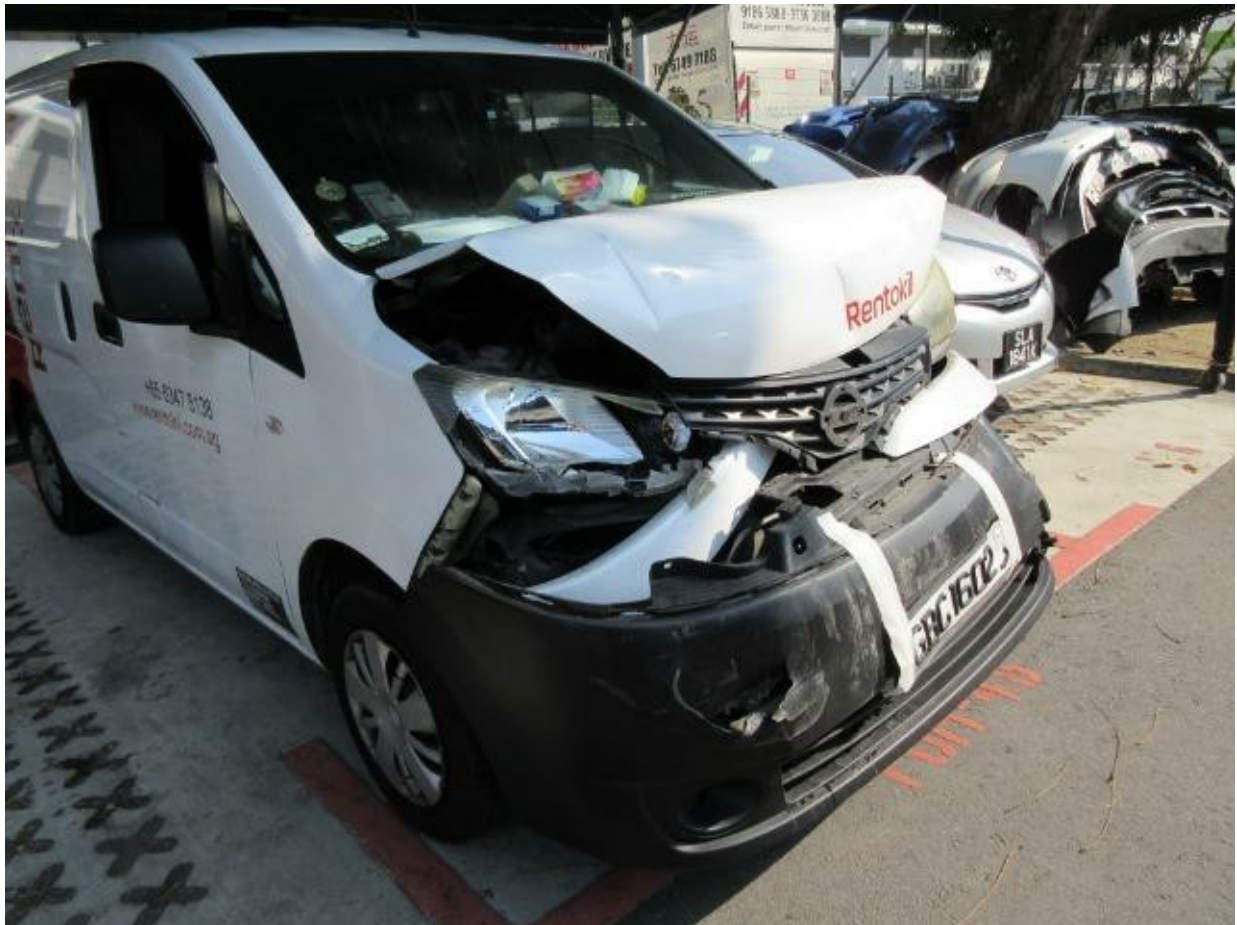
NP 425A

Licence No. S1711639H

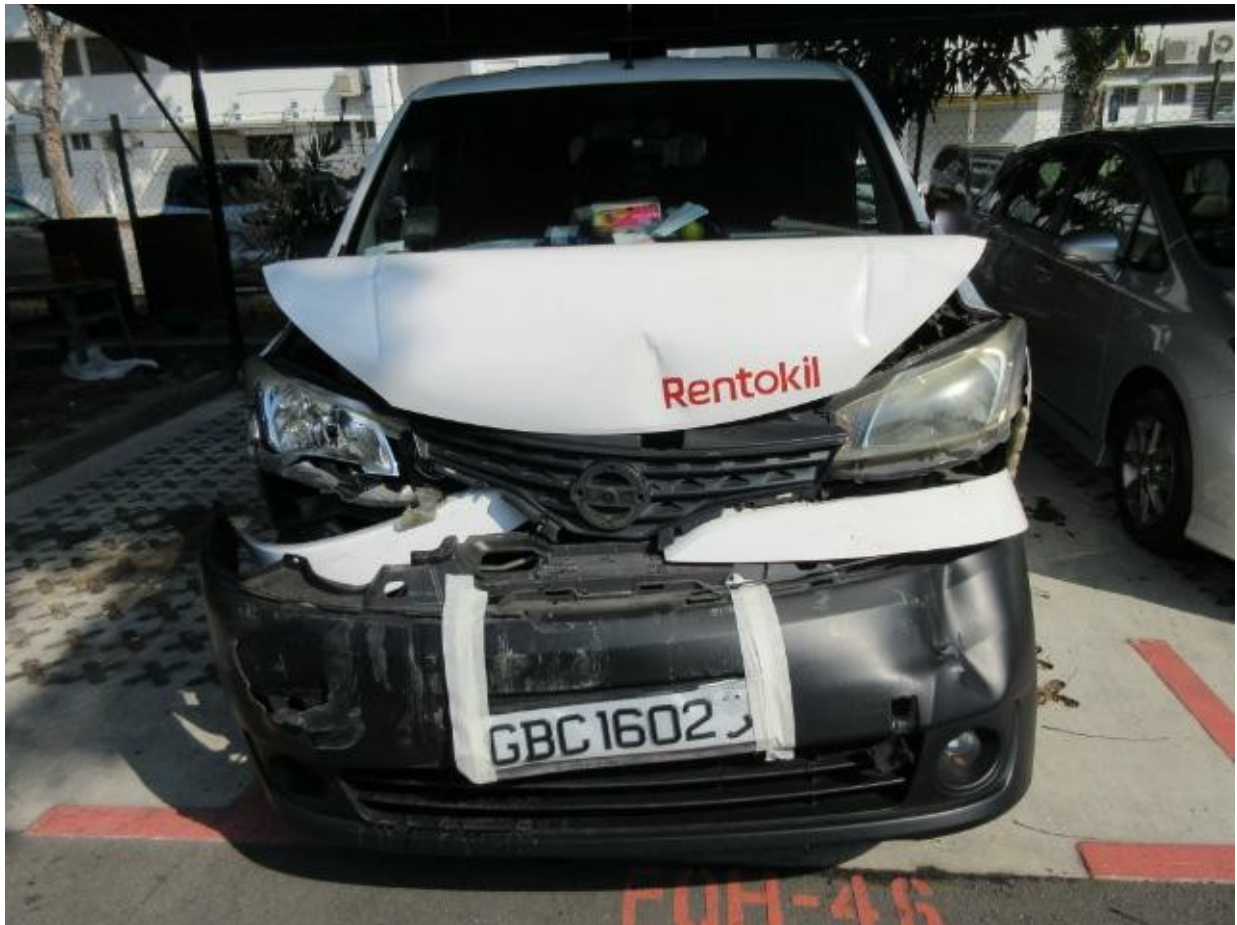




Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

