

First Cap

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	17/08/2019 09:25
Date Of Accident	16/08/2019 12:35
Exact Location Of Accident	MOUNT ELIZABETH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP4048K
Insured/Policyholder	
Name Of Registered Owner	L H CAR RENTAL PTE LTD
Co Reg No	200009761N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93227428
Alternative Phone No	OFFICE-93227428

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	GRAB
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5109111878-000018
Cover Note Number	

Driver

Name of Driver	WONG PENG XIANG
NRIC No	S8931444E
Date Of Birth	09/09/1989
Occupation	OUTDOOR
Date Of Driving Pass	28/05/2009
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93227428
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	18 JLN HIKAYAT
Postcode	769862
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	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : NA 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

I WAS ON MOUNT ELIZABETH ROAD GOING STRAIGHT WHEN I WAS IN STATIONARY DUE TO NEARBY TRAFFIC. VEHICLE B CUT SLIGHTLY INTO MY LANE AND AS A RESULT HIS SIDE MIRROR HIT AGAINST MINE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	KIV, SUBMIT BY CLAIMANT W/S
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA456T
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

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7. By the submission 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 to those so.
8. Consent Under the Personal Data Protection Act (PDPA)

(c) Any person or working group and the National Fire Service Association of Singapore ("NFA") may be permitted to collect, use, disclose and/or process the personal data/personal information set out in this Form and any other personal information appearing in the records held by any person (collectively the "records") for research and statistical purposes and transfer such personal information to all persons who have obtained written consent in this accident (all those persons who are presumed to be involved in the accident shall be collectively referred to as the "injured"), the injured person's lawyer, the statutory authority of Singapore and any foreign government agency and more (such as the police, for the purposes 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 sums as well as on the external power of attorney, real power of attorney and/or
- (v) complying with and dealing with administering, processing, handling and/or dealing with my claims collectively the

(b) all persons who have interacted with the patient and the patient's family at any time, may be permitted to collect, use, disclose and otherwise process the information for one or more of the above stated purposes, and

(c) My Personal Information may be disclosed to any of the insurers and/or to their third party service providers or agents regarding their laws or law firms, which may be still 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:

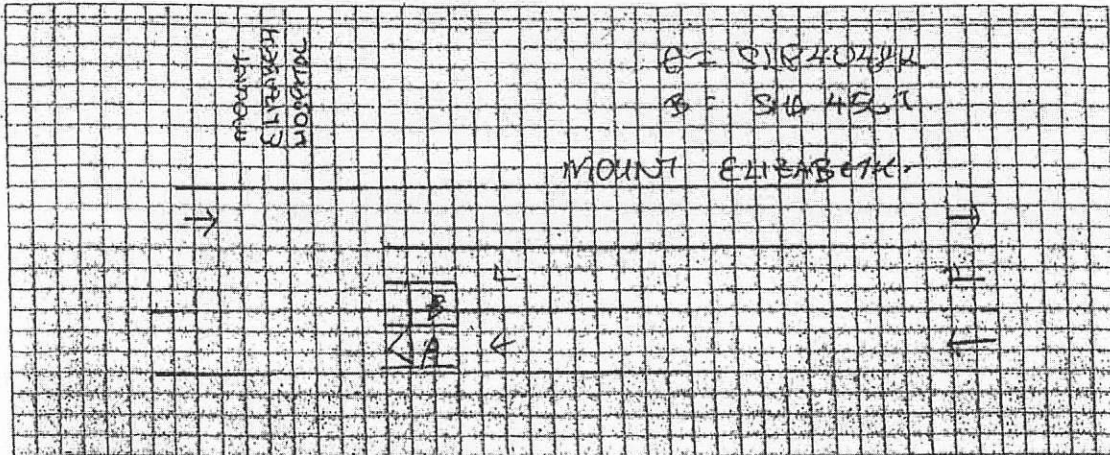
- (ii) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (iii) for complying with requirements under any regulations, laws or 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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was on MOUNT ELIZABETH ROAD going straight when I was stationary due to heavy traffic. Vehicle B cut slightly into my lane and as a result his side mirror hit against mine.

DECLARATION

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

L.H CAR-RENTAL PTE LTD

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.: