

## 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	11/10/2019 14:05
Date Of Accident	11/10/2019 11:45
Exact Location Of Accident	ECP - CHANGI AIRPORT (LAMP POLE # 321)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB4776P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PREMIER RENT A CAR PTE LTD
Co Reg No	200612929E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62141101

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	B 29123167 MCX
Cover Note Number	

### Driver

Name of Driver	LAM WEI JUN
NRIC No	S86094161
Date Of Birth	17/04/1986
Occupation	OUTDOOR
Date Of Driving Pass	27/06/2007
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97915796
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 416 #13-235 PASIR RIS DRIVE 6
Postcode	510416
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

VEH. A - NO PAX VEH. B - 1 PAX

#### 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	SHB3583J
Vehicle Make/Model/Colour	HY/YELLOW CITY CAB
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	JALILUDIN BIN MOHD TAHA
NRIC/Passport Number	S2008524Z
Contact Number	96931087
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

## Sketch Plan Pg. 1

### 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.

PREMIER RENT A CAR PTE LTD  
23 CHANGI SOUTH AVE 2  
#01-01  
SINGAPORE 486443  
TEL : 6214 1101

11 OCT 2019

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 Pg. 2**

### SKETCH PLAN

Diagram illustrating the circumstances of the accident:

The diagram shows a vertical sequence of events. At the top is a box with an 'X'. Below it is a box labeled 'A'. Below 'A' is a box labeled 'B'. To the left of these boxes, the text 'ECP - CHANGI.' is written. To the right of the boxes, there is an upward-pointing arrow and a downward-pointing arrow. At the bottom, there are two circles containing the numbers '2' and '1' respectively, with the '1' being slightly to the right of the '2'.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SLB 4776R

B: SHB 3583J.

## DECLARATION

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

PREMIER RENT A CAR PTE LTD  
28 CHANGI SOUTH AVE 2, #01-01  
SINGAPORE 486643  
TEL: 6214 1101

Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

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

Date &amp; Time:

11 OCT 2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC SketchPlanForm...v3

58609416I

Describe Circumstance of the Accident.

ON 11/10/2019 @ 1145HRS, I WAS DRIVING MY VEHICLE ( SLB 4776 R )  
TRAVELLING ALONG ECP – CHANGI (LAMP POLE #321), IN LANE 1.

TRAFFIC WAS SLOW MOVING AHEAD AT THE POINT OF TIME.

I STOPPED MY VEHICLE AS VEHICLES AHEAD OF ME STOPPED.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B ( SHB 3583 J –  
HYUNDAI/YELLOW CITY CAB ) WHICH WAS BEHIND ME, HAD  
COLLIDED ONTO THE REAR OF MY VEHICLE.

DUE TO THE IMPACT, MY VEHICLE HAD DAMAGES ON THE REAR  
PORTION AND VEHICLE B HAD DAMAGES ON THE FRONT PORTION.

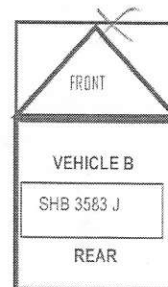
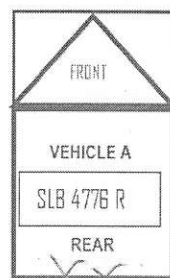
NO INJURY INVOLVED.

NO AMBULANCE AT SCENE.



NO PASSENGERS ONBOARD MY VEHICLE & VEHICLE B HAD A  
PASSENGER ONBOARD.

\*SCENE PHOTOS TAKEN.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



THIRD PARTY VEHICLE

 596094161  
Driver's Signature  
Friday, October 11, 2019 @ 2:13:20 PM  
( attended by  )