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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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.
- 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	14/11/2019 17:27
Date Of Accident	13/11/2019 22:35
Exact Location Of Accident	BLK 638C PUNGGOL DRIVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGQ2192T
Insured/Policyholder	
Name Of Registered Owner	AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD
Co Reg No	201914185K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91363838
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5110029694
Cover Note Number	
Driver	
Name of Driver	LEE ZHIHUI(LI ZHIHUI)
NRIC No	S8139228E
Date Of Birth	24/11/1981
Occupation	INDOOR
Date Of Driving Pass	31/01/2013
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91363838
Fax Number	

NOEMAIL

Address

BLK 405 YISHUN AVE 6 #04-1328

Postcode

760405

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

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 STATEMENT.

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

GBH8842T

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

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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
- 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 8. Consent under the Personal Data Protection Act (PDPA)

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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the
- (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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection,
- (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

reguirements under any regulations, laws or court orders.

Date & Time:

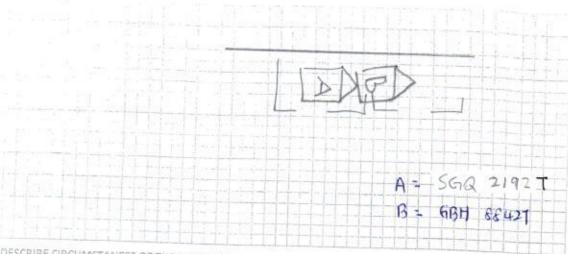
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> Oriver's Signature (if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	101-102
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99ENEUI3 e true in every respect.

Driver's Signature

Reporting Centre Personnel's Signature Name

Policyholder's Signature Date & Time:

(if driver is not the policyholder)

DATE OF ACCIDENT	the / 11 / 19
TIME OF ACCIDENT	10 35 AM (PM)
OCATION OF ACCIDENT	BIK 638C pungal Drive
Exact Purpose use during accider	1404111
NAME OF OWNER	Aurora Car Rental & Leasing Ple Utd
TELP NO	J
NRIC	
CLAIM TYPE	OD / THIRD PARTY / Reporting Only
PRIVATE HIRE	NE / NO ?
INSURANCE CO.	Nuc
TYPE OF CAVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	5400396A4 5000081
NAME OF DRIVER	As above / If No: Lee Thi Hui
NRIC	SSI 34008E Any passengers: 0
DATE OF BIRTH	24 / 11 / 1981
OCCUPATION	Indoor Indoor
DATE OF DRIVING PASS	31 /01 / 3013
GENDER	(Male) / Female
CONTAC NO.	9136 38 38 Office: Home:
ADDRESS	BLK 405 Yishun Ave 6 # 04-1328 (5) 760405
DRIVER HAVE ANY OWN Vehic	
RELATIONSHIP	Employee / If No: Hirer.
WEATHER CONDITION	Clear / Raining / Other:
ROAD SURFACE	Ory / Wet / Other:
ANY INJURIES	No/If yes: Who?
CONTAC NO.	
POLICE REPORT	No If yes: Where?
VEHICLE B NO.	GBH 8842T Any Passenger:
NAME	
CONTAC NO.	
VEHICLE C NO.	Any Passenger :
VEHICLE D NO.	Any Passenger :
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger :
ANY WITNESS	
WITNESS CONTACT NO.	Welting (a)
WITNESS CONTACT NO. Have you been approach by unk	
Have you been approach by unk	
Have you been approach by unk offering accident claims assistan	rce? YES / NO
Have you been approach by unk offering accident claims assistant PARTICULAR WORKSHOP	Sme Motor Pte Ltd 6 Speed Autowerkz Pte Ltd
Have you been approach by unk offering accident claims assistan	rce? YES / NO

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My Desktop	Poli	Policy Query					6.fe=0007e66#			****************		
Notice of Loss	Policy N	Policy No. 5110029694					Date of Accident			13/11/2019 17:12		
	Vehicle	No.(For Motor)	SGQ219	92T		Certif	icate Numbe	r.				
Notice of Loss						Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
		5110029694	5110029694- 000005	AURORA CAR RENTAL & LEASING SINGAPORE PTE LTD	201914185K	GFM	Third Party	SGQ2192T	SGQ2192T	19/06/2019	29/05/2020	

The premium on this policy has Accident MT/1071431	not been collected.								
Policy No.	5110029694		Vehicle No.						
Certificate No.	5110029694-000005		Wernicite Avg.	SGQ219ZT		GST Regis	tration No.		
Policyholder Name	AURORA CAR RENTAL I	S LEASING CINCAGON							
Product Code	FLEET MASTER INSURA			Company of the Compan		Policynoid	er NRIC	201914185	S .
Contact No.(Mobile)	91363838	APPLE.	Cover Type Contact No.(Office)	Third Party		Loading		0	
Email Address			Special Remark			Contact N	o.(Home)	2000000	
KFK	+ No Yes					eCade		No Y	
NCD Protection	No		TCA	» No Yes		eCode Rea	son		
▼ Accident Details	reo		NCD Entitlement(%)	0		Private Hir	0	Yes	
Report Date									
Date of Accident	14/11/2019 17:36		Accident Report Within 24 hrs	Yes		Accident T	ype	Damaged wi	list parked
Reporting Centre	13/11/2019		Time of Accident hh:mm	22:35		Country of	Accident	Singapore	
111			Orange Force			ICM No.			
Accident Location	BLK 638C PUNGGOL DI	RIVE							
▽ Total Excess Applicable									
Excess Type	Per Accident		Windscreen Excess		0.00				
OD Standard Excess		0.00	TP Standard Excess						
YIRD OD Excess		0.00	YIED TP Excess		1,500.00				
Additional Excess		0	THEO IT EXCESS		0.00	Driver is C	overed?	Covered	
Total OD Excess Applicable		0.00	Total TP Excess Applicable		1.000.00				
♥ Benefits		100000	man in ances appreadic		1,500.00				
GSY Registered Informa	tion								
GST Registered	No			CON BUILD	ACCRECATE MANAGEMENT				
GST Registration No.				GST Statu	stration Date	89			
Modification History				- 1	a venilled		45		
▼ Policyholder Mailing Add	Iress								
Address 1	SLK 795 #29-17		Address 2	TOA PAYOH CENTR	AL	Address 3		CENTRAL HO	01704
Address 4	SINGAPORE 312079		Address Type	Singapore address		Post Code		312079	HIZON
Unit No.	29-17		Related Policy Number	5110029694				312079	
→ OI Driver Info									
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver					
Unnamed driver Name	LEE ZHIHUI(LI ZHIHUI)		Driver NRIC	58139228E		Driver DOS		24/11/1981	
Register Date of Driver License	31/01/2013		Driver Age	37		Driving Exp	erience	6	
Contact No.(Mobile)	91363838		Contact No.(Office)			Contact No.			
Address 1	BLK 405 #04-1328		Address 2	YISHUN AVENUE 6		Address 3	250000000000	SINGAPORE	160405
Address 4			Address Type	Singapore address		Post Code		760405	
Unit No.	04-1328								
Does he own a Singapore Registered car?	Yes - No		Oriver Vehicle No.			Driver Insu	er Company		
Declaration									
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Breathalyser or Blood Test Reading?	0 mg		Any injury?	Yes + No					
Reading?	0 mg		Any injury?	Yes + No					
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