

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	29/11/2019 16:07
Date Of Accident	28/11/2019 16:55
Exact Location Of Accident	WOODLANDS ST 13 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS4109C
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Insured/Policyholder	
Name Of Registered Owner	L H CAR RENTAL PTE LTD
Co Reg No	200009761N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86113823
Alternative Phone No	OFFICE-86113823

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR
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	5109111878-000029
Cover Note Number	

Driver

Name of Driver	ONG KENG SIONG
NRIC No	S1695817D
Date Of Birth	29/01/1965
Occupation	OUTDOOR
Date Of Driving Pass	14/12/1984
Driving Experience	34 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86113823
Fax Number	
Contact Number	

Address	BLK 201 AMK AVE 3 #08-1640
Postcode	560201
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 - 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?	YES
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 GOING STRAIGHT WHEN SUDDENLY I FELT AN IMPACT ON MY RIGHT SIDE. WHEN I WENT DOWN AND SEE, CAR B HIT MY RIGHT REAR DOOR.

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	SGL3103X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name
ONG KENG SIONG
Approximate Age
Injuries Sustain
Injured person in which vehicle?
SLS4109C
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

SKETCH PLAN

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6. The report will be forwarded by the Insurers to the Civil Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and digital copies of this report will for a fee be made available upon application by interested parties.
7. By an informed and informed to the insurers, you hereby consent in the archiving of this report at the centre and to report of the report being made available at the centre.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) Whether my workplace and the General Insurance Association of Singapore (GIAS) may be permitted to collect, use, disclose and/or process my personal data and information set out in this form and any other personal information provided by me or possessed by the insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicles involved in this accident (all insurers who have insured vehicles involved in this accident shall be collectively referred to as the "Insurers") the Insurers' lawyers/ law firms and any other third parties including the Insurers' lawyers/ law firms and any other third parties (collectively referred to as the "Third Parties") for the purpose 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 handling 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 basis of my consent to the disclosure of such personal data); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
- (b) all Insurers who have insured vehicles involved in the accident and the Insurers' lawyers/ law firms may be 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 be disclosed by any of the Insurers and/or GIAS to their third parties (including their lawyers/ law firms) 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 (a) 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.

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.:

SKETCH PLAN

Car A : SL54109C
Car B : 96L 3103X

Woodland Street.13 Car park.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was going straight, when suddenly i felt an impact on my right side. when i went down and see, Car B has hit my right rear door.

☐ Claim OD/TP at Su Brothers
 ☒ Claim OD/TP at other workshop
 ☐ Reporting Only

Remarks : Please forward a copy of my effile accident report to :

My workshop :

Email address :

& myself :

Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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 & not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT REPORT COMPANY