

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	13/12/2019 12:19
Date Of Accident	11/12/2019 12:10
Exact Location Of Accident	13 STAMFORD RD CAPITOL PIAZZA TAXI STAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN5242D
Insured/Policyholder	
Name Of Registered Owner	GRACE ON WHEELS PTE LTD
Co Reg No	201624268Z
Email Address	GRACEOWHEELS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87823448
Alternative Phone No	OFFICE-87823448

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.6L VTI AUTO
Exact Purpose for which vehicle was being used at time of accident	GOJEK
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	NO
Policy Number	5106494405
Cover Note Number	

Driver

Name of Driver	PALAIYAN CHELLAPANDIYAN
NRIC No	S7984921I
Date Of Birth	11/03/1979
Occupation	OUTDOOR
Date Of Driving Pass	15/04/2015
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90815741
Fax Number	
Contact Number	
Email Address	KALAIMITHRAN83@GMAIL.COM

Address	BLK 206 PETIR ROAD #08-585
Postcode	670206
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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: : UNKNOWN GENDER: : MALE

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 ATTACHED SKETCH PLAN. WILL REPAIR / CLAIM AT NGS TRADING.

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	SHA4332R
Vehicle Make/Model/Colour	HYUNDAI / I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TOH KIM HAN
NRIC/Passport Number	S1830120B
Contact Number	96630770
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:

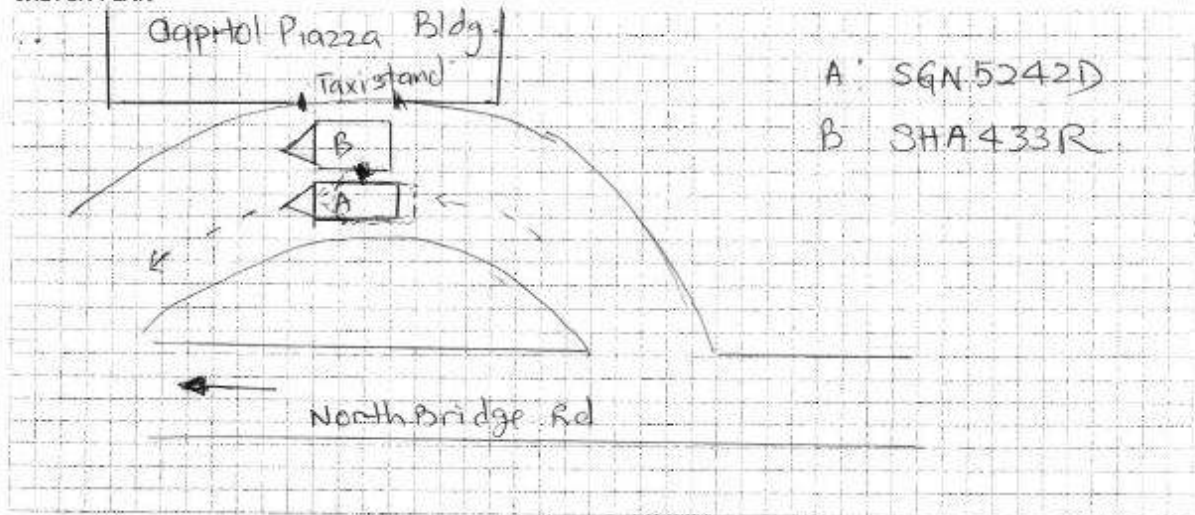
Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/12/2019

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

ISSUANCE SIGNATURE PAGE 1/2

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When by pass vehicle 'B'
 vehicle 'B' passenger suddenly open the LH Door
 and hit on to my vehicle.
 we are rep
 will repair and claim at NGS Trading

DECLARATION

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

Policyholder's Signature
 Date & Time:



Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 13/12/2019

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

GAR-30 (Rev) 09/2019



GRACE ON WHEELS

UEN: 201624268Z
 10 Ang Mo Kio Industrial Park 2A
 #02-01 AMK AutoPoint
 SINGAPORE 569047
 Tel: 87823448
 Email: graceonwheels@gmail.com

RENTAL AGREEMENT

K-21-0000117

23 Oct 2019

Sales/ After Sales Tel: 87823448

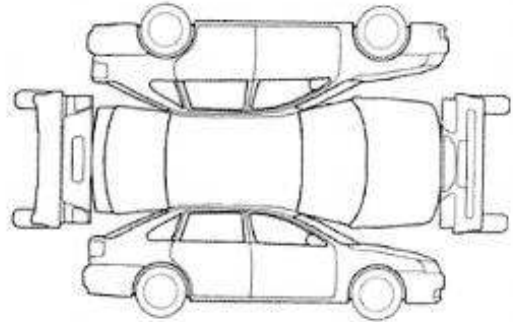
Towing Service Tel: 96790882

HIRER'S PARTICULARS

Name	Palaiyan Chellapandiyan	IC No.	S79849211
Main Contact	90815741	Secondary Contact	
Emergency Contact	90569835		
Emergency Contact Name	Kalai	Relationship to Hirer	Wife
Email	kalamithran83@gmail.com	Date of Birth	11 Mar 1979
Address	206 PETIR ROAD 08-585 SINGAPORE 670206		

VEHICLE'S DETAILS

Plate Number	SGN5242D				
Vehicle Make / Model	HONDA / CIVIC 1.6L VTI AUTO				
Mileage	181555 KM				
Fuel (Check-out)	E	1/4	1/2	3/4	F
Fuel (Check-in)	E	1/4	1/2	3/4	F



RENTAL DETAILS

Start Date Time	23 Oct 2019 16:30	Expected Return Time	23 Jan 2020 16:30
Rate	\$365.00 (Weekly)	Deposit	\$500.00
CDW Charge	N.A.		
Local Excess (1st Party)	\$2,500.00	Local Excess (3rd Party)	\$1,500.00
Malaysia Excess (1st Party)	N.A.	Malaysia Excess (3rd Party)	N.A.

Signature

REMARKS

Hirer (Car Out)

 Hirer (Car in)

Person In-Charge

TERMS & CONDITIONS

SUMMARY CHECKLIST

PAYMENT MATTERS

Full rental payments must be made by 12pm on Monday. For drivers starting a new lease. Refer to example below. Rental start day is Wed. On the following Monday, driver must make payment for Wed, Thur, Friday, Sat, Sunday.
 Hirers must send a screenshot of the Internet/ATM transfer via whatsapp for record purposes.