

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	05/02/2020 16:03
Date Of Accident	05/02/2020 14:05
Exact Location Of Accident	AYE TWDS CITY NEAR OUTRAM EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV4733J
Insured/Policyholder	
Name Of Registered Owner	H.L CAR RENTAL PTE LTD
Co Reg No	2XXXXX543E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86493435
Alternative Phone No	OFFICE-86493435
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	5109155610-000114
Cover Note Number	
Driver	
Name of Driver	LIM TOW GIM
NRIC No	SXXXX687Z
Date Of Birth	01/09/1952
Occupation	OUTDOOR
Date Of Driving Pass	27/10/1976
Driving Experience	43 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86493435
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 45 CIRCUIT RD #01-627
Postcode	370045
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 TRAVELLING ALONG AYE. WHEN SUDDENLY I FELT AN IMPACT AT MY REAR. CAR B HAS HIT THE REAR OF MY VEHICLE. I WISH TO STATE THAT I HAVE AN IN-CAR CAMERA.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	KIV, WITH INSURED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD59L
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)

DETAILS OF INJURED PERSON 1

Name LIM TOW GIM

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLV4733J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLV4733J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLANIMPORTANT NOTICE

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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 located 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.

THL 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 = SLV4733J
Car B = 68D59L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along AYE, when suddenly i felt at impact at my rear. Car B has hit the rear of my vehicle. I wish to state that i have an in-car camera.

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

Remarks: Please forward a copy of my cfile 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 your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

H.L. 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.: