

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	04/05/2020 12:54
Date Of Accident	02/05/2020 12:05
Exact Location Of Accident	BLK 351 CLEMENTI AVE 2 CARPARK GANRTY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX7151H
Insured/Policyholder	
Name Of Registered Owner	LAY AUTO LEASING PTE LTD
Co Reg No	2XXXXX521C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93874666
Alternative Phone No	OFFICE-93874666

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSNA00001672000
Cover Note Number	

Driver

Name of Driver	KWOK CHEE KHUEN
NRIC No	SXXXX767A
Date Of Birth	11/03/1969
Occupation	OUTDOOR
Date Of Driving Pass	23/06/2011
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97881729
Fax Number	
Contact Number	OFFICE-97881729
EEmail Address	NOEMAIL

Address	BLK 547D SEGAR ROAD #12-39
Postcode	674547
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	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?	
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - 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 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	XD7362D
Vehicle Make/Model/Colour	VOLVO
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LOW HWEE KIAT
NRIC/Passport Number	SXXXX265H
Contact Number	96957983
Address	
Postcode	

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

Accident 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:

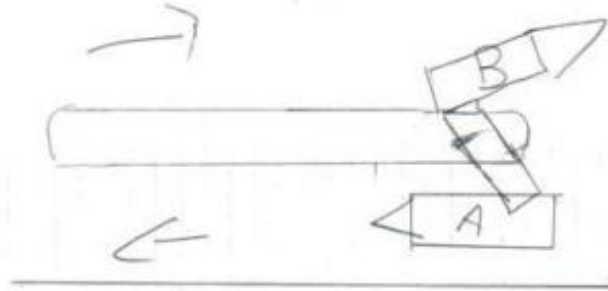
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

B1C-351 Clementi Ave 2 (Opposite Gantry)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was exiting the carpark, vehicle B on my right was entering the carpark, the rear right of vehicle B hit against the carpark machine and the carpark machine ~~falls~~ fell on my vehicle, causing damage to my vehicle.

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:

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

Rental Agreement



LAY AUTO LEASING PTE LTD

21 TOH GUAN ROAD EAST #01-16/17 TOH GUAN CENTRE S608609

TEL: 6462 5828 FAX: 6468 1179 UEN NO 201310521C

Return on 12/02/20, collection on 19/02/20.

Rental Agreement Number : LA06012002

This agreement is made on (Date) 06/01/20 between (Name) LAY AUTO LEASING PTE LTD (Registration No.) 201310521C a company incorporated in Singapore with its registered officer at 21 TOH GUAN ROAD EAST #01-16/17 TOH GUAN CENTRE S608609 (hereinafter called the "OWNER") which expression shall where the context so admits, include the successor(s) in title and Kwok Chee Khuen. after called the "HIRER") in respect of the hire of the motor vehicle ("THE VEHICLE") for the period ("THE PERIOD") at the rate of the hire rental ("THE RENTAL") set out in the schedule of this agreement ("THE SCHEDULE") and upon the terms and conditions stated hereunder.

SCHEDULE OF AGREEMENT

1. PARTICULARS OF THE VEHICLE

- a. Make/Model : Honda Shuttle hybrid.
- b. Registration Number : SLX7151H.
- c. Chassis Number :
- d. Engine Number : As per logbook.

2. COMMENCEMENT

- a. Effective Date : 06/01/2020.
- b. Expiry Date : 23/07/2020.

3. HIRE RENTAL

- a. Security Deposit : \$500/-
- b. Daily Hire Rates : \$70/-
- c. Additional Charges : NIL.

4. DRIVERS

1st Driver

- Name : Kwok Chee Khuen.
- D.O.B : 11/3/1969
- License No. : S 6908767A
- Contact No. : 9788 1729.

SIGNATORY OF HIRER :

KENT.



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

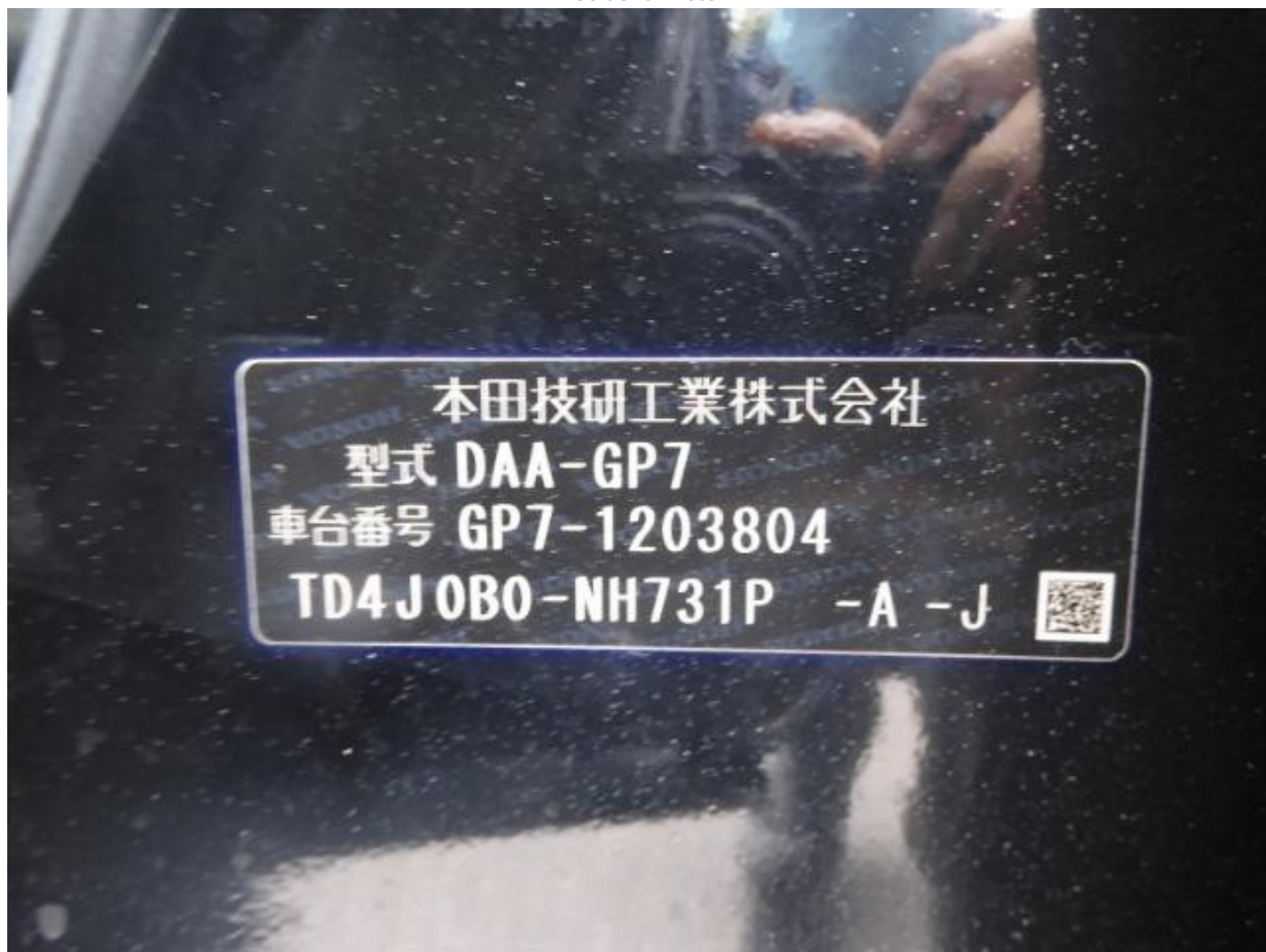


Accident Photo



Accident Photo





Accident Photo

