MKKH15087311 / K Kim Hin Auto Pte Ltd - HQ
ENTRY DATE & TIME: 29/07/2015 17:16

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 witholding of material facts may allow insurance companies to repudiate policy ability
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 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	29/07/2015 17:16
Date Of Accident	28/07/2015 12:30
Exact Location Of Accident	ALONG HILL STREET
Country/State of Loss	Singapore
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YL293L
Insured/Policyholder	
Name Of Registered Owner	SC CAR RENTAL PTE LTD
Co Reg No	201323288W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-64527684
Vehicle Particulars	
Manufacturer	ISUZU
Model	NPR71L-4.6 D (M)
Exact Purpose for which vehicle was being used at time of accident	
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	Commercial Vehicle
Insurance Company	
Name of Insurance Company	QBE Insurance (International) Ltd
Type Of Coverage	Third Party
Fleet Policy	No
Policy Number	8-V0007063-MVA
Cover Note Number	
Driver	
Name of Driver	RAHMAT BIN TALIB
NRIC No	S1761577G
Date Of Birth	12/05/1966
Occupation	Outdoor
Date Of Driving Pass	09/05/2012
Driving Experience	3 Years And 2 Months
Gender	Male
Mobile Number	(Local) +65-81222957
Fax Number	
Contact Number	

Address	BLK 403 WOODLANDS STREET 41 #02-104
Postcode	730403
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - RENTAL
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 (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	2

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

PLEASE REFER TO SKETCH PLAN.

Are accident photos available for attachment?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1522T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

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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.
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.

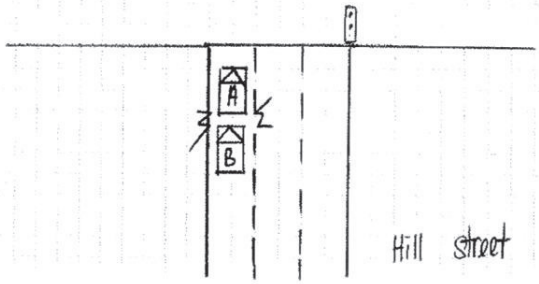
(collectively the "**Purposes**")

(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.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	09/7 @ 3:38pm	

Sketch Plan



A: YL 293 L

B: SHC 1522 T

Sketch Plan Pg.2

Describe Circumstances of the Accident

I WAS AT HILL STREET AND STATIONARY AT TRAFFIC LIGHT AS IT WAS RED.

WHEN TRAFFIC LIGHT TURNED GREEN BEFORE I COULD MOVE OFF, VEHICLE B HIT MY REAR PORTION.

Declaration

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

29/7 @3:38pm

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	201323288W

Vehicle Details

Vehicle No.:	YL293L
Vehicle to be Exported:	Yes
Intended De-registration Date:	29 Jul 2015
Vehicle Make:	ISUZU
Vehicle Model:	NPR71LU5GS
Primary Colour:	Silver
Manufacturing Year:	2001
Engine No.:	4HG1819573
Chassis No.:	NPR71L7427792
Maximum Power Output:	-
Open Market Value:	$26,629.00
Original Registration Date:	20 Sep 2001
First Registration Date:	20 Sep 2001
Transfer Count:	3
Actual ARF Paid:	$1,332.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00

Intended COE Rebate Details

COE Expiry Date:	31 Jul 2021
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	$26,177.00
COE Rebate Amount:	$15,720.00
Total Rebate Amount:	**$15,720.00**

The information contained herein is correct as at 29 Jul 2015

OK

Land Transport Authority

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