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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	27/07/2020 11:29
Date Of Accident	25/07/2020 14:20
Exact Location Of Accident	LOR 23 GEYLANG TWDS KEMBANGAN
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGP2593A
Insured/Policyholder	
Name Of Registered Owner	ASIA EXPRESS CAR RENTAL PTE LTD
Co Reg No	2XXXXX882D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91998131
Alternative Phone No	OFFICE-91998131
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 CVT
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMHCSNA00001902000

· Oncy	144111	501
Cover	Note	Number

Driver

Name of Driver SOH SAI MING (SU CAIMING)

NRIC No SXXXX082C
Date Of Birth 04/12/1978
Occupation OUTDOOR
Date Of Driving Pass 18/01/2008

Driving Experience 12 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87766003

Fax Number

Contact Number OFFICE-87766003

EMail Address NOEMAIL

BLK 548 BEDOK NORTH AVENUE 1 Address

#11-412

Postcode 460548

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

CHAIN COLLISION Type Of Accident

Weather Conditions **RAINING** Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

3

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

NO

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMJ8806H Vehicle Make/Model/Colour **LEXUS**

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver RAMNEET SINGH S/O JASBIR SINGH

TXXXX806C NRIC/Passport Number **Contact Number** 91830006

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBG7600L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

Accident Sketch Plan

SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
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- 7. By the lodgment 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)
 - (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
- (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
- 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.
- 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: 25107(76 3 13pm Driver's Signature

(If driver is not the policyholder)

Date & Time: 3518 342

3 23 pm

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

Accident Sketch Plan

	->	
		A SGP2593A
		B 3MT 88 06H
	->	6 68626401
		Geyland Larung 23
SCRIBE CIRCUMSTAN	ICES OF THE ACCIDENT	1)
	uly, while along road (Gey	long Road) time about
1420 HRS,	my rav (SEP 2593A) in 120	of ned light stopped,
on hit by		from behind while at rest.
	(SAP 2593A) Intum becau	
Vehicle U	(GBG 7600C) at the ra	av -
/ 0.		
London A. Control Physics	particulars are true in every respect.	
le declare the foregoing	particulars are true in every respect.	
le declare the foregoing	Nulfa	Reporting Centre Personnel's Signature
le declare the foregoing	particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Persopeel's Signature Name: NRIC/FIN No.:

















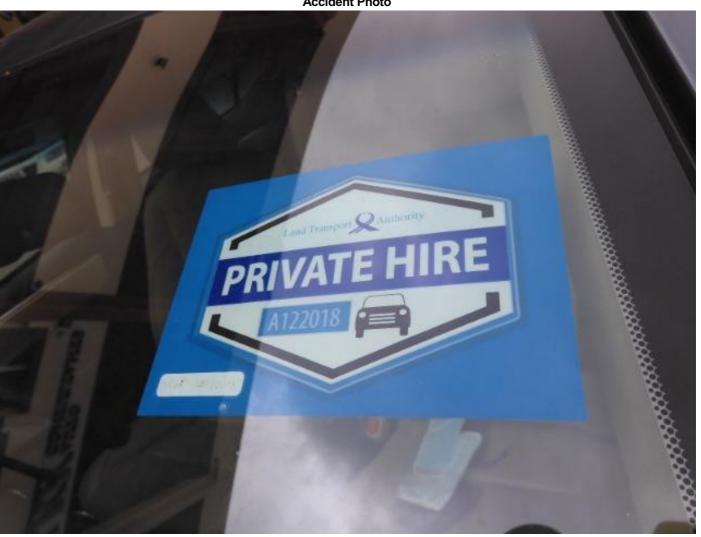


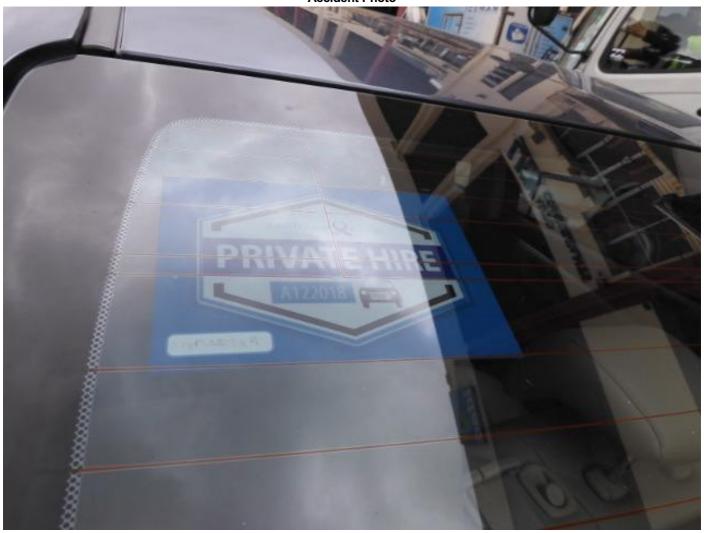
















Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MNA120062925 ____Vehicle Registration No: SGP2593A Name(as shownin NRIC) : ASIA EXPRESS CAR RENTAL PTE LTD ___NRIC/FIN/Passport No : 2XXXXX882D (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Singapore(Address _Mobile No.: 91998131 Contact (Tel) Email Address : 25/07/2020 Time of Accident: 14:20 Date of Accident Place of Accident : LOR 23 GEYLANG TWDS KEMBANGAN Insurance Company: China Taiping Insurance (Singapore) Pte. Ltd. (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Amend relationship with owner & driver - hirer

CALLEY STREET, 13

Date:

Policyholder / Driver's Signature

Reporting Centre Personnel's Signature

Name:

NRIC/FINNo.: Date: