

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	03/08/2020 17:29
Date Of Accident	03/08/2020 10:40
Exact Location Of Accident	JUNC OF JALAN BESAR & ROCHOR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT9816E
Insured/Policyholder	
Name Of Registered Owner	ACE CAR RENTAL PTE LTD
Co Reg No	2XXXXX192Z
Email Address	ACECARRENTAL61@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81838063
Alternative Phone No	OFFICE-81838063

Vehicle Particulars

Manufacturer	HYUNDAI
Model	FD I30 CW 1.6 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRER USE
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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	VFX/P2370778
Cover Note Number	

Driver

Name of Driver	MAR SEE MUM
NRIC No	SXXXX881A
Date Of Birth	24/09/1979
Occupation	OUTDOOR
Date Of Driving Pass	24/09/2008
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81838063
Fax Number	
Contact Number	
Email Address	ACECARRENTAL61@GMAIL.COM

Address	APT BLK 110 COMMONWEALTH CRESCENT #09-272
Postcode	140110
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 - CROSS JUNCTION
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?	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)	1

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 ATTACHED

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	SML5139J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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) 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.



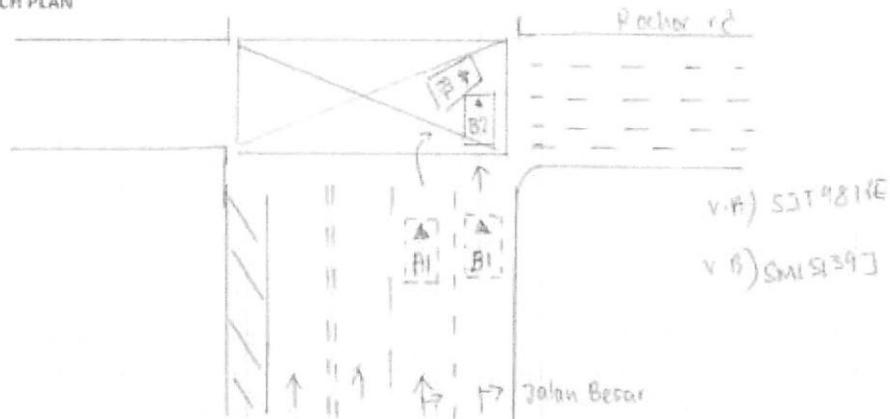
Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name
NUIC/ID No.

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle "A" S3T9816E was travelling

on the stated venue I was travelling straight in my lane and traffic

was green in my favour hence I've turned on my right signal and

proceed to turn right upon reaching the junction I made my right turn.

however vehicle "B" did not turn, instead he went straight ahead and collided

against my vehicle rear right portion. After the collision we stopped our vehicle

along the roadside vehicle "B" driver got out of his vehicle and apologises to me.

He is aware that the lane he was travelling on can only turn right however

he was not paying attention and went straight ahead instead.

DECLARATION

I/We declare that the above 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/ID No.



SINGAPORE POLICE FORCE



T/20200804/2001

1 of 3

Report No. T/20200804/2001

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
04/08/2020 00:09

Vide Report No.:

Station Diary No.:
1

Informant's Particulars

Name of Informant: MAR SEE MUM		Address: APT BLK 110 COMMONWEALTH CRESCENT #09-272 SINGAPORE 140110	
ID Type / ID No.: NRIC NO / S7963881A		Contact No.: Home/Office: Mobile: 81838063	
Nationality: MALAYSIAN		Email:	
Sex: Female	Age: 40	Date of Birth: 24/09/1979	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Physiotherapist		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/08/2020 10:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 JALAN BESAR ROCHOR CANAL ROAD At the junction from Jalan Besar turning into Rochor Canal Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJT9816E	Car	HYUNDAI	i30	Silver		0
SML5139J	Car	HYUNDAI	Avante	White		0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

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Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20200804/2001

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Report No. T/20200804/2001

CONTINUATION OF REPORT

Driver Name	MAR SEE MUM	ID No.	S7963881A
Related Vehicle	SJT9816E (Car)	Contact No.	81838063
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	03/08/2020	Date Discharge	03/08/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver Name	CHIN	ID No.	NIL
Related Vehicle	SML5139J (Car)	Contact No.	92352486
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 03/08/2020 at about 1040hrs, I was driving my silver Hyundai i30 car with the registration plate number, SJT9816E at along Jalan Besar towards Rochor Canal Road. I was on the 2nd lane and signaled to my right as I was intending to turn right into Rochor Canal Road. When I was at the junction and was turning into Rochor Canal Road, I noticed that there was another white Hyundai Avante with the registration plate number, SML5139J. The moment I saw the car, I tried to avoid the car but still the car ended up hitting onto the right side of my car.

After the accident happened, both of us parked our cars at the side of the road. We then checked on the damages and exchange particulars with the other driver.

I then consulted with the doctor as I felt some pain on my neck and was then referred to Alexandra Hospital. I was then given 3 days of MC for the injury that I had sustained.



**SINGAPORE
POLICE FORCE**



T/20200804/2001

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Report No. T/20200804/2001

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sgt 3 JASMI BIN JUMA'AT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

04/08/2020 00:09

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SN 37

SIGNATURE