

## 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	27/08/2020 16:14
Date Of Accident	15/08/2020 15:15
Exact Location Of Accident	YISHUN AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ9350L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CAR CREW PTE LTD
Co Reg No	2XXXXX793R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT M-HYBRID 1.2RS 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?	YES
If No, Please state action to be taken	
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	5111902718-01
Cover Note Number	

### Driver

Name of Driver	KESAVARAJ S/O RAJOO SUNTHAR
NRIC No	SXXXX433D
Date Of Birth	29/12/1985
Occupation	OUTDOOR
Date Of Driving Pass	19/11/2015
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98984125
Fax Number	
Contact Number	OFFICE-98984125
Email Address	NOEMAIL

Address	BLK 220 YISHUN STREET 21 #07-419
Postcode	760220
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS DIVISION HQ
Police Station Address	<b>ROAD:</b> 1 WOODLANDS STREET 12 , <b>POSTCODE:</b> 738622 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - L/20200822/7021.

#### 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	SKV9852C
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHD TAUFIQ BIN SARKWAN
NRIC/Passport Number	SXXXX162D
Contact Number	96719114
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

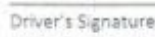
1. Please report **correctly** the details of the accident to speed up the claims process.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The 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 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:  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN

unaware of the accident happen

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to attach Police report.

### 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.:

# Police Report



**SINGAPORE  
POLICE FORCE**



L/20200822/7021

1 of 2

## POLICE REPORT (NP299)

Report No. L/20200822/7021

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 22/08/2020 15:42	Vide Report No.	Station Diary No.
Name Of Informant GOH BING HENG BRENDAN	Address 554 HOUGANG STREET 51 #06-310 SINGAPORE 530554	
ID Type / ID No. NRIC NO / S9811570F	Contact No. Home/Office:	Mobile: 91389376
Nationality SINGAPORE CITIZEN	Email Address brendaninophotography@gmail.com	
Occupation Communications Team	Sex Male	Age 22
Institution/School Name	Date of Birth 06/04/1998	Race Chinese
Date/Time Of Incident 15/08/2020 15:15 - 22/08/2020 03:40	Location Of Incident YISHUN AVENUE 1	

### Brief details.

I, GOH BING HENG BRENDAN, NRIC No. S9811570F, am reporting this incident on behalf of CAR CREW PTE LTD, with Unique Entity Number: 201523793R. On 21st August 2020, we have received a police report, Report No.: T/20200815/7041, indicating that one of the vehicles in the company rental fleet, SMQ9350L, was involved in a traffic accident on 15th August 2020. The vehicle is being rented to hirer, KESAVARAJ S/O RAJOO SUNTHAR, NRIC NO.: S8540433D since 14th April 2020. The police report which we had received was filed by MUHAMMAD TAUFIQ BIN SARKWAN, NRIC No. S8324162D, the driver of the other vehicle who was involved in the accident.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/08/2020 15:42
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



## Police Report



**SINGAPORE  
POLICE FORCE**



L/20200822/7021

2 of 2

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. L/20200822/7021

We, CAR CREW PTE LTD, are unaware of this incident until we received the police report on 21st August 2020. Most importantly, we are unsure if hirer of SMQ9350L, KESAVARAJ S/O RAJOO SUNTHAR, had made a police report for this traffic accident. KESAVARAJ S/O RAJOO SUNTHAR, has gone fully uncontactable since 15th August 2020, 1508HRS. Also, he has an outstanding rental payment of \$6010 excluding late payment fees during the period of his rental. He has been informed to return the car since May 2020 but has failed to return the car on time, citing different reasons and excuses. He has a total of 9 outstanding fines issued by HDB and 3 outstanding fines issued by LTA, amounting to a total of \$888.

After receiving the police report, we have repossessed the vehicle SMQ9350L on 21st August 2020 1529HRS at Yishun Street 21. I have attached the vehicle repossession document for reference. The vehicle can be seen to be badly damage. Also, I have attached the vehicle lease agreement and hirer particulars for reference.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/08/2020 15:42
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo





Accident Photo



Accident Photo



Accident Photo



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**Accident Photo**





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## 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: S665500200 / GST Reg. No.: M400017735

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

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : \_\_\_\_\_ Vehicle Registration No: SMQ 9350L  
Name (as shown in NRIC) : CAR CREW PTE LTD NRIC/FIN/Passport No : 201523793R  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 3 Ang Mo Kio St 62 Link @ Amk #01-281A Singapore (569139)  
Contact (Tel) : 62567558 Mobile No. : 62567558  
Email Address : \_\_\_\_\_  
Date of Accident : 15/08/2020 Time of Accident : 15:15  
Place of Accident : Yishun Ave 1  
Insurance Company : NTUC

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I wish to claim OD for SMQ9350L:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date: 28/08/2020



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