

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	29/09/2020 14:27
Date Of Accident	26/09/2020 18:00
Exact Location Of Accident	MARSILING DRIVE TOWARDS ADMIRALTY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS728E
Insured/Policyholder	
Name Of Registered Owner	AUTO IMPERIAL CARS PTE. LTD
Co Reg No	2XXXXX106W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81223199
Alternative Phone No	OFFICE-81223199

Vehicle Particulars

Manufacturer	HONDA
Model	FREED HYBRID 7-SEATER 1.5G AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD20V01936/VPZ/R00
Cover Note Number	

Driver

Name of Driver	WONG SOON TUCK (HUANG SHUNDE)
NRIC No	SXXXX040C
Date Of Birth	18/10/1976
Occupation	OUTDOOR
Date Of Driving Pass	22/04/1999
Driving Experience	21 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81223199
Fax Number	
Contact Number	OTHERS-81223199
Email Address	NOEMAIL

Address	BLK 250 YISHUN AVENUE 9 #02-211 YISHUN SUNSHINE
Postcode	760250
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 - MAJOR/MINOR RD
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)	3
Passenger 1	NAME: : PASSANGER GENDER: : FEMALE
Passenger 2	NAME: : PASSANGER 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

PLEASE REFER TO SKETCH PLAN

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	SHC538E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

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

Accident Sketch Plan

SKETCH PLAN

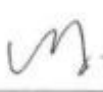
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

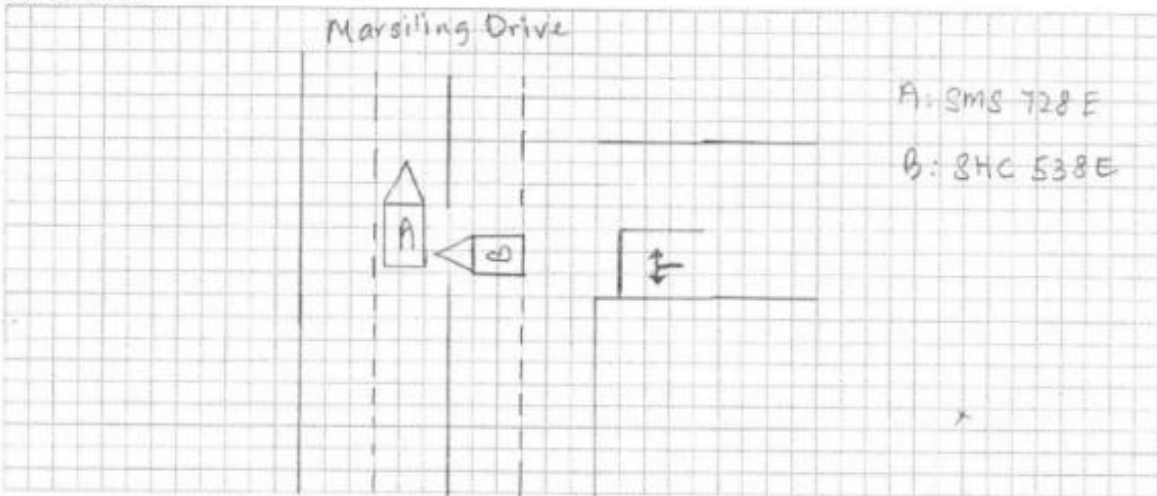

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26th September 2020, at about 18:00hrs, I was travelling along Marsiling Drive towards Admiralty Road. I was driving on the right lane of 2 lanes. Out of a sudden, I felt an impact from my right. I alighted and realised a taxi bearing SHC 538 E had dashed out from the carpark and collided onto my vehicle. 2 grab passengers were in my vehicle too. I do not ^{have} my passengers details.

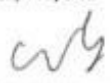
DECLARATION

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

x 

Policyholder's Signature
Date & Time:





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

 29/09/2020
Name: 
NRIC/FIN No.:

RENTAL AGREEMENT

Auto Imperial Cars Pte Ltd

219 Henderson Road, #11-04 Henderson Industrial Park, Singapore 159556

Phone Number: 6250 2345

Singapore UEN No.: 201703106W

RENTAL AGREEMENT NO.: 2020/02/10A

DATE: 10 February 2020

Schedule

This is a rental Agreement made between us, **AUTO IMPERIAL CARS PTE LTD** (Singapore UEN No.: 201703106W) (hereinafter referred to as "**AIC**") which shall include its successors-in-title and assigns), identified as the Lessor and having our registered address at 219 Henderson Road, #11-04 Henderson Industrial Park, Singapore 159556 **AND YOU**, the person(s) identified as the hirer below (hereinafter referred to as "**You**" or the "**Hirer**" which shall include your successors-in-title and assigns):-

Hirer Details

Your Name (In Full)	WONG SOON TUCK (HUANG SHUNDE)	
NRIC / Passport / UEN Number	S7632040C	
Date of Birth	18 OCTOBER 1976	
Address	APT BLK 250 YISHUN AVENUE 9 #02-211 S760250	
E-mail Address		
Contact Number	81223199	
Occupation		
Name Of Authorised Drivers	1)	2)
Date of Birth of Drivers		
NRIC / Passport No. of Drivers		
Addresses of Drivers		
E-mail Addresses of Drivers		
Contact Number of Drivers		
Driving License Issue Date	02 APRIL 2003	

Vehicle Details

Make	HONDA
Model	FREED HYBRID 1.5G AUTO
Colour	GREY
VIN	GB71080085
Registration Number	SMS728E
Registration Date	10 FEBRUARY 2020



RENTAL AGREEMENT

Auto Imperial Cars Pte Ltd

219 Henderson Road, #11-04 Henderson Industrial Park, Singapore 159556

Phone Number: 6250 2345

Singapore UEN No.: 201703106W

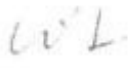
Rental Details


Rental Charges	SS490.00 per week	
Security Deposit	SS 500.00	Paid via cash / cheque / transfer to Account: UOB Bank Account 451-306-502-1
Rental Duration	24 Months	
Period	From: 10 FEBRUARY 2020	To: 09 FEBRUARY 2022
Early Rental Termination Fee	3% of the Balance Rental Sum	
Fees for loss of Vehicle Key Fob	SS800.00	
Repossession Fee	SS500.00	
Petrol tank top up charge	SS150.00	Petrol Tank Level at collection is one quarter.
Rental Payment Schedule	On the Tuesday of every week	
Mode of Payment	Via Bank Transfer	UOB Bank Account 451-306-502-1
Default Interest Rate	2.5% per month	

The Agreement herein comprises the Schedule above and the Terms and Conditions annexed hereto (collectively referred to as the "Agreement"). You confirm that You have read, understood and agreed to the terms of this Agreement. IN WITNESS whereof the Parties hereto have set their hands that day and the year first above written.


Signed by You

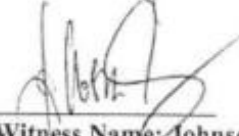
Signed by Auto Imperial Cars Pte Ltd


Name: WONG SOON TUCK
NRIC No.: S7632040C
Company Stamp (if applicable):


Name: James Lim
Designation: Manager
Company Stamp:




Witness Name: Johnson Chong
Designation:


Witness Name: Johnson Chong
Designation:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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