

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 | 01/10/2020 12:14 |
| Date Of Accident | 28/06/2020 23:10 |
| Exact Location Of Accident | ALONG TAMPINES ST 34 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SLD980H |
| Insured/Policyholder | |
| Name Of Registered Owner | HAMSTER CAR RENTAL PTE LTD |
| Co Reg No | 2XXXXX175G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-86089645 |
| Alternative Phone No | OFFICE-86089645 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | HONDA |
| Model | VEZEL |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | PRIVATE HIRE |

Insurance Company

| | |
|---------------------------|---|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMHCSNA00004132000 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | NEO TECK THENG CLEMENT |
| NRIC No | SXXXX939D |
| Date Of Birth | 05/11/1980 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 07/08/2008 |
| Driving Experience | 11 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-99999999 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 470A FERNVALE LINK #20-410 |
| Postcode | 791470 |
| 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 | SIDE SWIPE |
| Weather Conditions | UNKNOWN |
| Road Surface | UNKNOWN |

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? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | GEYLANG NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 1 CASSIA LINK , POSTCODE: 397618 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: G/20200915/2072

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 | SJN1314X |
| 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)

Accident 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.

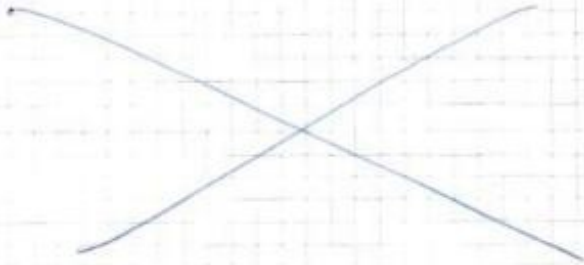
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report No : G/20200915/2072

DECLARATION

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

2

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



G/20200915/2072

1 of 2

POLICE REPORT (NP299)

Report No. G/20200915/2072

Police Station Of Origin
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

| | | | | |
|---|---|-----------|-----------------------------|-----------------|
| Date/Time Report Made 15/09/2020 15:37 | Vide Report No. | | Station Diary No. 56 | |
| Name Of Informant YAP YONG LIANG, EUGENE | Address APT BLK 469B SENGKANG WEST WAY #05-618 SINGAPORE 792469 | | | |
| ID Type / ID No. NRIC NO / S9022140Z | Contact No. Home/Office 86089649 | | Mobile | |
| Nationality SINGAPORE CITIZEN | Email Address | | | |
| Occupation Car Rental Company Manager | Sex Male | Age 30 | Date of Birth 27/06/1990 | Race Chinese |
| Institution/School Name | Language | | | |
| Date/Time Of Incident 28/06/2020 00:00 | Location Of Incident 8 BURN ROAD TRIVEX SINGAPORE 369977 | | | |

Brief details.

I am a manager at Autobahn Rent A Car Pte Ltd.

One of my clients, Mr Neo rented a Honda Vezel from our company from 21/05/2020 to 01/07/2020.
On 16 July 2020, my company received a letter from China Taiping Insurance Company informing us that the owner of a third party vehicle has submitted a claim against my company for an accident.

Policy Number: DMHCSNA00004132000

Signature Of Officer Recording The Report:

G / Sgt 2 Maryam Norazmi

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

G / Bedok Police Divisional Investigation Branch /
Insp SU JING TIAN ISABELLA
Contact No.:

Signature Of Informant:

Date/Time:
15/09/2020 15:37

Classification Of Case:

Authentication Stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



G/20200915/2072

1 of 2

POLICE REPORT (NP299)

Report No. G/20200915/2072

Police Station Of Origin
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486889

| | | | | |
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| ID Type / ID No. NRIC NO / S9022140Z | Contact No. Home/Office 86089649 | Mobile | | |
| Nationality SINGAPORE CITIZEN | Email Address | | | |
| Occupation Car Rental Company Manager | Sex Male | Age 30 | Date of Birth 27/06/1990 | Race Chinese |
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G / Sgt 2 Maryam Norazmi

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp SU JING TIAN ISABELLA
Contact No.

Authentication Stamp



Signature Of Informant:

Date/Time:
15/09/2020 15:37

Classification Of Case

HAMSTER CAR RENTAL PTE LTD

8 BURN RD #05-13 TRIVEX SINGAPORE 369977

Dear Sir/madam

I am doing a accident report , car plate SLD980H on the behalf of this customer NEO TECK
THENG CLEMENT BLK 470A FERNVALE LINK #20-410 S791470, contact number
82288717as the driver is uncontactable.

Best regards,
EUGENE YAP
AUTOBAHN RENT A CAR PTE LTD
SALES SUPERVISOR

