

## 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	15/10/2020 17:22
Date Of Accident	14/10/2020 18:20
Exact Location Of Accident	ALONG BISHAN PLACE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME5850A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ACE FLEET MANAGEMENT PTE LTD
Co Reg No	2XXXXX914N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92323494
Alternative Phone No	OFFICE-92323494

### Vehicle Particulars

Manufacturer	HONDA
Model	FREED
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999993781
Cover Note Number	

### Driver

Name of Driver	LEE SONG EE
NRIC No	SXXXX638Z
Date Of Birth	12/03/1955
Occupation	OUTDOOR
Date Of Driving Pass	29/06/1977
Driving Experience	43 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92323494
Fax Number	
Contact Number	OTHERS-92323494
EEmail Address	NOEMAIL

Address	BLK 88 COMMONWEALTH CLOSE #02-11
Postcode	0314
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 - HEAD TO REAR
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

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	SMN1417Y
Vehicle Make/Model/Colour	HONDA VEZEL
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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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:

15/10/2020  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

Bishan P1

Vehicle A: SME5850A  
Vehicle B: SMN1417Y

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A (SME5850A) was travelling along the stated location. As vehicle in front of me slow down and came to a stop, I followed suit. Suddenly, I felt an impact from the rear portion of my vehicle. I realised vehicle B (SMN1417Y) collided onto the rear portion of my vehicle causing damages.

## 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.:

# RENTAL AGREEMENT

## ACE FLEET MANAGEMENT PTE LTD

237 ALEXANDRA ROAD #02-03 THE ALEXCIER SINGAPORE(159929)

### Replacement of New Contract/Agreement

Kindly fill up all of the details below

CAR MODEL: FREED HYBRID 1.5L MITO CARPLATE: SUGS85DA

MAIN HIRER NAME: Lee Song Bee	
NRIC/PASSPORT NO.: S11046382	D.O.B: 12/03/1955
NEXT OF KINS:	TEL:
ADDRESS: 88 COMMONWEALTH CLOSE #02-11 S(0314)	
CONTACT NO.: 98755590	
RENTAL DEPOSIT: \$500	
DATE OF COMMENCE: 08/10/2020	
RELIEF DRIVER: LEE ENGLAH	TEL: 87421403
ADDRESS:	
RENTAL PER DAY: 107 COMMONWEALTH CRESCENT #06-222 S(14017) \$448 weekly	
EMAIL ADDRESS:	
CONTRACT VAILITY: 6 weeks	
1) INSURANCE 1 <sup>st</sup> PARTY EXCESS 2000 2) INSURANCE 3 <sup>rd</sup> PARTY EXCESS 2000 3) INSURANCE EXCESS FOR OVERSEA WILL BE DOUBLED 4) INSURANCE EXCESS FOR DRIVING LICENCE LESS THEN 2 YEAR AND BELOW 24 YEAR OLD AND OLDER THEN 65 YEAR OLD WILL BE DOUBLED 5) WINDSCREEN EXCESS 214	

Left Side



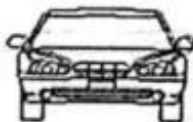
Right Side



Back



Front



Top

D=DENT S=SCRATCHES C=CHIPS R=RUST M=MISSING

REMARKS:



*[Handwritten signature]*

Hirer's Signature

*[Handwritten signature]*

### GENERAL DEFINITIONS

Accident Photo

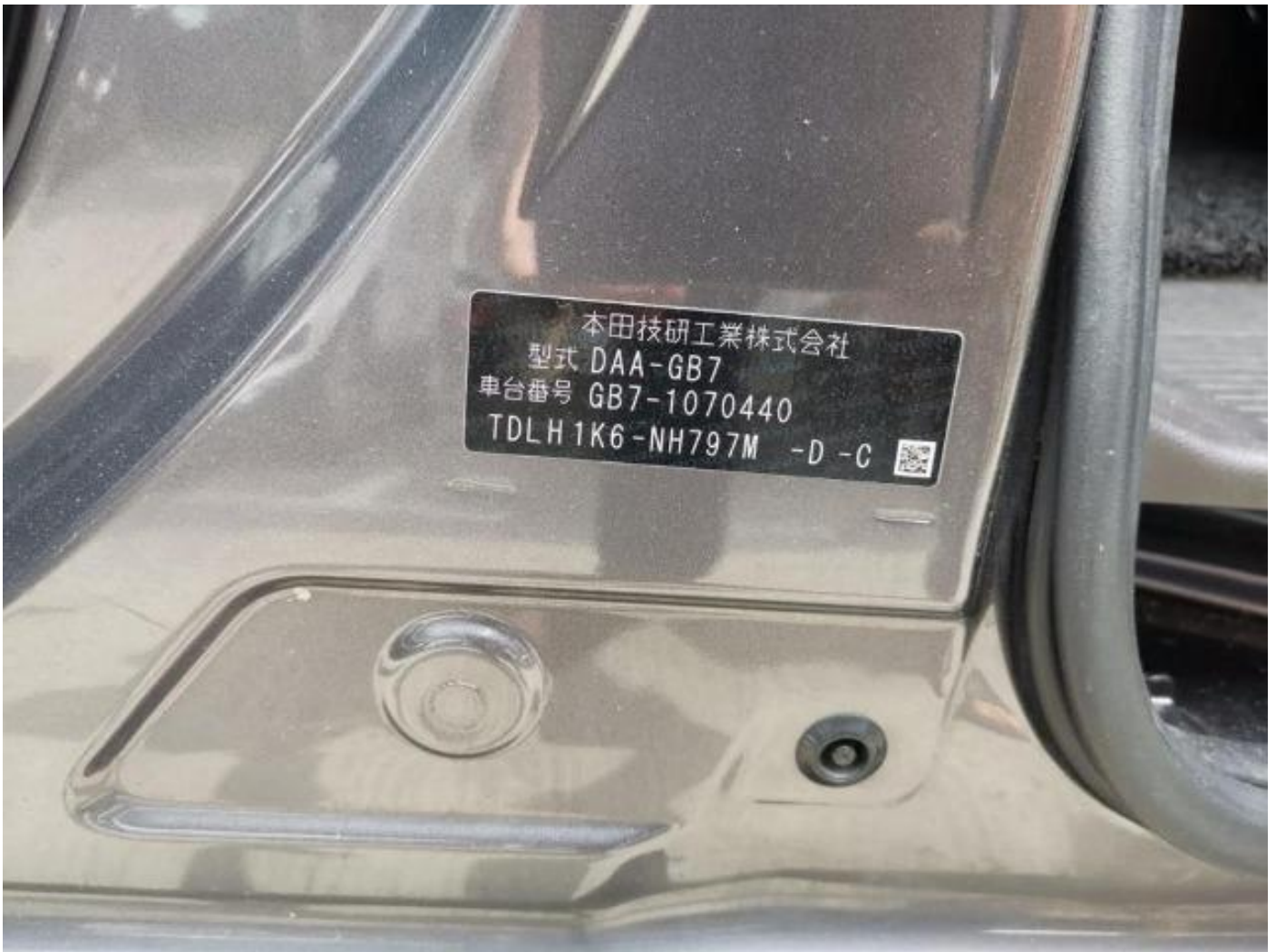




Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

