

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 Submission	04/12/2020 18:04 (SGT)
Date of Accident	01/12/2020 15:50 (SGT)
Exact Location of Accident	Toa Payoh Central, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK4219D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FILTEC PRIVATE LIMITED
Company Reg No	1XXXXX184W
Email Address	yellowriver2323@gmail.com
Mobile Phone No	(Phone) +65-64837535
Alternative Phone No	+--

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070111433
Cover Note Number	-

DRIVER

Name of Driver	ONG TOON KWONG
NRIC No	SXXXX547Z
Date Of Birth	30/08/1966
Occupation	Outdoor

Date Of Driving Pass	14/04/2005
Driving experience	15 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87371472
Alt. Phone Number	-
Email Address	yellowriver2323@gmail.com
Address	BLK 64 LORONG 5 TOA PAYOH
Address complement	#08-354
Postcode	310064
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

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	SMM1337A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.

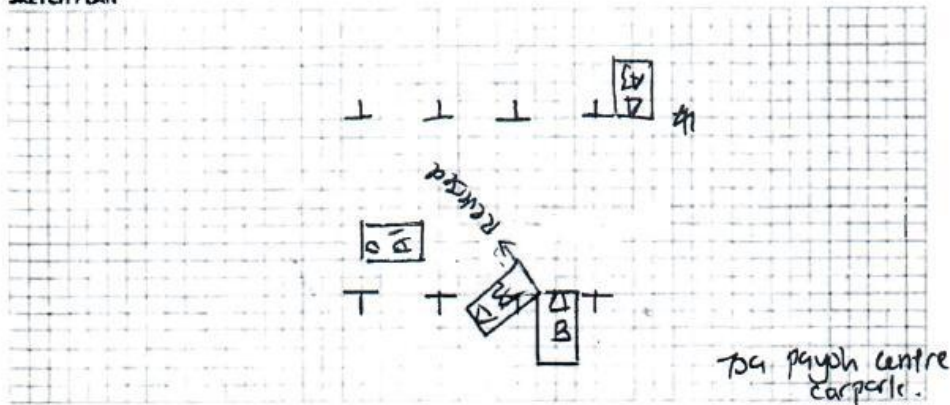
Policyholder's Signature
Date & Time

FILTEC PTE LTD
Signature
(If driver is not the policyholder)
Date & Time

Signature

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I reversed my vehicle onto carpark lot, and accidentally hit onto front left portion of vehicle B.

DECLARATION

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

X

Policyholder's Signature
Date & Time



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

[Signature]

Reporting Centre Person's Signature
Name
NRIC/ID No.

[Signature]



















MUTUAL SETTLEMENT FORM**(Private settlement between parties involved in motor accidents)**

When involved into a motor accident, you can choose to enter into a private settlement with the **OWNER** of the other car if there are;

- No personal injuries or death of motorist and/or pedestrians
- Damage are minor
- No involvement in chain collisions

Under this private settlement, both parties agree to settle the matter amicably without suing each other.

It is a legally binding agreement.

1: Details of the Accident:

Date:	1/12/20
Time:	4.00PM
Location:	Toa Payoh Hub

2: Details of the Vehicles/Person:


	Party A	Party B
Registration Number	SMM 1337 A	GBK 4219 D
Name of Driver	-	-
NRIC Number	-	SXXXX547Z
Name of Owner (from log card)	L H Car Rental Pte Ltd	Ong Toon Kwong
UEN Number	200009761N	-

3: There are no personal injuries to the undersigned parties

4: The parties hereby agree to settle the matter amicably as follows:

Without any admission of liability,

Party B (owner paying compensation) will pay \$1300, **Party B** (owner receiving compensation) hereby acknowledges receipt thereof in full & final settlement of all damage & cost incurred and / or to be incurred as a result of the accident.

	Party A	Party B
Signature	L.H CAR RENTAL PTE LTD	
Name	L H Car Rental Pte Ltd	Ong Toon Kwong
NRIC	200009761N	SXXXX547Z
Contact No.	64817221	87371472

LETTER OF AUTHORISATION

Vehicle Owner's Particulars

Name (as per NRIC/Passport):	NEO Chinheng
Contact Number:	64837535
Email Address:	dir.fpl@soonaiik.com
Vehicle Number:	6BK 4219D

Company's Details (if applicable)

Name:	Filtec Pte Ltd
Registration Number	199905184W



Co-Driver's Particulars

Name (as per NRIC/Passport):	Ong Toon Kwong
Contact Number:	8737 1472

I authorize Ong Toon Kwong (Co-Driver Name), to drive the
aforementioned vehicle.

Thank you.

Yours sincerely,

(Vehicle Owner's Name & Signature)