

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 23/12/2020 17:46 (SGT)
Date of Accident 21/12/2020 11:50 (SGT)
Exact Location of Accident 150 Yishun Street 11, Singapore 760150
Additional Location Information CARPARK LOT 339
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCE6900B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ECHAN STUDIO
Company Reg No 5XXXX454D
Email Address bryanbeng24@gmail.com
Mobile Phone No (Phone) +65-93883383
Alternative Phone No +65-88942265

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Lancer
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage ThirdParty
Fleet Policy No
Policy Number DMHCSNW00005292001
Cover Note Number -

DRIVER

Name of Driver NG LIN MING
NRIC No SXXXX101Z
Date Of Birth 10/09/1988
Occupation Outdoor

Date Of Driving Pass	03/11/2017
Driving experience	3 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-88942265
Alt. Phone Number	-
Email Address	bryanbeng24@gmail.com
Address	BLK 150 YISHUN STREET 11
Address complement	#07-04
Postcode	760150
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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

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	PC7051B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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.

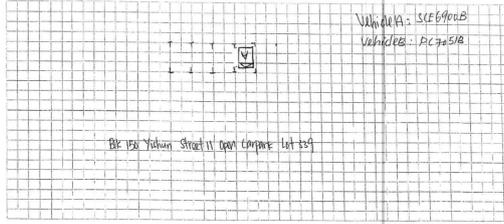


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/IN No: [Signature]

SKETCH PLAN



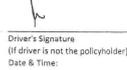
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 21/12/2020 @ 2330hrs, I, vehicle A (SE6900B) was parked at the car park lot 329 at the stated location. On 21/12/2020 about 1300hrs, I went down to my vehicle and discovered there is a note left on my windscreen. I then realised that vehicle B (PC7051B) collided onto my front portion of my vehicle causing damages.

DECLARATION

I/We declare that 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 Person's Signature
Name:
NRIC/FIN No.:



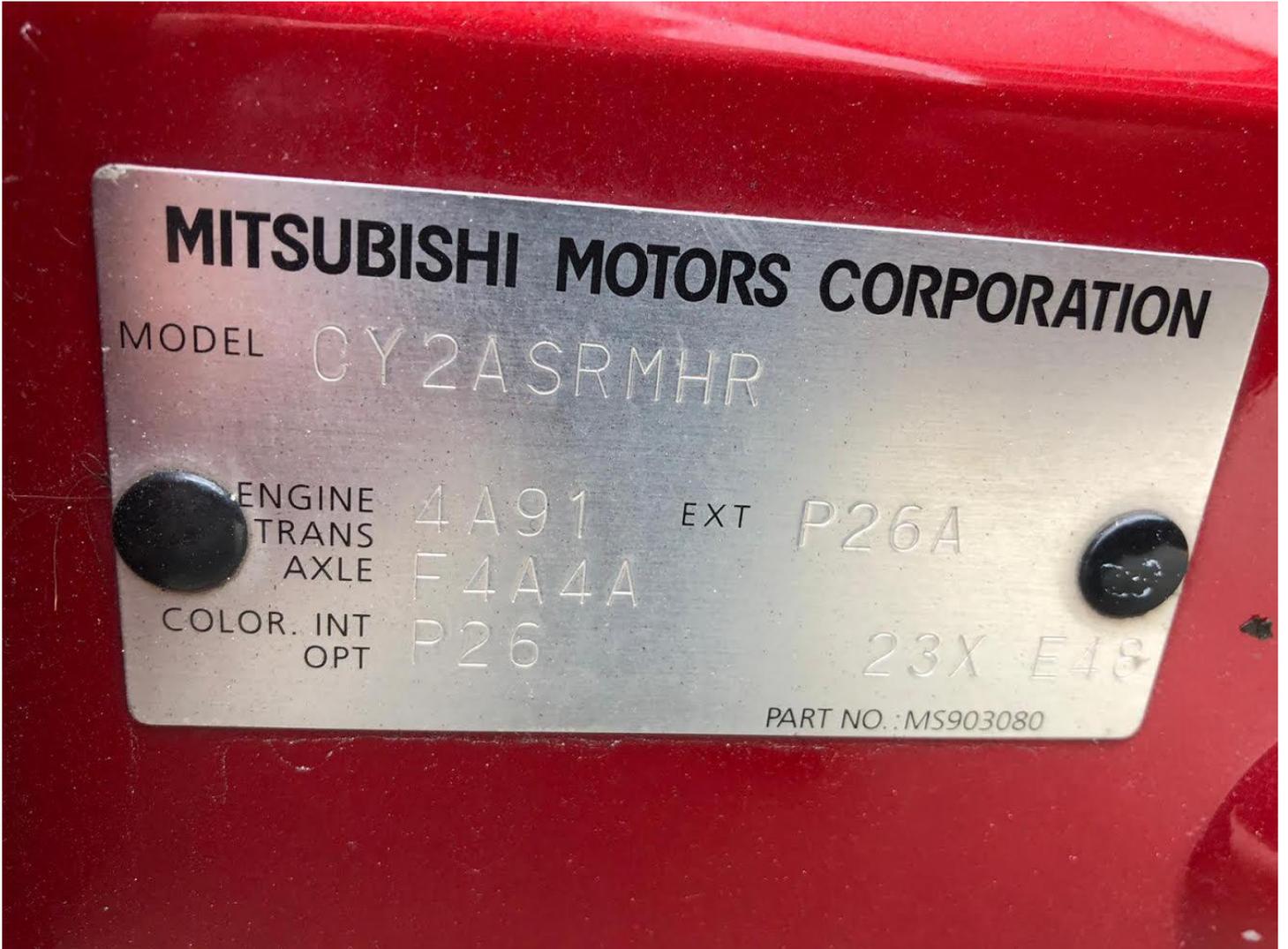












SC
SEAHAN STUDIO
 21 Toh Guan Road East, Toh Guan Centre #01-03 (S) 908609
 TEL: 93883383 / 86853000 ROC: 53243454D

Date 8/7/20 S/N: _____

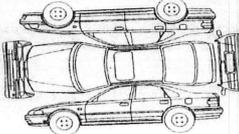
Car Rental Agreement

HIRER / COMPANY PARTICULARS
 Name (as per NRIC) JOY EXPRESS ENTERPRISE PTE LTD License Pass Date: _____
 NRIC No. 20173608 DOB: _____
 Address: 879B TAMPINES AVE B #09-57 SLS 2279
 Contact No (1) 90575920 Contact No (2) _____

RELIEF / GUARANTOR PARTICULARS
 Name (as per NRIC) NG LIMMING License Pass Date: _____
 NRIC No. 48831016 DOB: _____
 Address: 150 YISHUN ST11 #07-04 S(760150)
 Contact No (1) _____ Contact No (2) _____

VEHICLE DETAILS
 Make & Model MIT LANCER L6A
 Vehicle Registration Number SCE69008 Contract Period 11.45 am
 Date/Time Collection 8/7/2020
 Date/Time Return _____ Mileage In (KM) _____
 Mileage Out (KM) _____ Fuel Level In _____
 Fuel Level Out _____

PRE RENTAL CHECKLIST
 Identify areas of damage on the diagram and include comments within the remarks below



REMARKS:
 Everyday driver must check radiator water and engine oil, driver must ensure that it is always at sufficient level
 \$32000 Excess is applicable for driver who is 22 years old (or older) or with minimum 2 years driving experience
 \$85000 Excess is applicable for driver who is 21 year old or with minimum 1 years driving experience
 \$39000 Excess is applicable for driver who is below 20 year old or with less than 1 years driving experience.

PAYMENT
 Rental Amount: _____ (Day/Week/Month) Deposit Amount: _____
 Refund Deposit: _____ (Signature/Date)

Authorized Staff Signature & Date: _____ Name Signature & Date: _____