

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	08/01/2021 15:06 (SGT)
Date of Accident	08/01/2021 08:30 (SGT)
Exact Location of Accident	Sembawang Dr, Singapore
Additional Location Information	TURN INTO ADMIRALTY STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC7917P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ACE FLEET MANAGEMENT PTE LTD
Company Reg No	2XXXXX914N
Email Address	spoon_vins@hotmail.com
Mobile Phone No	(Phone) +65-92323494
Alternative Phone No	+65-84503733

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	999993781
Cover Note Number	-

DRIVER

Name of Driver	LIM CHEE SIONG
NRIC No	SXXXX424E
Date Of Birth	19/09/1968
Occupation	Outdoor

Date Of Driving Pass	04/07/1988
Driving experience	32 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84503733
Alt. Phone Number	-
Email Address	spoon_vins@hotmail.com
Address	BLK 450B SENGKANG EAST WAY #17-337
Address complement	-
Postcode	792450
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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

PASSENGER 1

Name	UNKNOWN
Gender	Female

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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE5178M
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM CHEE SIONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMC7917P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 if/when said.
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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



[Signature]

[Signature] 08/01/2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A - SMC7977
Vehicle B - 4BE578M

Describe Circumstances of the Accident

On the stated date and time, I, vehicle A (IMC7917P) was travelling along at the stated location. As vehicles in front of me slowed down due to the heavy traffic, I followed suit. Suddenly, I felt an impact from my rear portion, vehicle B (GBE5138M) collided into 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

[Signature]

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

[Signature] 08/10/2021
Witnessed by Reporting Centre Personnel

















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: TOYOTA NOAH HYBRID CARPLATE: SMC7917P
 (BLACK)

MAIN HIRER NAME: <u>LIM CHEE SIONG</u>	
NRIC/PASSPORT NO.: <u>S6830424E</u>	D.O.B: <u>19 SEPT 1968</u>
NEXT OF KINS: <u>CHEN SHAN SHAN</u>	TEL: <u>93849773</u>
ADDRESS: <u>BIK450B, SENG KANG WEST WAY, #17-337, S(792450)</u>	
CONTACT NO.: <u>84503733</u>	
RENTAL DEPOSIT: <u>\$500/-</u>	
DATE OF COMMENCE: <u>09 SEPT 2020 (2:30 PM)</u>	
RELIEF DRIVER:	TEL:
ADDRESS:	
RENTAL PER DAY: <u>\$77/DAY</u>	
EMAIL ADDRESS: <u>1990707@gmail.com</u>	
CONTRACT VALIDITY: <u>END @ 10 Aug 2021</u>	


1) INSURANCE 1ST PARTY EXCESS \$2000/-
 2) INSURANCE 3RD 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 \$200/-

* 12 DAYS FREE RENTAL *
 (FROM PREVIOUS CONTRACT)


Left Side



Back




Front

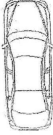


CHIDENT S4 SCRATCHES CHIRPS MARLUST MAMBERNO




Right Side



Top



REMARKS:



 Hirer's Signature: 

GENERAL DEFINITIONS