

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 12/01/2021 14:09 (SGT)
Date of Accident 09/01/2021 07:05 (SGT)
Exact Location of Accident 7 Changi South Street 2, Singapore 486415
Additional Location Information PARKING LOT 13A
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SME6984R

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) +65-99993781
Alternative Phone No +65-92323494

VEHICLE PARTICULARS

Manufacturer Honda
Model Freed
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 - Claiming third party
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 999993781
Cover Note Number -

DRIVER

Name of Driver FARDULLAH HULBAID BIN DUHORI
NRIC No SXXXXX974G
Date Of Birth 08/10/1982
Occupation Outdoor

Date Of Driving Pass	22/02/2006
Driving experience	14 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92323494
Alt. Phone Number	-
Email Address	spoon_vins@hotmail.com
Address	BLK 734 WOODLANDS CIRCLE #03-351
Address complement	-
Postcode	730734
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	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

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	XE689C
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

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 willful 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. The 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.
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.

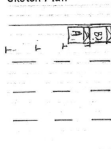


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Parking lot BA at 7-chang, South Street 2, Infant
Xilin District Centre Building C

A) SNE 6984R

B) XE 689C

Describe Circumstances of the Accident

On the stated date & time, I, vehicle A (SMELGOUR) was parked at the stated location at parking lot 13A. Suddenly, vehicle B (XE691C) reversed and collided into my front portion of my vehicle causing damage.

Declaration

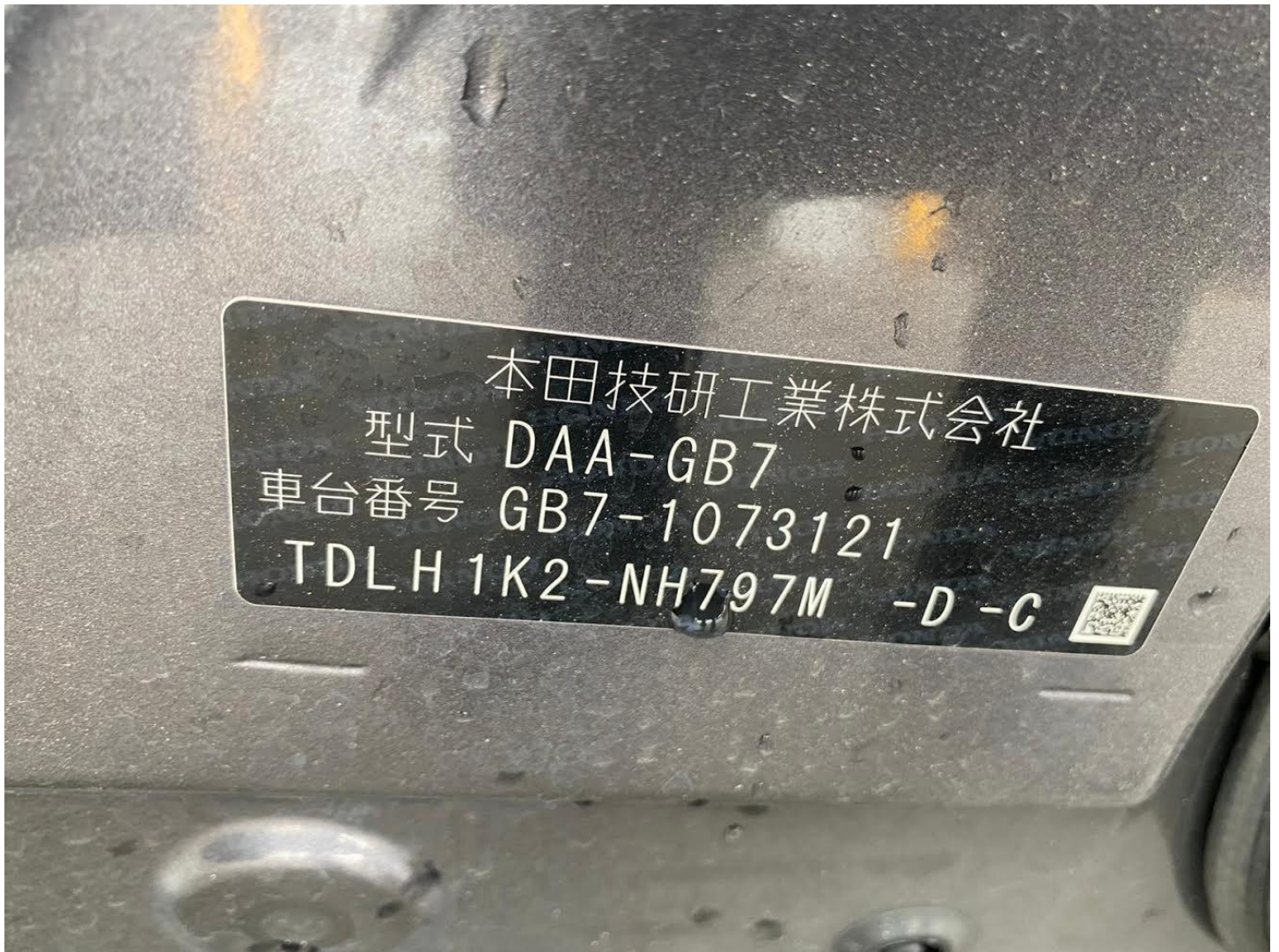
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel























ACE FLEET MANAGEMENT PTE LTD
 237 ALEXANDRA ROAD #02-03 THE ALEXCIE SINGAPORE (159929)
 Replacement of New Contract/Agreement

Kindly fill up all of the details below

CAR MODEL: HONDA FREED HYBRID CARPLATE: SME6984R
 (GREEN)

MAIN HIRER NAME: FAROUILLAH HULBAID BIN DUHORI	
NRIC/PASSPORT NO.: S8261974G	D.O.B: 08 OCT 1982
NEXT OF KINS: LIANA (WIFE)	TEL: 81116337
ADDRESS: BLK 734, WOODLANDS CIRCLE, #03-351, S(730734)	
CONTACT NO.: 93807819	
RENTAL DEPOSIT: \$500	
DATE OF COMMENCE: 16 OCT 2020	
RELIEF DRIVER:	TEL:
ADDRESS:	
RENTAL PER DAY: \$65/DAY	
EMAIL ADDRESS: fard0810@gmail.com	
CONTRACT VALIDITY: 06 MONTHS	

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/-

Left Side Right Side 15 DAYS FREE RENTAL

Back Front Top

DOOR D-SCHATCHES D-CHIPS INTRUST WASHING

REMARKS:

ACE FLEET MANAGEMENT PTE LTD

Hirer's Signature

GENERAL DEFINITIONS