



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 28/01/2021 17:44 (SGT)
Date of Accident 28/01/2021 08:55 (SGT)
Exact Location of Accident Braddell Rd, Singapore
Additional Location Information From CTE/City towards Braddell Road
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD5002L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Ace Fleet Management Pte Ltd
Company Reg No 201710914N
Email Address squarecar123@gmail.com
Mobile Phone No (Phone) +65-86667800
Alternative Phone No +65-86667800

VEHICLE PARTICULARS

Manufacturer Honda
Model Freed
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
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 Cheong Yoke Hoe
NRIC No S7272779G
Date Of Birth 07/07/1972
Occupation Outdoor



Date Of Driving Pass	20/09/1994
Driving experience	26 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90272952
Alt. Phone Number	-
Email Address	cheong_yokehoe@hotmail.com
Address	Blk 662 Yishun Avenue 4 #07-239
Address complement	-
Postcode	760662
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Lucas (Gojek Passenger)
Gender	Male

PASSENGER 2

Name	Gojek Passenger
Gender	Male

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 the 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	SHA1741M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	Teo Heng Meng
NRIC No	S0173076B
Contact Number	(Phone) +65-91037181
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLANIMPORTANT NOTICE

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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.



Policyholder's Signature / Date & Time

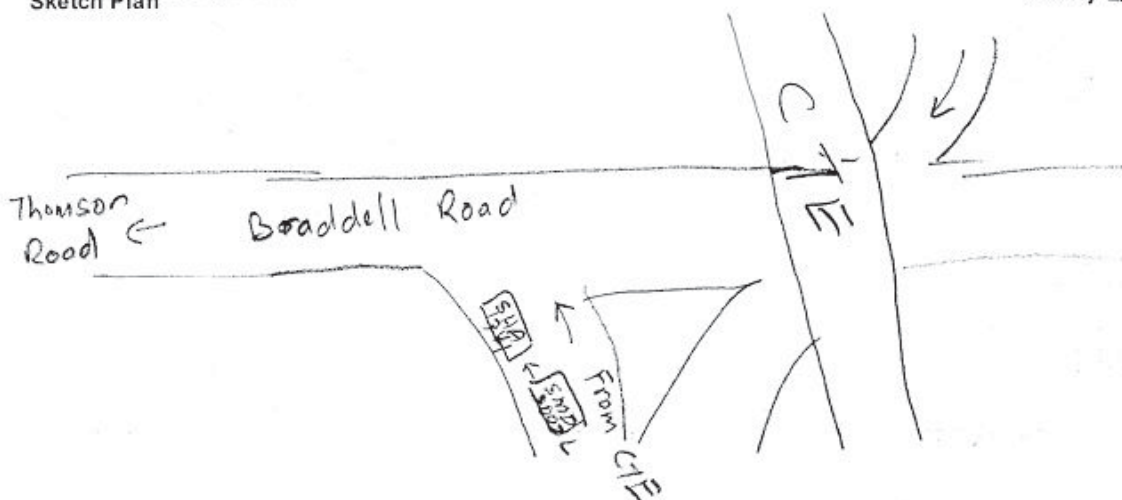
Sketch Plan 28 JAN 2021

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

28 JAN 2021

Witnessed by Reporting Centre Personnel

Jenny Lim



Describe Circumstances of the Accident

ON 28 JAN, at 8.55 am, I (Cheong Yoke Hoe) SMI 5002L want to turn to Bras Basah Road from CTE exit. I miss look that a Taxi (SHA 1741M) suddenly stop in front me at the junction, I unable to stop immediately and hit his ~~sa~~ taxi behind. I have check go down and check any injury of taxi driver and asked my both passengers, they replied no injury and ok. I found only dent on my car in front and slightly dent on the taxi behind.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time
28 JAN 2021

Driver's Signature (If driver is not the policyholder) / Date & Time
28 JAN 2021

Witnessed by Reporting Centre Personnel
Jenny Lim