

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	17/02/2021 14:30 (SGT)
Date of Accident	17/02/2021 08:12 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIONEER RD BEFORE ROUNDABOUT(BESIDE PIONEER HUB)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR4045X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CARRO LEASING PTE. LTD.
Company Reg No	2XXXXX832G
Email Address	keana@carro.com
Mobile Phone No	(Phone) +65-67146652
Alternative Phone No	(Office) +65-67146652

VEHICLE PARTICULARS

Manufacturer	Honda
Model	HONDA / FREED HYBRID 1.5G AUTO
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 - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5111909119-01
Cover Note Number	-

DRIVER

Name of Driver	ZULKIFLI BIN ABD RAHMAN
NRIC No	SXXXXX862B
Date Of Birth	10/07/1973
Occupation*	Outdoor

Date Of Driving Pass	29/08/2012
Driving experience	8 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87746349
Alt. Phone Number	-
Email Address	namharluz73@gmail.com
Address	BLK 262 BUKIT BATOK EAST AVENUE 4 #02-277
Address complement	-
Postcode	650262
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

REFER ATTACHED;

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	SMU6723T
Vehicle Manufacturer	Hyundai
Vehicle Model	HYUNDAI / AD AVANTE 1.6 GLS (A) S
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WEE KONG KAET RICHARD
NRIC No	SXXXX011I
Contact Number	(Phone) +65-97413259
Address	-
Address complement	-
Postcode	-

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

Table with 2 columns and 10 rows. The first column contains text and the second column contains numbers.

1. Name of the insured	1
2. Address of the insured	2
3. Date of birth of the insured	3
4. Date of death of the insured	4
5. Date of burial of the insured	5
6. Date of cremation of the insured	6
7. Date of interment of the insured	7
8. Date of exhumation of the insured	8
9. Date of reinterment of the insured	9
10. Date of final disposition of the insured	10

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.



IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4 #02-02
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: vackb@vicom.com.sg

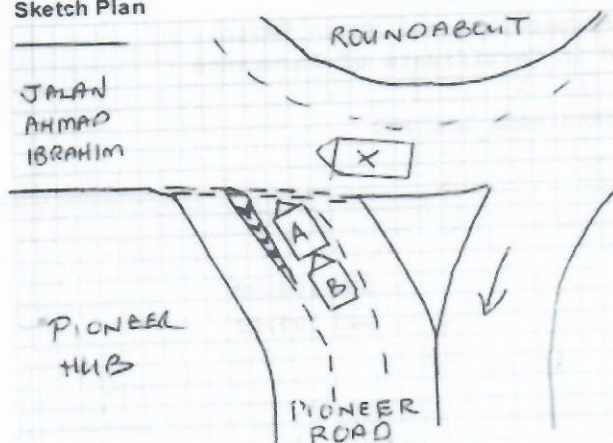
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

17 FEB 2021

Sketch Plan



VEHICLE A - SMR 4045X
 VEHICLE B - SMU 6723T

Describe Circumstances of the Accident

ON 17 FEB 2021 @ 0812 HRS, I WAS WAITING FOR THE TRAFFIC
 TO CLEAR AT PIONEER ROAD @ ROUNDABOUT. ALL OF A
 SUDDEN, I FELT A HUGE IMPACT TO THE REAR OF MY CAR
 (VEHICLE A). I REALISED A CAR (VEHICLE B) HAD HIT THE
 REAR OF MY CAR (VEHICLE A)

Declaration

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

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4 #02-02
 Singapore 415933
 Tel: 67416689 Fax: 67492305
 Email: vac@bgvicom.com.sg

Witnessed by Reporting Centre Personnel 17 FEB 2021