

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	07/06/2021 09:17 (SGT)
Date of Accident	04/06/2021 15:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OLD TAMPINES ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC6889E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EASYDRIVE CAR RENTAL
Company Reg No	53375868L
Email Address	jasonkcapl@gmail.com
Mobile Phone No	(Phone) +65-96735989
Alternative Phone No	+65-96735989

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	TOYOTA / VIOS E GRADE 1.5 A/T
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
Transmission	Auto
CC	1498

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5117282402-01
Cover Note Number	-

DRIVER

Name of Driver	LIM CHENG HOE
NRIC No	S1634457E

Date Of Birth	10/03/1964
Occupation	Outdoor
Date Of Driving Pass	28/03/1985
Driving experience	36 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93364314
Alt. Phone Number	-
Email Address	jasonkcapl@gmail.com
Address	BLK 785A WOODLANDS RISE #11-140
Address complement	-
Postcode	731785
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 - Major/Minor Rd
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	SFF6863J
Vehicle Manufacturer	Toyota
Vehicle Model	TOYOTA / ESTIMA AERAS 2.4 A
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 CHENG HOE
Address	BLK 785A WOODLANDS RISE #11-140
Address Complement	-
Post Code	731785
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLC6889E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

EasyDrive Car Rental
700 Jalan Sultan
#02-38 Textile Centre
Singapore 195018
Tel: 9673 5969 Fax: 6883 2418
Email: easydrive.sg@gmail.com
UEN: 53375858L

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

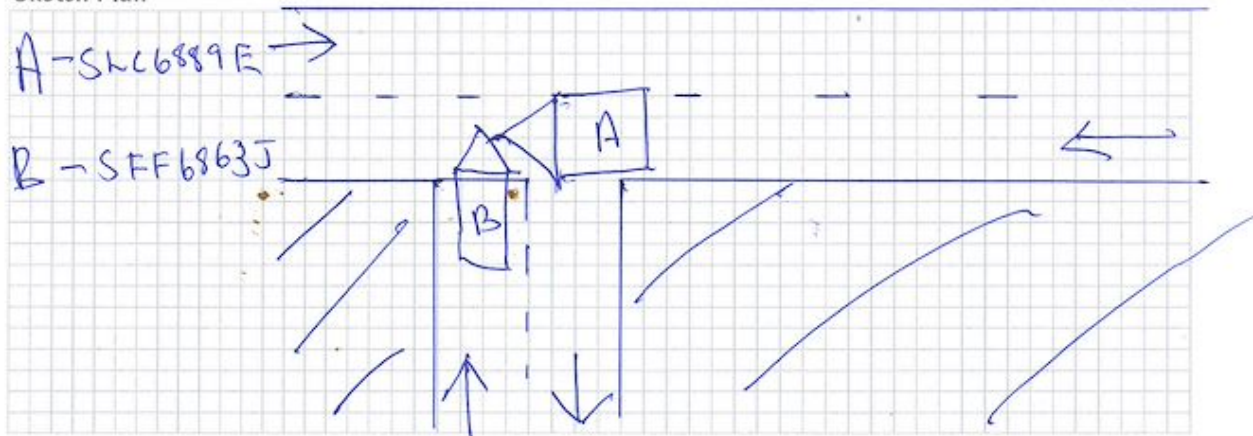
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

07 JUN 2021

Sketch Plan



Describe Circumstances of the Accident

I was traveling on the above mention date n time.
 & Suddenly veh B ~~had~~ fail to stop at the stop line
 n crash into my car

Declaration

We declare the foregoing particulars are true in every respect.

EasyDrive Car Rental

200 Jalan Sultan
 #02-38 Textile Centre
 Singapore 199018
 Tel: 9673 5989 Fax: 6883 2418
 Email: easydrivesg@gmail.com
 UEN: 53375868L

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: 67418697 Fax: 67492305
 Email: vackb@vicom.com.sg

Witnessed by Reporting Centre
 Personnel

07 JUN 2021

















