

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 14/06/2021 10:09 (SGT)
Date of Accident 10/06/2021 15:40 (SGT)
Exact Location of Accident Jln Anak Bukit, Singapore
Additional Location Information SLIP ROAD TOWARDS PIE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCE6900B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ECHAN STUDIO
Company Reg No 5XXXX454D
Email Address bryanbeng24@gmail.com
Mobile Phone No (Phone) +65-93883383
Alternative Phone No +65-83083627

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Lancer
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 Commercial vehicle
Transmission Auto
CC 1584

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number DMHCSNW00005292001
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD FINO BIN SAINAL
NRIC No SXXXX203Z

Date Of Birth	09/12/1995
Occupation	Outdoor
Date Of Driving Pass	22/10/2020
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83083627
Alt. Phone Number	-
Email Address	bryanbeng24@gmail.com
Address	BLK 364A SEMBAWANG CRESCENT #04-237
Address complement	-
Postcode	751364
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	Side Swipe
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

PLEASE REFER TO 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	SFH1919E
Vehicle Manufacturer	-
Vehicle Model	-
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 MUHAMMAD FINO BIN SAINAL
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? SCE6900B
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' 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.



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gaw (14/06/2021)

Policyholder's Signature / Date & Time

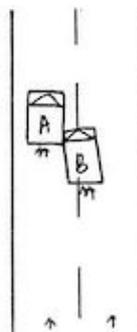
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Jalan Anak Bukit Slip Road
towards PIE

Vehicle: SCE6900B
Vehicle: SFH1919E



Describe Circumstances of the Accident

on the stated date & time, I, vehicle A (SCE 6900B) was travelling straight at the stated location on the extreme left lane. Suddenly, I felt an impact from the rear right portion of my vehicle. I alighted & realized vehicle B (SFH919E) cut into my lane and collided onto the rear right portion of my vehicle causing damages.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

chi

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

[Signature] 14/06/2021

Witnessed by Reporting Centre Personnel



















ECHAN STUDIO

21 Toh Guan Road East, Toh Guan Centre #01-03 (s) 608609
 TEL: 93883383 / 86853000 ROC: 53243454D

Date: _____

S/N: _____

Car Rental Agreement

HIRER / COMPANY PARTICULARS

Name (as per NRIC): Muhammad Firo Bin Sainal License Pass Date: 22 Oct 2020
 NRIC No.: S95442022 DOB: _____
 Address: APT BIK 264A Sembawang Crescent #04-237 Singapore 751364
 Contact No. (1) 83083627 Contact No. (2) _____

RELIEF / GUARANTOR PARTICULARS

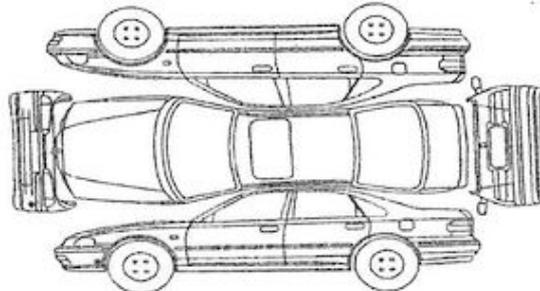
Name (as per NRIC): _____ License Pass Date: _____
 NRIC No.: _____ DOB: _____
 Address: _____
 Contact No. (1) _____ Contact No. (2) _____

VEHICLE DETAILS

Make & Model : Mitsubishi Lancer
 Vehicle Registration Number: SC6690B Contract Period : _____
 Date/Time Collection : 5/4/2021 @ 1200hrs
 Date/Time Return : _____
 Mileage Out (KM) : _____ Mileage In (KM) : _____
 Fuel Level Out : _____ Fuel Level In : _____

PRE RENTAL CHECKLIST

Identify areas of damage on the diagram and include comments within the remarks below.



REMARKS:

Everyday driver must check radiator water and engine oil, driver must ensure that it is always at sufficient level
\$3000 Excess is applicable for driver who is 22 years old (or older) or with minimum 2 years driving experience
\$6000 Excess is applicable for driver who is 21 year old or with minimum 1 years driving experience.
\$9000 Excess is applicable for driver who is below 20 year old or with less than 1 years driving experience.

PAYMENT

Rental Amount: _____ (Day/Week/Month) Deposit Amount: _____
 Refund Deposit: _____ (Signature/Date)

 Authorized Staff Signature & Date



[Signature]
 Hirer Signature & Date