

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	08/07/2021 12:39 (SGT)
Date of Accident	07/07/2021 09:55 (SGT)
Exact Location of Accident	19 Loyang Cres, Singapore 508983
Additional Location Information	TOLL OFFSHORE INFRONT OF GANTRY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN690E
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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) +65-92323494
Alternative Phone No	+65-87797526

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	999993781
Cover Note Number	-

DRIVER

Name of Driver	HASHARUL BIN HASHIM
NRIC No	SXXXX875A

Date Of Birth	02/11/1982
Occupation	Outdoor
Date Of Driving Pass	06/06/2015
Driving experience	6 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-87797526
Alt. Phone Number	-
Email Address	spoon_vins@hotmail.com
Address	BLK 509B YISHUN AVENUE 4 #05-26
Address complement	-
Postcode	762509
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JULIANA BTE DAHRI
Gender	Female

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	YP5364L
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

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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.



Policyholder's Signature / Date & Time

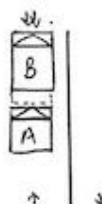
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

19 Loyang Crescent toll offshored in front of the Gantry

Vehicle A: SMN690E
Vehicle B: YP5364L



Describe Circumstances of the Accident

On the stated date & time, I, vehicle A (SMN690E) was at the stated location, I noticed vehicle B (YP5364L) 's intentions to reverse, as such, I looked at the rear and realised that I have room to reverse. Hence, I started reversing to give vehicle B (YP5364L) space. Suddenly, I felt a huge impact from the front of my vehicle. Vehicle B (YP5364L) had collided onto the front of my vehicle.

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

Witnessed by Reporting Centre Personnel





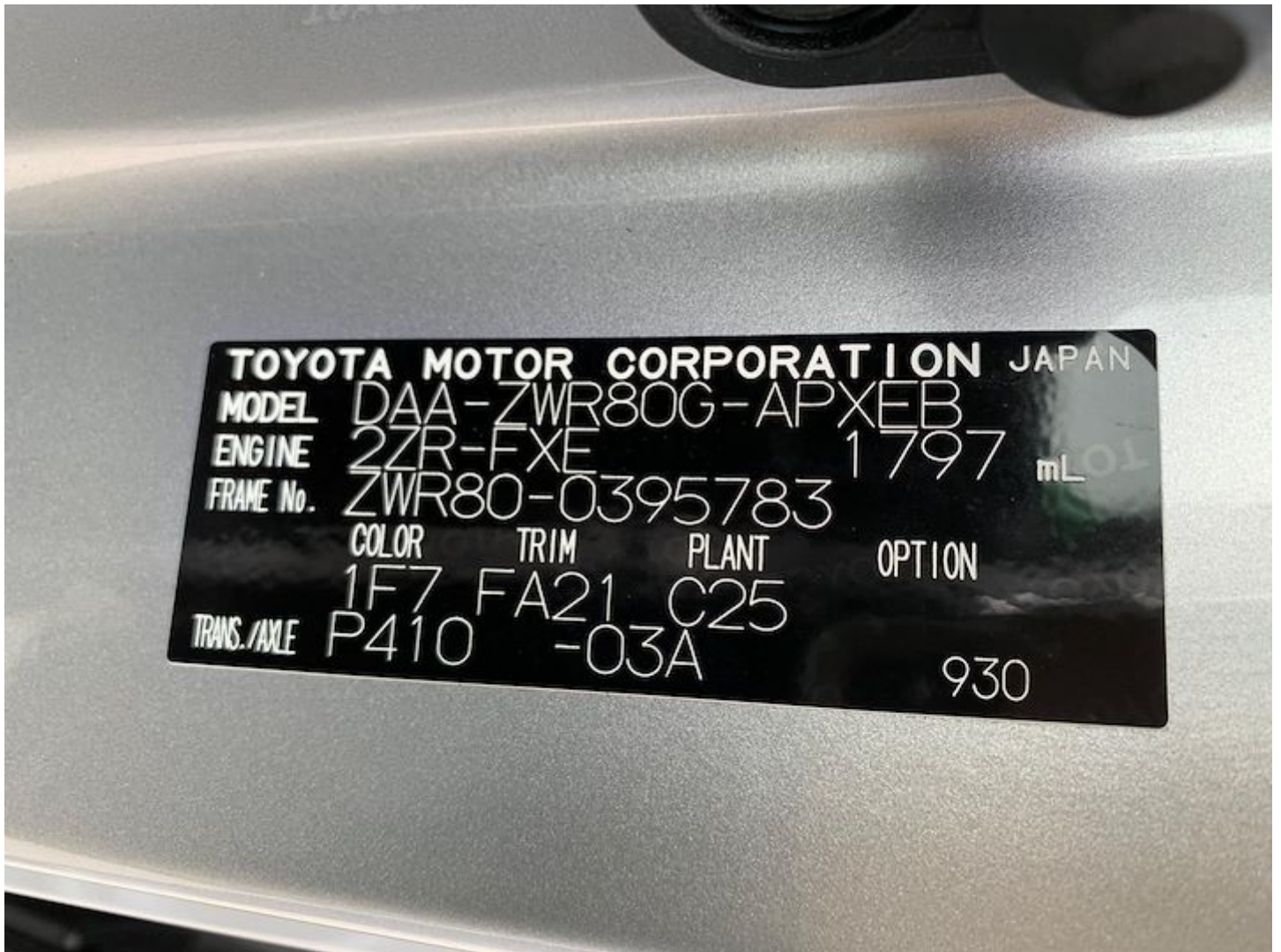
















Describe Circumstances of the Accident

REFER TO POLICE REPORT

T/20210708/2081

Declaration

We declare the foregoing particulars are true in every respect.

[Signature] 25/07/21
Policyholder's Signature / Date & Time

[Signature] 25/07/21
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 25/07/21
Witnessed by Reporting Centre Personnel

ACE FLEET MANAGEMENT PTE LTD

237 ALEXANDRA ROAD #02-03 THE ALEXCIER SINGAPORE(159929)

Replacement of New Contract/Agreement

Kindly fill up all of the details below

CAR MODEL: TOYOTA NOAH HYBRID CARPLATE: SMN690E
(SILVER)

MAIN HIRER NAME: <u>HASHRUL BIN HASHIM</u>	
NRIC/PASSPORT NO.: <u>S8234875A</u>	D.O.B: <u>02 NOV 1982</u>
NEXT OF KINS: <u>JULIANA BTE DAHRI</u>	TEL: <u>87794226</u>
ADDRESS: <u>BLK 509B, YISHUN AVE 4, #05-26, S(762509)</u>	
CONTACT NO.: <u>87797526</u>	
RENTAL DEPOSIT: <u>\$1000/-</u>	
DATE OF COMMENCE: <u>15 FEB 2021</u>	
RELIEF DRIVER :	TEL :
ADDRESS:	
RENTAL PER DAY:	
EMAIL ADDRESS: <u>hasharul.hashim@gmail.com</u>	
CONTRACT VAILITY: <u>END @ 24 SEPT 2021</u>	
1)INSURANCE 1 ST PARTY EXCESS <u>\$2000/-</u>	
2)INSURANCE 3 RD PARTY EXCESS <u>\$2000/-</u>	
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 <u>\$200/-</u>	

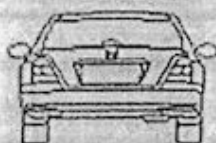
Left Side



Right Side



Back



Front



Top



(D-DENT S-SCRATCHES C-CHIPS R-RUST M-MISSING)

REMARKS:



[Signature]

Hirer's Signature

[Signature]

GENERAL DEFINITIONS