

# 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 .....	01/11/2021 12:52 (SGT)
Date of Accident .....	29/10/2021 17:50 (SGT)
Exact Location of Accident .....	Corporation Rd, Singapore
Additional Location Information .....	SLIP ROAD BEFORE TURNING INTO CORPORATION DRIVE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMQ8509D
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	UNIQUE TOURIST SERVICE PTE LTD
Company Reg No .....	1XXXXX067R
Email Address .....	uniqtour@singnet.com.sg
Mobile Phone No .....	(Phone) +65-82922777
Alternative Phone No .....	(Office) +65-62927656

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Jazz
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 .....	Commercial vehicle
Transmission .....	Auto
CC .....	1318

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	999993578/100879741-00000
Cover Note Number .....	-

### DRIVER

Name of Driver .....	CHUA GILBERT
NRIC No .....	SXXXX676H

Date Of Birth .....	20/10/1984
Occupation .....	Indoor
Date Of Driving Pass .....	10/05/2005
Driving experience .....	16 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82922777
Alt. Phone Number .....	-
Email Address .....	unigtour@singnet.com.sg
Address .....	BLK 138A YUAN CHING ROAD #09-109
Address complement .....	-
Postcode .....	611138
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) .....	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 .....	SLS5073P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ANG KAM CHIAN
NRIC No .....	SXXXX484C
Contact Number .....	(Phone) +65-92766055
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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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.
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

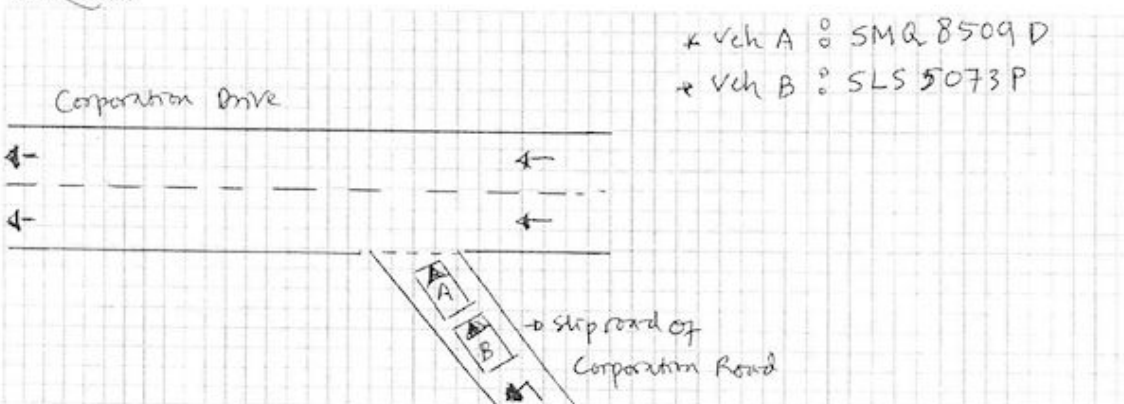
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

Sketch Plan



## Describe Circumstances of the Accident

On the stated date and time, I was travelling along the stated venue.

Upon reaching the give-way line before turning into Corporation Drive, I

stopped my vehicle to check for oncoming vehicles. When I was stationary,

suddenly Vehicle B collided onto the rear 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





























# UNIQUE TOURIST SERVICE (PTE) LTD.

20, Sin Ming Lane, #08-51, Midview City, Singapore 573968

TEL: 6292 7656 EMAIL: unigtour@singnet.com.sg

COMPANY REG NO: 197401067R

GST REG NO: M2-0019671-6

CAR RENTAL AGREEMENT

RA No. 22532

SLX 2993C

VEHICLE NO.

SMQ 8509D

MAKE/MODEL

HONDA JAZZ

NAME OF HIRER <u>Chun Gilbert</u>	
ADDRESS <u>Blk 138A Yuan Chng Road</u>	
<u>#09-109</u>	SINGAPORE <u>611138</u>
OFFICE TEL _____	RES TEL _____ HP <u>8292-2777</u>
NAMED DRIVER _____	
OCCUPATION _____	NATIONALITY <u>Singaporean</u>
PASSPORT / NRIC <u>S 8431676H</u>	DATE OF BIRTH <u>20/10/1984</u>
DRIVING LIC NO. _____	
PLACE OF ISSUE _____ DATE PASS/EXPIRY _____	
ADDITIONAL NAMED DRIVER _____	
ADDRESS _____	
SINGAPORE _____	
OFFICE TEL _____	RES TEL _____ HP _____
OCCUPATION _____	NATIONALITY _____
PASSPORT / NRIC _____	DATE OF BIRTH _____
DRIVING LIC NO. _____	
PLACE OF ISSUE _____ DATE PASS/EXPIRY _____	
BY INITIATING MARK "X" HIRER AGREE TO PAY THE FOLLOWINGS	
A. COLLISION DAMAGE WAIVER (CDW) AT \$ _____ PER DAY / WEEK / MONTH "X"	
B. SURCHARGE OF \$ _____ FOR USE IN MALAYSIA FROM _____ TO _____ "X"	
* THE HIRER IS RESPONSIBLE FOR ANY DAMAGES UP TO THE EXTENT OF TOTAL LOSS OF CAR, LOSS OF INCOME AND COST OF RECOVERY OF VEHICLE IF THE CAR IS DRIVEN INTO MALAYSIA WITHOUT PRIOR CONSENT FROM THE COMPANY.	

COMPULSORY EXCESS, DOLLAR	<u>\$1200</u>
NOTE: HIRER IS LIABLE FOR ALL PARKING & TRAFFIC VIOLATIONS.	
YOUR ATTENTION IS DRAWN TO TERMS & CONDITIONS PRINTED OVERLEAF.	

FOR SINGAPORE DRIVE ONLY

DATE: \_\_\_\_\_

SIGNATURE OF HIRER

DATE OUT <u>28/10/21</u>	TIME OUT _____
PETROL OUT <u>E</u>	<u>1/2</u> 3/4 F
DATE IN <u>30/10/21</u>	TIME IN _____
PETROL IN <u>E</u>	1/4 1/2 3/4 F
RENTAL RATES:	\$ _____ C _____
MONTHLY @ \$ _____	
WEEKLY @ \$ _____	
DAILY @ \$ _____	
C.D.W. FEE _____	
PETROL CONSUMPTION _____	
DELIVERY CHARGE _____	
COLLECTION CHARGE _____	
SUB-TOTAL _____	
GST @ % _____	
RENTAL DEPOSIT _____	
TOTAL: _____	
DEPOSIT REFUND _____	
PAYMENT BY: BILL CO / CREDIT CARD / CASH	
ATTENDED BY: <u>[Signature]</u>	
OF UNIQUE TOURIST SERVICE (PTE) LTD	

## DECLARATION

I HEREBY DECLARE THAT NO MOTOR ACCIDENT HAD OCCURRED DURING MY HIRE OF YOUR MOTOR VEHICLE AS STATED IN THE ABOVE MENTIONED SCHEDULE 'OR TO ANY SUBSTITUTED VEHICLE AS STATED IN THE MEMORANDUM DATED \_\_\_\_\_

REPLACEMENT VEHICLE NO:

1. \_\_\_\_\_ ON \_\_\_\_\_ TIME \_\_\_\_\_  
 2. \_\_\_\_\_ ON \_\_\_\_\_ TIME \_\_\_\_\_  
 3. \_\_\_\_\_ ON \_\_\_\_\_ TIME \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF HIRER