

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 13/12/2021 18:05 (SGT)
Date of Accident 12/12/2021 09:05 (SGT)
Exact Location of Accident 9C Boscombe Rd, Singapore 439749
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR4190J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CCA LEASING PTE. LTD.
Company Reg No 2XXXXX720W
Email Address zoomautowerks@gmail.com
Mobile Phone No (Phone) +65-91191183
Alternative Phone No +65-91191183

VEHICLE PARTICULARS

Manufacturer Honda
Model Fit
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 1496

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMHCSNA00008572100
Cover Note Number -

DRIVER

Name of Driver ALAN TAN YEW HWEE (CHEN YUHUI)
NRIC No SXXXX008F

Date Of Birth	25/02/1974
Occupation	Outdoor
Date Of Driving Pass	23/01/1995
Driving experience	26 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91191183
Alt. Phone Number	-
Email Address	zoomautowerks@gmail.com
Address	BLK 158A RIVERVALE CRESCENT
Address complement	#09-707
Postcode	541158
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Marine Parade Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004428999
Alt. Police Station Phone No	(Fax) +65-62447678
Police Station Address	300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT : G/20211212/2017

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	UNKNOWN
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	SLIDING GATE
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' 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.

CCA LEASING

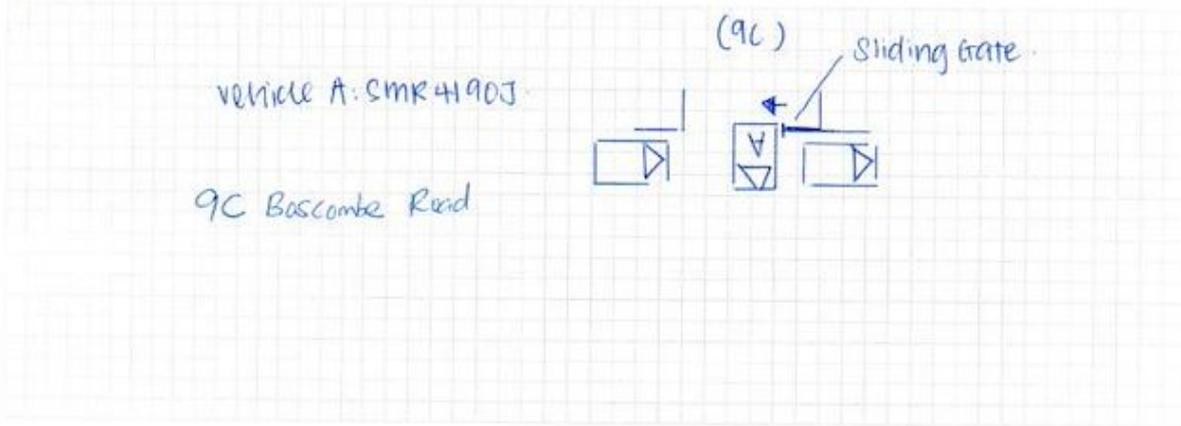
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Ru 13/12/24

Sketch Plan



Describe Circumstances of the Accident

- Refer to Police Report - G/20211212/2017.

Declaration

I/We declare the foregoing particulars are true in every respect.

CCA LEASING

Policyholder's Signature / Date & Time

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

Rm 13/12/21
Witnessed by Reporting Centre Personnel









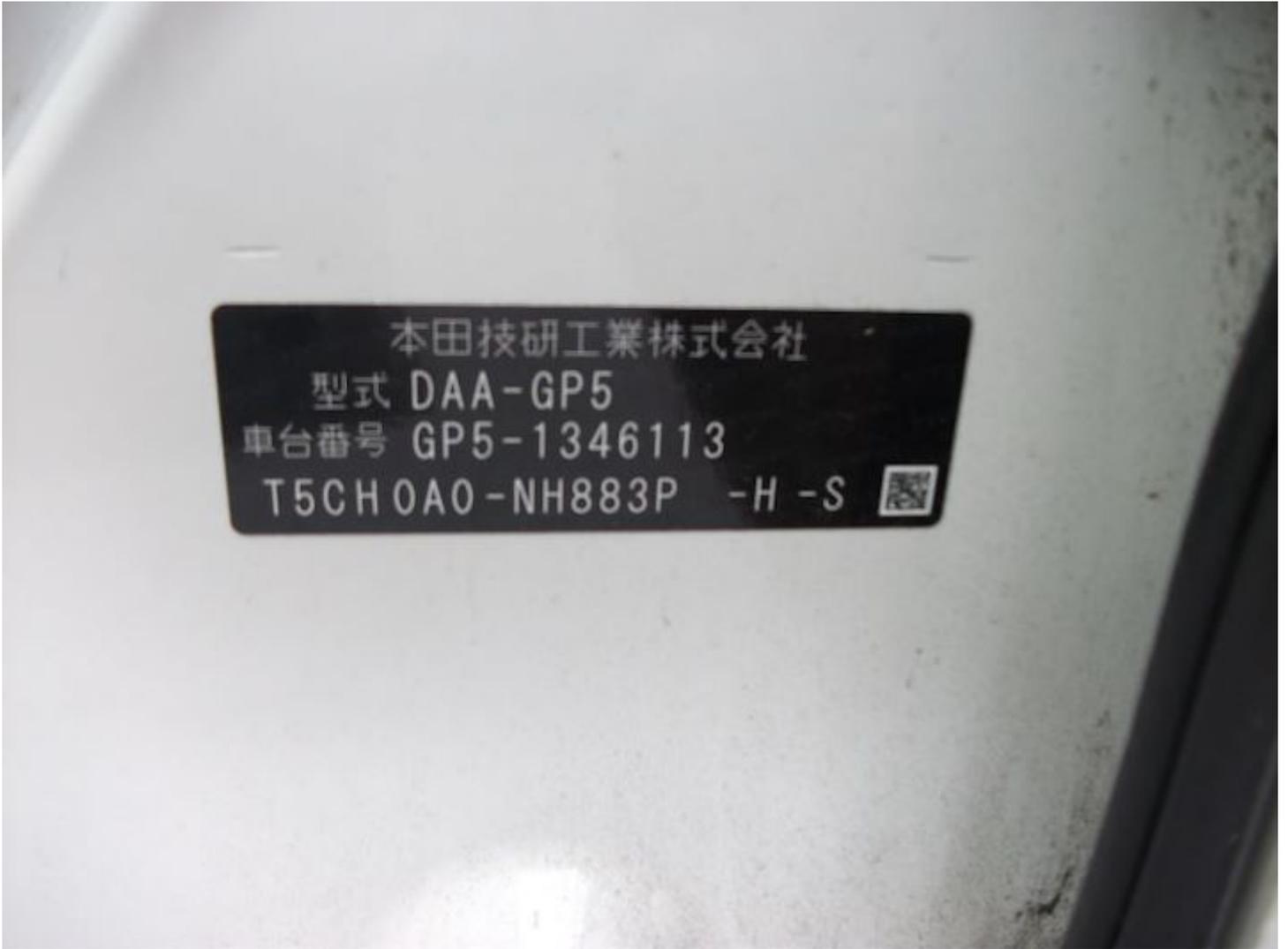














**SINGAPORE
POLICE FORCE**



G/20211212/2017

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20211212/2017

not obstruct any traffic. The passenger boarded my car and I was about to drive off. At this moment, the sliding gate of the unit had suddenly closed and collided into the rear left side of my vehicle, causing some dents and scratches. I spoke to the house occupants of the unit and they refuse to pay for the damages to my vehicle.

I proceeded to complete the trip to the desired destination and informed my car rental company (CCA Leasing Pte Ltd) and they advised me to lodge a police report for insurance claim purpose.

Signature Of Officer Recording The Report: G / Sgt 2 LIM JUN YONG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 12/12/2021 10:36
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Other NG JIAN PENG, JEROME Contact No.: 65852999	Classification Of Case:
Authentication Stamp  SINGAPORE POLICE FORCE SIGNATURE	