

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	14/01/2022 15:51 (SGT)
Date of Accident	13/01/2022 16:40 (SGT)
Exact Location of Accident	Cantonment Rd, Singapore
Additional Location Information	TWDS KEPPEL RD JUNC
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLB344E

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIANG HOCK CAR RENTAL PTE LTD
Company Reg No	2XXXXX271K
Email Address	car.rental@sianghock.com.sg
Mobile Phone No	(Phone) +65-98792002
Alternative Phone No	+65-98792002

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Note
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	1200

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D-21097530MFZH/7
Cover Note Number	-

DRIVER

Name of Driver	EVI AGUSTINA
NRIC No	SXXXX051B

Date Of Birth	09/08/1954
Occupation	Outdoor
Date Of Driving Pass	22/04/1995
Driving experience	26 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-86886740
Alt. Phone Number	-
Email Address	car.rental@sianghock.com.sg
Address	BLK 40 CIRCUIT ROAD
Address complement	#09-509
Postcode	370040
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	HAROLD
Gender	Male

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SHA9794H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	MR TAN
Contact Number	(Phone) +65-97396782
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	EVI AGUSTINA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HAND, SHOULDER & BACK
Injured person in which vehicle?	SLB344E
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.



[Handwritten Signature]

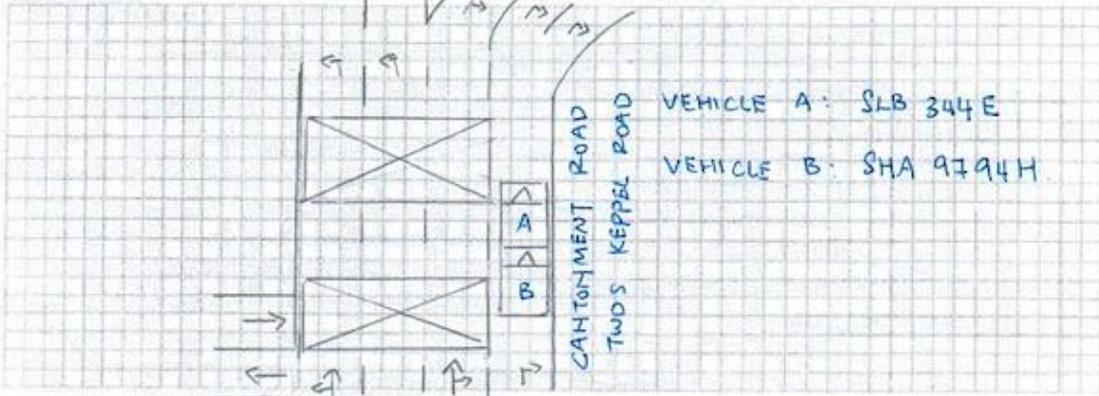
[Handwritten Signature] 14/01/22

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 & TIME, I WAS DRIVING MY VEHICLE TRAVELLING
 ALONG CANTONMENT ROAD TOWARDS KEPPEL ROAD. I SLOW DOWN & CAME TO A STOP
 DUE TO TRAFFIC LIGHT WAS RED. AFTER AWHILE I STOP MY VEHICLE. SUDDENLY I
 FELT AN HUGE IMPACT FROM THE REAR OF MY VEHICLE. THE IMPACT WAS HUGE
 CAUSED MY SHOULDER | BACK | HAND FELT PAIN. & VERY UNWELL AFTER THE
 ACCIDENT. I WILL CONSULT DOCTOR LATER FOR MEDICAL CHECK.
 THE VEHICLE HIT ON ME IS SHA 9794 H.

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

14/01/22

Witnessed by Reporting Centre Personnel





















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09221E0009 Vehicle Registration No: SLB344E
 Name (as shown in NRIC): EVI AGUSTINA NRIC/FIN/Passport No: SXXXXX051B
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 40 CIRCUIT RD #09-509 Singapore (370040)
 Contact (Tel): _____ Mobile No.: 86886740
 Email Address: _____
 Date of Accident: 13/01/22 Time of Accident: 1640
 Place of Accident: CANTONMENT RD TOWAS KEPPEL RD JUNC
 Insurance Company: FIRST CAPITAL

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ATTACHED WRONG SKETCH PLAN & STATEMENT

 Policyholder / Driver's Signature
 Date:

shw 18/01/22

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: