

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 07/02/2022 16:31 (SGT)
Date of Accident 29/01/2022 09:12 (SGT)
Exact Location of Accident Hougang Ave 3, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC453L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HUI WANG ENTERPRISE PTE LTD
Company Reg No 201426468N
Email Address winson@huiwangenterprise.com
Mobile Phone No (Phone) +65-62864541
Alternative Phone No (Office) +65-62864541

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
Variant MANUAL
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 Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number DMCVSNA00012982200
Cover Note Number -

DRIVER

Name of Driver CHUA SIONG GEE
NRIC No S2573166B

Date Of Birth	24/08/1962
Occupation	Outdoor
Date Of Driving Pass	10/03/1989
Driving experience	32 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97521336
Alt. Phone Number	-
Email Address	winson@huiwangenterprise.com
Address	BLK 518 SERANGOON NORTH AVENUE 4 #07-206
Address complement	-
Postcode	550518
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 - Change/cross lane
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	Passenger
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

I was travelling along Hougang Ave 3. I was on the second lane. Suddenly, vehicle B came by and collided to the front right portion of my vehicle. i was travelling straight and vehicle B intend to cut into my lane. No one was injured.

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	SMS494D
Vehicle Manufacturer	Honda
Vehicle Model	Fit
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	YIN LAI YEE OO
Work Permit No	G0648549P
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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 willful 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. The 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.
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

07-02-2022
3.20pm

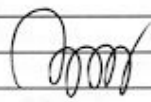
Hugan AL 3

DMA: 29/01/2022,
09:12 AM

A: GBC 453L
B: JMS 4G4D

Describe Circumstances of the Accident

I was travelling along Highway No 3. I was off on the second lane. Suddenly, vehicle B came by and collided to the front right portion of my vehicle. I was travelling straight and vehicle B intend to cut into my lane. no one was injured.



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



























輝皇企業私人有限公司

HUI WANG ENTERPRISE PTE LTD

BLK 5, DEFU LANE 10, # 01-576, SINGAPORE 539186

TEL: 6286 4541, 6283 0717 FAX: 6281 0647

Nº 23427

Co. Reg. No. 201426468N

囉厘·貨車出租·車輛檢查·修理·噴漆·打嗎呷等

LORRY, VAN RENTAL, VEHICLES INSPECTION, REPAIRING, SPRAY PAINTING, PANEL BEATING, INSURANCE CLAIM, ETC.

VEHICLE RENTAL AGREEMENT

HIRER'S PARTICULARS

I/We Kansen Engineering Pte Ltd I/C No: _____
 If Different From Section 1 of _____ Tel No: _____

hereby confirm having agreed to hire this day from Messrs Hui Wang Enterprise Pte Ltd the undermentioned NEW/USED Vehicles at the rental fees as shown below and I agree that I shall be responsible for the first payment of \$2,000.00 / \$3,000.00 for any loss and/or damaged caused to the said vehicle and I shall be responsible to pay Messrs Hui Wang Enterprise Pte Ltd the value of the vehicle in the event of the Vehicle being CONFISCATED or any loss resulting from THEFT or DESTRUCTION of the said vehicle whether or not such damage or loss is caused by negligence or by any breach by me of the terms and conditions of hire, hereinafter mentioned and printed.

Vehicle Regd. No. 車號		<u>GBC 453 L.</u>		(Diesel / Petrol)	
Section 1 Hirer's And / Or Driver's Particulars 租車者 / 駕駛員個人記錄				日期及取車時間 Date & Time Out: <u>11/8/20</u> <u>5:20pm</u>	
Name 名				日期及還車時間 Date & Time In:	
Address 地址				天數 Days @ \$120	
<u>BLK 518, Serangoon North.</u>				星期 Weeks @ \$480	
<u>Ave 4 #07-206 SE. 550518.</u>				月 Months @ \$1300	
駕駛執照 Dr/Licence No: I/C No: <u>S2573166B</u>		Tel No: <u>24/08/1962</u>		總數 Nett-Total	
截止日期 Expiry Date		Date Of Birth <u>97521336</u>		按摺金 Deposit <u>DB371</u> <u>500</u>	
Replacement Veh. Regd. No. (Diesel / Petrol)				Refund	
日期及取車時間 Date & Time Out:				Balance To Pay	
日期及還車時間 Date & Time In:				Cash / Cheque	
* Note: A repossession fee of S\$100.00 will be charged on repossess vehicles					

NOTICES: ACCIDENT EXCESS: \$ 2500 22 69
 NO INSURANCE COVERAGE FOR YOUNG (BELOW 22), OLD (ABOVE 69)
 AND IN EXPERIENCED DRIVERS.

請注意水櫃里的水及引擎里的黑油須每天檢查。
 Please check Radiator Water & Engine Oil daily.

車途汽油不足，遺失鑰匙等，若須服務者另付額外費用。
 Extra charges are required for those vehicle that run out of petrol, lost of key and etc.

Interest rate of 1.5% will be charged on overdue payments

IMPORTANT!

I / We declare that the usage of renting the above mention Vehicle are not to be used for illegal purpose, including offences in connection with thefts, uncustomed goods, drugs dealings or trafficking or smuggling.

Signature of Hirer

I/We hereby accept the terms and conditions herein and overleaf which I have read and understood or have been read over and explain to me and understood by me. I/We hereby declare that the particulars of the Hirer and licence given above are correct in every respect and that I am the holder of a valid driving licence enabling me to drive the above-mentioned vehicle and not disqualified from driving

Remarks: 19299 GR 11/8 - 11/9/20 - \$1300