

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 15/02/2022 14:14 (SGT)
Date of Accident 09/02/2022 16:00 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information TOWARDS TUAS B4 CTE EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBA9523U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ROBINSON CAR RENTAL PTE LTD
Company Reg No 2XXXX404W
Email Address car.rental@sianghock.com.sg
Mobile Phone No (Phone) +65-98126972
Alternative Phone No +65-98126972

VEHICLE PARTICULARS

Manufacturer Ssangyong
Model ACTYON SPORTS D/CAB 2.0 MT ABS A/BAG 2WD
Variant -
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 1998

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number D-21097504MFCV/9
Cover Note Number -

DRIVER

Name of Driver CHONG KWAI CHUEN
NRIC No SXXXX975B

Date Of Birth	17/08/1957
Occupation	Outdoor
Date Of Driving Pass	09/09/2006
Driving experience	15 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98126972
Alt. Phone Number	-
Email Address	car.rental@sianghock.com.sg
Address	BLK 106B CANBERRA STREET
Address complement	#05-463
Postcode	752106
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	No Collision
Weather Conditions	Raining
Road Surface	Wet

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?	No
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?	Yes
Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:A/20220215/7011

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	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' 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

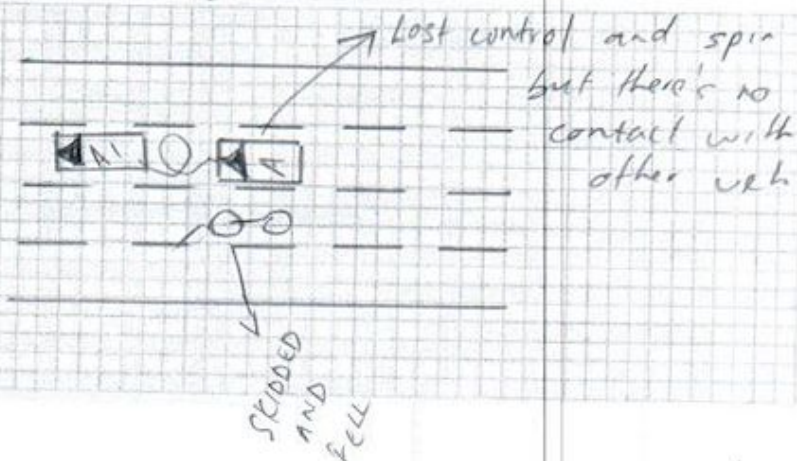
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE TWAS THAS BY CTE EXIT

A - GBA95234



Describe Circumstances of the Accident

Refer to police Report No: A/2020215/7011

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



**SINGAPORE
POLICE FORCE**



A/20220215/7011

1 of 1

POLICE REPORT (NP299)

Report No. A/20220215/7011

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 15/02/2022 11:27	Vide Report No.	Station Diary No.
Name Of Informant CHONG KWAI CHUEN	Address 106B CANBERRA STREET #05-463 SINGAPORE 752106	
ID Type / ID No. NRIC NO / S1227975B	Contact No. Home/Office:	Mobile: 98126972
Nationality SINGAPORE CITIZEN	Email Address CHONGKC.2000@GMAIL.COM	
Occupation DRIVER	Sex Male	Age 64
Institution/School Name	Date of Birth 17/08/1957	Race Chinese
Date/Time Of Incident 09/02/2022 16:00 - 09/02/2022 16:10	Location Of Incident PAN ISLAND EXPRESSWAY	

Brief details.

ON 09/02/2022 I WAS DRIVING MY COMPANY VEHICLE (GBA9523U) ALONG PIE TOAWARD TUAS BEFORE CTE EXIT DUE TO WET ROAD MY CAR LOST CONTROL AND SPIN BUT I AM VERY SURE THAT I DID NOT HIT ON TO ANY OTHER CAR OR MOTOR BIKE. THERE A BIKE WHO SAW MY VEHICLE LOST CONTORL BUT HE SELF SLIPPED BEHIND ME BUT THERE ARE NO CONTACT FOR THE BOTH VHEICLE.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/02/2022 11:27
Officer In-Charge Of Case:	Classification Of Case:





















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