# **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 witholding 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.

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   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 28/02/2022 15:18 (SGT) Date of Accident 25/02/2022 13:45 (SGT) Exact Location of Accident Tanjong Katong Rd, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number SNC7371B

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **BKWRENTACARPTELTD** Company Reg No 2XXXXX276D Email Address cs8558cs@gmail.com Mobile Phone No (Phone) +65-91445722 Alternative Phone No +65-91445722

#### VEHICLE PARTICULARS

Manufacturer

Model Camry Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Auto CC 2487

#### **INSURANCE COMPANY**

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 7990000051/1210001025 Cover Note Number

### DRIVER

Name of Driver **XU ZHICHENG** NRIC No. SXXXX575G

Date Of Birth 21/03/1981 Occupation Indoor Date Of Driving Pass 14/09/2006 Driving experience 15 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-91445722 Alt. Phone Number Email Address cs8558cs@gmail.com Address BLK 288A PUNGGOL PLACE #15-803 Address complement Postcode 821288 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **EUNICE** Gender Female PASSENGER 2 Name **CHRISTINA** Gender Female 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** 

FBJ2503B

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	TAN LEONG JOO
NRIC No	SXXXX340B
Contact Number	(Phone) +65-85333825
Address	<u>-</u>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### SKETCH PLAN

# IMPORTANT NOTICE

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- 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.
- 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.
- Consent under the Personal Data Protection Act (PDPA)

l 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
- (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
- (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.

RENT ACAP

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

TG KATONG RD

A=SNC7371B

scribe Circumstances of the Accident	) Y 1	17.
I WAS TRAVELLING	ALDNIC SINS AVE	
The Harry	ADDITION AVE	
PROCURT SANGOT	POT-NG PO	
INVISION INTO SALE	41004 FD.	
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Mr. total bond	COLDED OFFOR	
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(ME STOP GIVE TO AL	LOW KATERIC TO PASS.	
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MY VEHICLE DAMAGE	0	
FIT VEHICLE DANNINGE	υ.	
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# Declaration

We declare the foregoing particulars are true in every respect.

CAR ARE

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

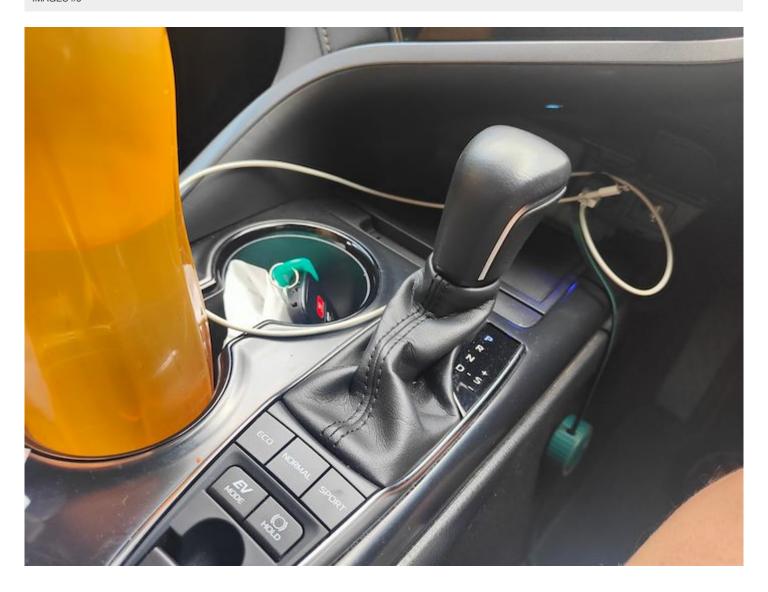
Mitnessed by Reporting Centre Personnel





















BKW RENT A CAR PTE LTD

120 Lower Delta Road #02-15 Cendex Centre Singapore 169208 Tel: 6738 7777 Fax: 6738 6666 VHA No: A 4 4 3 0 0

RENT-A-GAR	24 HOURS HEL	LPLINE: 6223 1122 HIRING AGREEMENT	Workshop	CARSM17H
HIRER'S	S PARTICULARS	Hirer's Own Vehicle No:		
Name (as in I/C)			5-16 77-10	
NRIC/Passport No:	Date of Birth:		1	
	Age:	make a Model. (. CFJ1	-	inual Group:
	S(			\$ cts
Name & Address of Employer			9\$ Per day	
		Weekly/Monthly week 6	Per week/Monthly	
	Driving Exp:			
	Passed Date:		Per day/Monthly	
D/L Type: Local/int1/Others:		Delivery/Collection Svc		
	НР		GST	
DRIVER'	S PARTICULARS	OR No:	(A) SUB-TOTAL	
Name (as in I/C)		Petrol Level OUT E 1/4	1/2 3/4 F	
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Address:	Age:	Firstkm FREE per day	GST	
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Occupation	Driving Exp:	Yrs at cents per km	TO THE OTHER IDEO	
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D/L Type: Local/Int1/Others:	Contact No:	CASH/NETS/VISA/MC/AMEX/	CHQ No:	1.00
A IT	Rain	in 5 Expiry Date: Card II	D No:	
INDICATE: A - Accidents D - Dents S - Scratches		ACCESSORIES CHECK  Data Cards Camera Sy Jack Tyre Opene  Hizer's Signature :	er Petrol Cap Spa	
X - Crack		SINGAPORE Use Only	-	_
payable under this agreement an	nd for parking and traffic infringements	greement. If I have presented a charge/o may be billed to that account and my si been given BKW Rent A Car Pte Ltd	gnature above will be consid	lered to have been
years and be holding valid driving and qualified driving experience damages costs to be Borne by 2. All vehicles are supplied with pe A service charge of \$10 on top of the fall to return the vehicle at the No refund for early return of vehicle at the No refund and return at the rate ship where applicable. Any returns a day rental.  4. Use of the vehicle for illegal purpedding or trafficking, smugglin 5. Vehicle strictly for Singapore us without prior written consent of the penalty fee of \$200 in additional of non-disclosure of Malaysia use. The hirer and/or driver shall be caused, all traffic violations, fine whatsoever reason in respect of The hirer and/or driver shall be of The hirer and/or driver shall be 1.	strol and should returned with petrol level lik of a petrol surcharge is payable by the hirer e appropriate petrol level. side. The hirer shall be liable for additional or own per hour per day, inclusive of CDW and fifter our operation hours will be charged as repose (For instance: in connection with theff ig), is strictly prohibited, se only and may not be driven out of Singa BKW Rent A Car Ple Ltd. The hirer is liable to the appropriate insurance top up in the	suffered or incurred by you in re- regular n all the owner reserve the right not occurred. Any damage to the ca should sharpes thereps therebs	urian or per's amell, the hirer and, we smell or per's hair between Si- ed tyre, empty petrol tank, loss or y isself, does not constitute a bre s Emergency Service is called to bear the cost of such response a all report to rental office immedia lours. Failure to comply, the hirer Full excess amount have to be a sponnsibility to ensure that the rall to trive when the vehicle is stall a the engine will be bear by the hir strictly confidential and is solely to transactions and other relating nemonal data collection statement	the operation of the went of an accident devisition and accident devisition and accident devisition and accident devisition and accident por accident accident por to respond to at \$60.00 per trip. all the accident religious accident will have to borne and immediately in accident religious accident religious accident religious accident religious accident religious accident religious accident religious accident religious accident religious accident religious accident religious accident religious accident religious accident religious accident por accident religious accident religious accident religious accident religious accident religious accident religious accident religious accident religious accident religious accident religious accident religious accident religious accident religious accident accident religious accident
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DayAnd Time The Vehicle is Return	ed To BKW Rent A Car Pte Ltd And The Sai	are Of Hirer Driver Failing Which The Day And me Shall Be Accepted As Conclusive Evidence from the rental vehicle (cashcard, parking con	e Of The Same And Shall Not Be	cemed To Be The Challenged Or

Time In

Mileage

Check By

Remarks

THE REAL

Hirer's/Driver Signature