# **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 16/02/2022 14:58 (SGT) Date of Accident 15/02/2022 12:05 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG ANG MO KIO AVE 1 TOWARDS EXIT CTE Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SK78072Y

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner CAR TIMES AUTO-RENT PTE LTD Company Reg No 201633634W **Email Address** claims@cartimes.com.sq Mobile Phone No (Phone) +65-87553065 Alternative Phone No +65-87553065

#### VEHICLE PARTICULARS

Manufacturer

Toyota Model Wish Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1797

#### **INSURANCE COMPANY**

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number SI21V09463/VPZ/R01 Cover Note Number

#### DRIVER

Name of Driver KWOK SENG LEONG IGNATIUS NRIC No S8109669D

Date Of Birth 13/03/1981 Occupation Outdoor Date Of Driving Pass 17/12/2018 Driving experience 3 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-87553065 Alt. Phone Number Email Address claims@cartimes.com.sg Address APT BLK 505C YISHUN STREET 51 #07-46 SINGAPORE 763505 Address complement Postcode 763505 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **LEASING** 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? Yes Was any injured conveyed to hospital by ambulance? No 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 **UNKNOWN** 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 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** Vehicle Registration Number SMT7672E Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	MR.NG
Contact Number	(Phone) +65-96326800
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 Gender	KWOK SENG LEONG IGNATIUS Male
Phone No	(Phone) +65-96326800
Address	APT BLK 505C YISHUN STREET 51 #07-46 SINGAPORE 763505
Address Complement	-
Post Code	763505
Approximate Age Years Old	-
Injuries Sustained	NOT FEELING WELL.
Injured person in which vehicle?	SKZ8072Y
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)

Lunderstand, 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

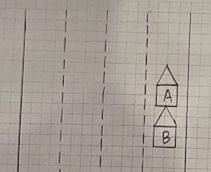
KR

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

Harry Control

Witnessed by Reporting Centre Personnel

# Sketch Plan



Along Ang Mo Kio Ave I Towards Exit CTE

Vehide A - SKZ 8072 Y Vehide B - SMT 7672 E

	ruary 2022 approximately 1205 hour, I was drivin	
1 Towards Exif	CTE. When my rehide have stationary stopped t	for waiting traffic light,
suddenly vehic	le B have hit my vehicle rear. We both have	e changed particular.
Declaration		
We declare the foregoing particle	ulars are true in every respect.	
CHES AD		HUTOLUTON
(3)	deak	(201605716G) 7
Policyholder's Signature / Date &	Driver's Signature (if driver is not the policyholder) / Date	Witnessed by Reporting Centre











