

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 16/06/2022 15:33 (SGT)
Date of Accident 15/06/2022 21:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information LEONIE HILL ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLW51P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner THE CAR CYCLE RENTAL PTE. LTD.
Company Reg No 201512630W
Email Address SOONKEVIN@YAHOO.COM
Mobile Phone No (Phone) +65-90073513
Alternative Phone No +65-90073513

VEHICLE PARTICULARS

Manufacturer Toyota
Model Alphard
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 2500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5112884148-02
Cover Note Number drivo CLASSIC

DRIVER

Name of Driver KOH BOON HAI, DENNIS
NRIC No S8124752H

Date Of Birth	19/08/1981
Occupation	Outdoor
Date Of Driving Pass	01/10/2015
Driving experience	6 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86500008
Alt. Phone Number	-
Email Address	DENNISKOHBONHAI@GMAIL.COM
Address	BLK 560 ANG MO KIO AVENUE 10 #05-1744
Address complement	-
Postcode	560560
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	Collided into Parked Vehicle
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)	0
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?	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	SMP4721M
Vehicle Manufacturer	Toyota
Vehicle Model	Noah
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	LIM PENG HUAT
NRIC No	S0032427B
Contact Number	(Phone) +65-91170519
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 16/06/2022 / 15:14

Report No: MT

D.O.A: 15/06/2022
Time: 21:00 hrs

Vehicle No: SLW51P

Reporting Type:

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



16/06/22 / 15:14

Policyholder's Signature / Date & Time

[Signature]

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

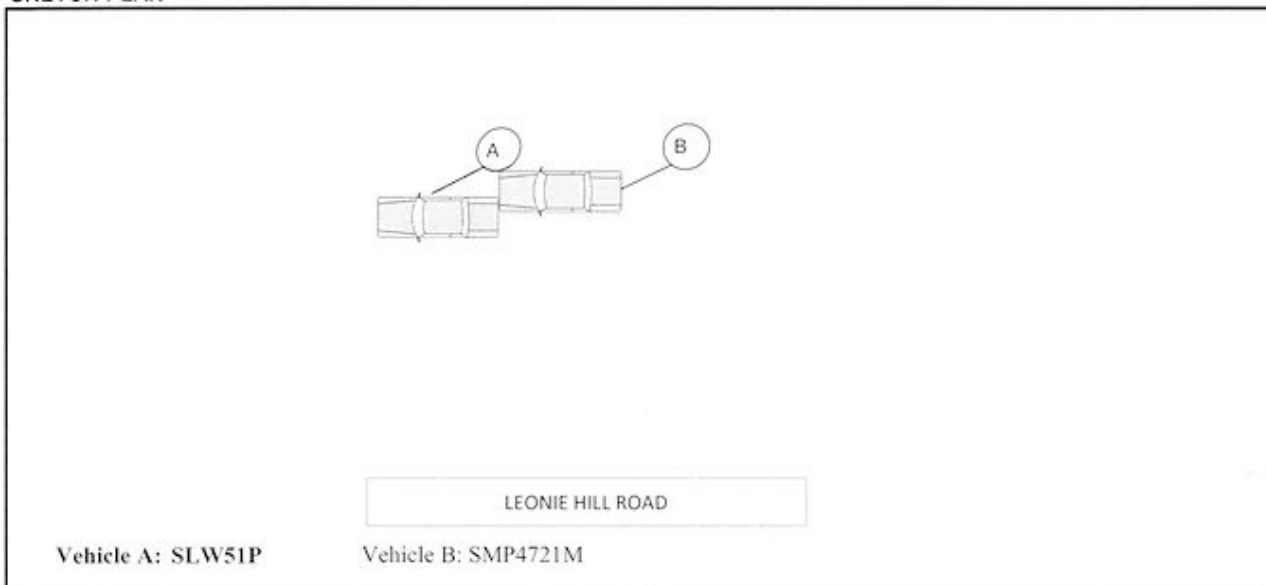
16/06/22 / 15:14

[Signature]

Ganesh (S993561)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was stationary and engine off. I was outside in front of my car. Suddenly vehicle B collided to my rear right side and after the collision vehicle B reversed. After that he get down and we assess damages and exchange particulars. No one was injured in this accident.

Declaration

I/We declare the foregoing particulars are true in every respect.



16/06/22 / 15:14
Policyholder's Signature / Date & Time

16/06/22 / 15:14
Driver's Signature (If driver is not the policyholder) / Date & Time

Ganesh (S993561)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel















