

## 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 ..... 13/07/2022 18:39 (SGT)  
Reported by ..... Both  
Date of Accident ..... 10/07/2022 22:30 (SGT)  
Exact Location of Accident ..... 472 Fernvale St, Singapore 793472  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMY2534C

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ALPINE CAR RENTAL PTE LTD  
Company Reg No ..... 199003483E  
Email Address ..... JAMES.CHUA@ALPINECARRENTAL.COM.SG  
Mobile Phone No ..... (Phone) +65-88181638  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Opel  
Model ..... Crossland  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1200

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Policy Number / Cover Note Number ..... 5112296399-02

#### DRIVER

Name of Driver ..... TAN PENG CHERN  
NRIC No ..... S8521379B  
Date Of Birth ..... 30/07/1985  
Occupation ..... Indoor

Date Of Driving Pass .....	04/12/2006
Driving experience .....	15 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91855461
Alt. Phone Number .....	-
Email Address .....	JAMES.CHUA@ALPINECARRENTAL.COM.SG
Address .....	471B FERNVALE STREET
Address complement .....	16-113
Postcode .....	792471
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 .....	Side Swipe
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) .....	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	ZHAI BEILEI
Gender .....	Female

#### PASSENGER 2

Name .....	ZHAI DANGXUAN
Gender .....	Male

#### PASSENGER 3

Name .....	TAN XIN HAO JAYDEN
Gender .....	Male

#### PASSENGER 4

Name .....	TAN XIN YAN JAMELIA
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 ATTACHED

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... Yes  
 Reasons for not uploading a video of the accident ..... FILE TOO BIG, WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SMZ174R  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... -  
 Contact Number ..... -  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

SKETCH PLAN

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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:

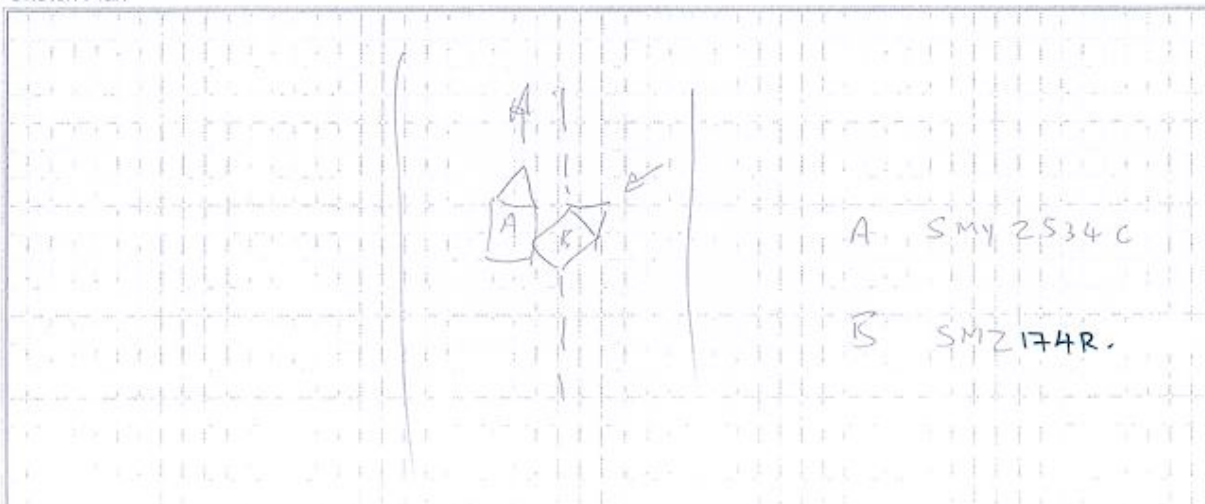
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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.

   
Policyholder's Signature / Date & Time

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

   
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



## Describe Circumstance of the Accident

Date and time of Accident : 10 Jul 2022 8.30pm  
 Location : B1K 472

On that day, I was entering in the neighbourhood heading to the carpark. <sup>th</sup> ~~The~~ My I was in the right of way in the direction to the carpark. There ~~was~~ enough space for me to drive through but the 3rd party car suddenly reverse and collided on the right side of my car. When the collision, I ~~was~~ have to stop the car but ~~is~~ the damage caused the driver and passenger door.

## Declaration

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

Policyholder's Signature / Date & Time

*James*  


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

*[Signature]*

Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)

*[Signature]*



































# ALPINE CAR RENTAL PTE LTD

GST REGISTRATION NO. : M2-0094320-1

COMPANY REG NO - 1990034  
SINGAPORE  
TEL:65532122 FAX:65531911



VEHICLE				CORPORATE HIRER			
Vehicle No	:	SMY2534C		Co. Name	:	TAN PENG CHERN	
Model	:	Crossland X D15DTH		Co. Addr.	:	BLK 471B, #16-113 FERNVALE STREET Singapore 792471	
Change Over 1	:	Date :	Initial :				
Change Over 2	:	Date :	Initial :	Co. Person	:		Tel :

## NAMED DRIVER

Name	Address	Office Tel	Residence Tel	Occupation	P.P./C No.	Nationality
Date of Birth	Place of Birth	Dr. Licence No.	Expiry Date	Country of Issue	Remark	
TAN PENG CHERN	BLK 471B FERNVALE STREET #16-113 S792471				S8521379B	
30/7/1985	SG	S8521379B		SG		

CHECK OUT	DATE / TIME :	PETROL LEVEL OUT :	OUT(KM) :
CHECK IN	DATE / TIME :	PETROL LEVEL IN :	IN(KM) :
METHOD OF PAYMENT	:		KM DRIVEN :

CHECKED OUT BY : CHECKED IN BY : CHECKED BY :

## COLLISION DAMAGE WAIVER

ACCEPT CDW EXCESS	DECLINES CDW EXCESS
\$ per accident	\$ per accident
SIGNATURE :	SIGNATURE :

## PERSONAL ACCIDENT INSURANCE

ACCEPTS PAI	DECLINES PAI
SIGNATURE :	SIGNATURE :

## CHARGES

No.	Desc.	Bill From	Bill To	Qty.	Qty. Uom.	Price	Price Uom.	total Amount (@\$)
1	RENTAL DAILY	10/07/2022	11/07/2022	1.00	DAY		DAY	
Remarks : EXCESS \$3,000.00 PER ACCIDENT/DAMAGE OWN DAMAGE				SUBTOTAL	:			
EXCESS \$3,000.00 PER ACCIDENT/DAMAGE THIRD PARTY				LESS DISCOUNT	:			0.00
				TOTAL	:			
				GST @ 7.00%	:			
				TOTAL AMOUNT WITH GST @ 7.00%	:			
				PRE-PAYMENT	:			0.00
				DOWNPAYMENT AND DEPOSIT	:			
				AMOUNT REFUNDED/DUE	:			

ACKNOWLEDGED DIGITALLY  
VIA SECURED LOG-IN

Invoice No : Rec No :

IMPORTANT: The vehicle will not be insured after the expiry of the hire period and in case of any accident the Hirer will be liable for all consequences. For extension of rental please inform us at least 24 hours before the expiry time and payment for extended rental will have to be made within 24 hours. Late charges at 1/5 (one fifth) of the daily rate of rental for each hour extending the time for return of the Vehicle will be imposed (i.e. a full day rental will be charged if the Hirer is 5 or more hours late returning the vehicle). Any vehicle not returned within 24 hours will be reported as stolen. Hirer is responsible for all parking & traffic violations and missing items.

HIRER'S DECLARATION: I agree to the terms and conditions above and as set out and in declare that all information given on this form are true and accurate. If I opt to pay by credit card my signature here is to be deemed to have been on the application credit card voucher.

Privacy Consent: I/We (TAN PENG CHERN) hereby consent to the collection, use, disclosure and processing of my/our personal data in accordance with the terms and conditions governing the products and/or services applied for herein.

ALPINE CAR RENTAL PTE LTD

As Managers on Behalf of

PHILLIP PHANG, GENERAL MANAGER  
COMPUTER GENERATED  
NO SIGNATURE REQUIRED

OWNER

ACKNOWLEDGED DIGITALLY  
VIA SECURED LOG-IN

HIRER

SIGNATURE FOR REFUND

COMPANY STAMP