

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 Actual 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 12/09/2022 14:00 (SGT)
Reported by Driver
Date of Accident 09/09/2022 02:30 (SGT)
Exact Location of Accident Bras Basah Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNF1137K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PHV LEASING PTE. LTD.
Company Reg No 201918386R
Email Address katty@phv.com.sg
Mobile Phone No (Phone) +65-97767757
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
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? Yes
Vehicle Category Private hire
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5110578772-03

DRIVER

Name of Driver TAN CHWEE GUAN JEFFREY
NRIC No S7716771D
Date Of Birth 16/06/1977
Occupation Outdoor

Date Of Driving Pass	19/09/2002
Driving experience	20 YEARS
Gender	Male
Mobile Number	(Phone) +65-88249224
Alt. Phone Number	-
Email Address	jeffreytan6083@gmail.com
Address	BLK 253 JURONG EAST STREET 24
Address complement	#04-245
Postcode	600253
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	Collision - Cross Junction
Weather Conditions	AFTER
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	1
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	-

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 SEE ATTACHED SKETCH PLANS

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-




DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

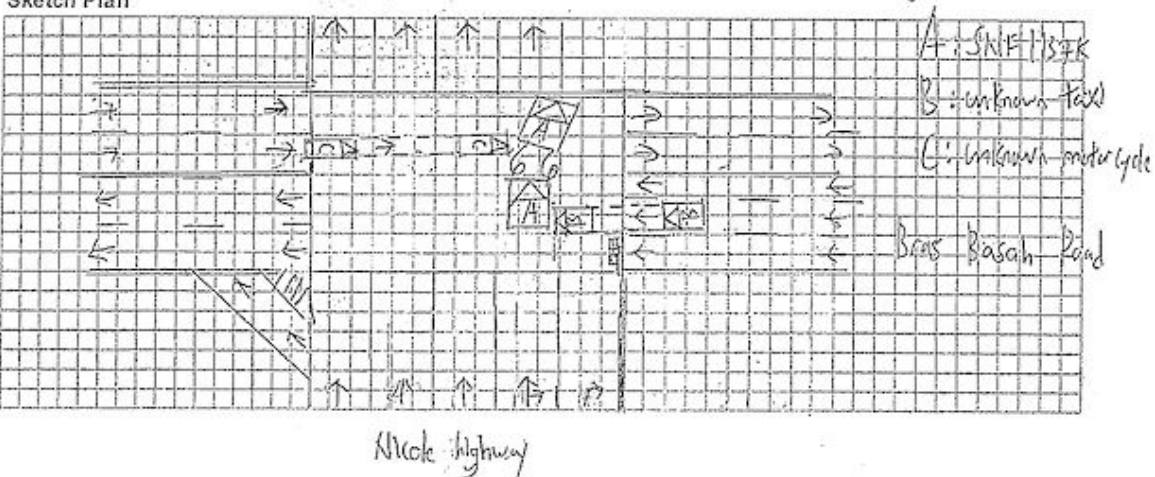
SKETCH PLAN

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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.
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
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Sketch Plan



Describe Circumstances of the Accident

On 9/9/2022 at about 0230 hours, the weather condition is after rain and road surface is wet. After drop off my Grab passenger, I was travelling along second lane of Bras Basah Road and intend crossing the junction towards Nicote Highway. I crossing the junction when I felt that the traffic light should be in my favor. Suddenly I felt an great impact from my car rear right position. The impact causing my car spin forward. I come out from my car and realise there is a unknown taxi collided into my car rear right position. The impact causing my car spin forward and there is a unknown car plate motorcycle unable to stop in time and collided into my car.

☒ Claim OD ☐ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop :

Email address :

Myself email :

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

I/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



































PHV LEASING PTE. LTD.
33 Ubi Avenue 3, #01-77
Vertex Singapore 408868
Tel: (65) 6769 7757 Fax: (65) 6659 5733
Company Reg. No.: 201918386R
GST Reg. No.: 201918386R

VEHICLE RENTAL AGREEMENT

This Agreement is made on the 20th day of May 2022

Between **PHV LEASING PTE LTD** (Registration No.: 201918386R)
having its registered office at
33, Ubi Avenue 3, #01-77 Vertex Singapore 408868
Hereinafter known as "the Owner" of the one part

And **Mr. TAN CHWEE GUAN JEFFREY (CHEN SHUIYUAN)** (NRIC No.: S7716771D)
Located at **BLK 253 JURONG EAST STREET 24 #04-245 SINGAPORE 600253**,
Hereinafter also known as "the Hirers" of the other part

herby agreed that the Owner will let to the Hirers the vehicle known as "the Vehicle" upon the terms and conditions hereinafter appearing

1. DESCRIPTION OF VEHICLE

Make & Model	HONDA SHUTTLE PETROL 1.5G CVT SENSING
Registration Number	SNF1137K
Chassis Number	GK82100213
Engine Number	L15B0020269
Colour	SILVER
BU	1220883086

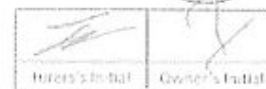
2. LEASING DETAILS

LEASE DURATION PERIOD	18 MONTHS
LEASE COMMENCEMENT DATE	24 th MAY 2022 TO 27 th NOVEMBER 2023
LEASE EXPIRY DATE	27 th NOVEMBER 2023
WEEKLY RENTAL FEE	S\$525.00 (Inclusive of GST) (Every Monday of the Week Before 23.59Hours) Inclusive of CDW, \$5 daily
Remark	Singapore Use Only & Sub-Rental are not allowed in this agreement.

RENTAL FEE

- a. Rental Fee includes the following items:
- Unlimited mileage;
 - Road Tax and Radio License;
 - Motor Insurance Coverage (Excess applicable);

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Lease Agreement No: PHV202206-0086-D-G