

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	02/11/2022 15:43 (SGT)
Reported by	Driver
Date of Accident	02/11/2022 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BRADDELL RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJR5719P

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JCM RENTAL PTE LTD
Company Reg No	[REDACTED]
Mobile Phone No	(Phone) + [REDACTED]
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	CERATO FORTE 1.6(A) SX ABS D/AB 2WD 4DR
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	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00007682200

DRIVER

Name of Driver	ZHU YUTENG
Passport No/FIN	[REDACTED]
Occupation	Indoor

Date Of Driving Pass	[REDACTED]
Driving experience	[REDACTED]
Gender	Male
Mobile Number	(Phone) +65-[REDACTED] 0
Alt. Phone Number	-
Email Address	lls@ridenow.sg
Address	-
Address complement	-
Postcode	-
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

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

REFER ATTACHED (REPAIR BY OTHER WORKSHOP)

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	SLK9821M
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMR7205G
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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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
Sketch Plan

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

Witnessed by Reporting Centre Personnel



Car B - SMR 7205 G
Car A - SJR 5719 P
Car C - SLK 9821 N

Describe Circumstances of the Accident

Both my car (SJR 5719P) and Car B (SMR 7205G) was stationery ~~when~~. Then suddenly Car C (SLK 9821M) hit me and cause my vehicle to move forward and hit Car B (SMR 7205G)

DOA: 2/11/22 11:30am (Braddell Rd)

Describe Circumstance of the Accident

** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party () Reporting Only
(/) Claim OD/ TP at other workshop ()

Sketch Plan

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

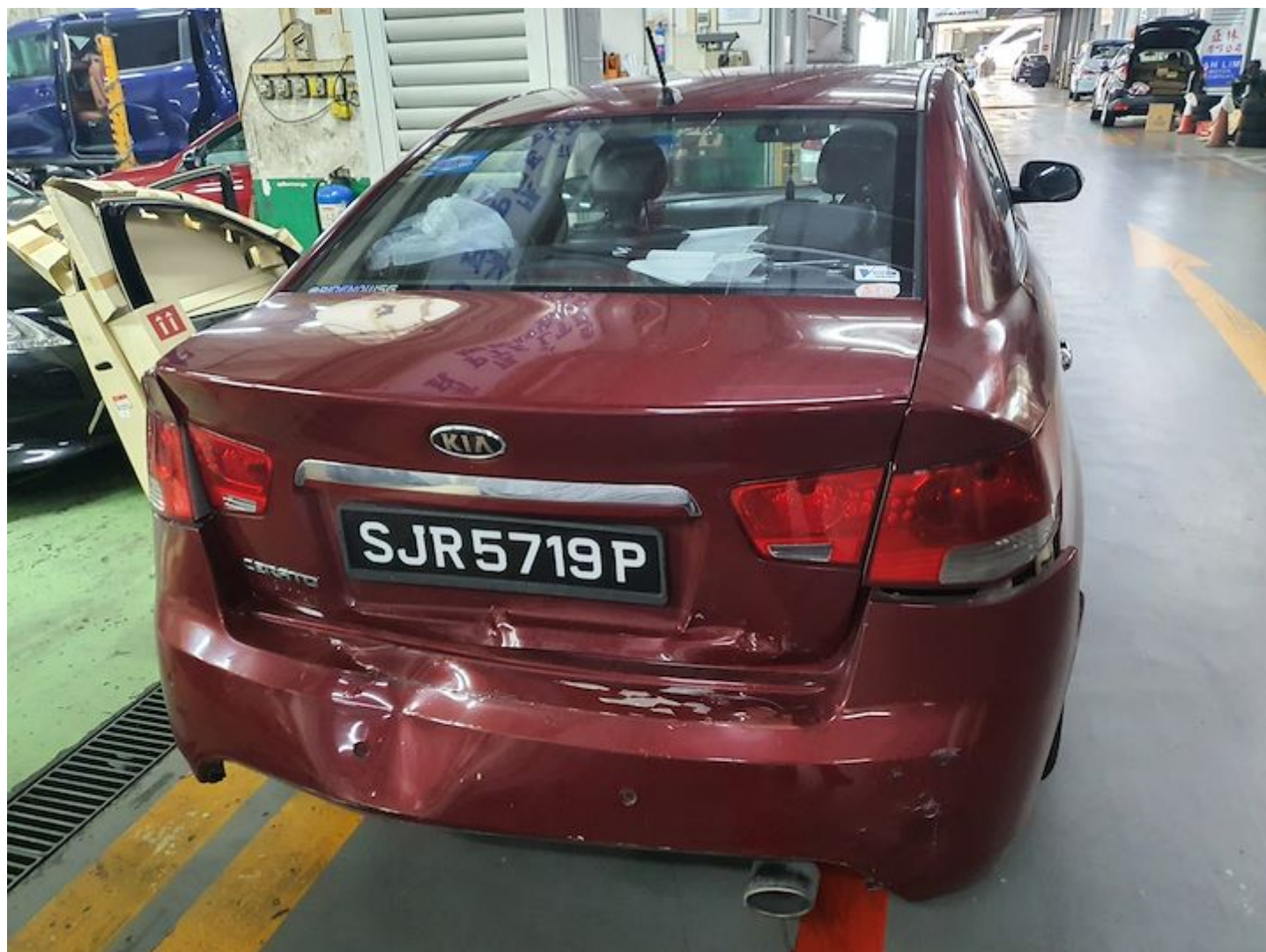
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

















JCM
RENTAL

JCM Rental Pte Ltd

 1 BUKIT BATOK CRESCENT #04-40 WCEGA PLAZA
SINGAPORE 658064 CO. REGN NO.: 201711659M

TEL: 67343438

FAX: 67343478

RENTAL AGREEMENT

REF NO: JCM22-00532C

HIRER'S PARTICULARS

NAME: ZHU YUTENG

NRIC/PASSPORT: [REDACTED]

CONTACT: [REDACTED]

ADDRESS: [REDACTED]

RELIEF DRIVERS

RENTAL DETAILS	
CAR:	Kia/Cerato
REGISTRATION:	SJR5719P
COLLECT DATE:	8 Aug 2022
RETURN DATE:	8 Nov 2022
P-PLATE:	No
GPS:	No
VEHICLE DELIVERY:	Yes (Delivery Charge: \$0.00)
REMARKS:	SG ONLY

[Signature] (G24285642P) 5pm

RENTAL CHARGES	
RENTAL RATE (Monthly)	\$1325.00
DELIVERY AMOUNT	\$0.00
RELIEF DRIVER AMOUNT	\$0.00
REFUNDABLE DEPOSIT Cash / Nets / Credit Card / Cheque	\$500.00

(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES	
<i>[Signature]</i>	<i>[Signature]</i>
<i>[Signature]</i>	<i>[Signature]</i>

2300

COLLECTION OF VEHICLE	
OUT DATE	8 Aug 2022
TIME AM/PM	5:10pm
MILEAGE OUT IN KM	321667
FUEL LEVEL	90%
CHECKED OUT BY:	YU

CHECK OUT FUEL GAUGE	CHECK IN FUEL GAUGE
<i>[Signature]</i>	<i>[Signature]</i>

RETURN OF VEHICLE	
IN DATE	8 Nov 2022
TIME AM/PM	
MILEAGE IN KM	
FUEL LEVEL	
CHECKED IN BY	

ADDITIONAL NOTES

I agree to pay for the following damages	
DAMAGES:	SIGNATURE:
\$294 (-) paid on	<i>[Signature]</i>
REFUNDED: 13/10/22	

The hirer hereby read and understood all terms and conditions stated on this page and overleaf

[Signature] (G24285642P)
Hirer Signature
Date: 2022-08-08
Time: 16:57:16

5719


 Approving Officer
TRAVIS SEAH