

## 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 .....	09/11/2022 17:13 (SGT)
Reported by .....	Driver
Date of Accident .....	08/11/2022 07:04 (SGT)
Exact Location of Accident .....	Outram Park, Singapore
Additional Location Information .....	NEAR TO NEW OUTRAM & MRT STATION
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBF789C
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	C & P RENT-A-CAR PTE LTD
Company Reg No .....	197900477H
Email Address .....	claims@cartimes.com.sg
Mobile Phone No .....	(Phone) +65-81267188
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Nv200
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	1461

#### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number .....	SD22V01367/V CZ/R09

#### DRIVER

Name of Driver .....	GANESAN ANBALAGAN
Work Permit No .....	G5109461T
Date Of Birth .....	02/05/1987
Occupation .....	Outdoor

Date Of Driving Pass .....	10/01/2019
Driving experience .....	3 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81267188
Alt. Phone Number .....	-
Email Address .....	claims@cartimes.com.sg
Address .....	BLK 714 CLEMENTI WEST ST 2 #08-141
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	LEASING
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 .....	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) .....	0
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? .....	Yes
Police Station Name .....	Clementi Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008729999
Alt. Police Station Phone No .....	(Fax) +65-68728039
Police Station Address .....	No. Singapore 129858
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

#### 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 .....	XE4680A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	WANG GUODONG
Work Permit No .....	G2503369N
Contact Number .....	(Phone) +65-86202133
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 .....	PC8445S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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****IMPORTANT NOTICE**


1. Please report correctly the details of the accident to speed up the claims process.
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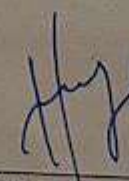
**Consent under the Personal Data Protection Act (PDPA)**

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.

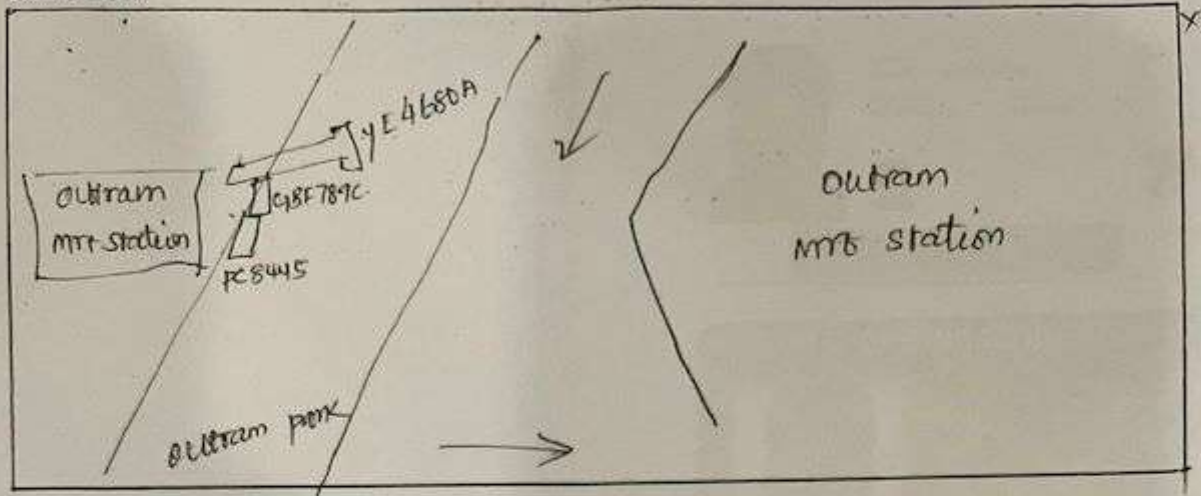
  
Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement Refer to Police Report

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:

*[Signature]*

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

*[Signature]*





C & P Rent-A-Car (Pte) Ltd  
41 Pandan Road  
Singapore 609283  
Phone: 6 736 6666 Fax: 6 349 3855  
GST No.: M200337328 ROC No.: 197900477H

## RENTAL AGREEMENT NUMBER

RACLT200315

## COMPANY/DRIVER'S DETAILS

Name REFER TO HIRER FOR DRIVER'S DETAILS  
Address  
Country  
Office No. Home No. Postal Code  
Driving Licence TBA Expiry Date Mobile No.  
Date of Birth: Place of Issue:  
Nationality

COMPANY/BILLING DETAILS  
Account Name: CONRAD MAINTENANCE SERVICES PTE LTD Cust Code: DCO007  
Contact Person: FINANCE DEPT Sales ID: MISCHEN  
Office No. 65618992 Home No. Mobile No.

ADDITIONAL DRIVER  
Name  
Address  
Country  
Office No. Home No. Postal Code  
Driving Licence Expiry Date Mobile No.  
Date of Birth: Place of Issue:  
Nationality

PAYMENT MODE  
I HEREBY AUTHORISE C&P RENT-A-CAR PTE LTD TO CHARGE MY VISA/MC/AMERICAN EXPRESS FOR ANY EXTENSION OF HIRE OR DAMAGES NOT COVERED WITHIN THE TERMS OF THIS AGREEMENT  
Card No. Expiry Date  
Name of Cardholder.  
Issuing Bank Authorisation Code

COLLISION DAMAGE WAIVER (CDW)  
THE HIRER MAY LIMIT HIS LIABILITY FOR ANY DAMAGE ARISING FROM A COLLISION REGARDLESS OF WHETHER OR NOT HE WAS RESPONSIBLE FOR THE COLLISION BY PURCHASING CDW AND PAYING THE SPECIFIED SUM  
IMPORTANT: CDW DOES NOT APPLY TO DAMAGE CAUSED TO THE VEHICLE'S UNDERCARRIAGE, AND/OR LOSS OR DAMAGE CAUSED BY ANY DELIBERATE OR RECKLESS ACT OR OMISSION, AND IF THE HIRER AND/OR THE AUTHORISED DRIVER FAIL TO COMPLY WITH OR COMMIT A BREACH OF ANY PROVISION IN THIS AGREEMENT, REFER TO CLAUSE 8 ON REVERSE OF THE RENTAL AGREEMENT.  
CDW Not Purchased. Singapore Excess Limited to S\$2,000  
Car Strictly For Singapore Use Only

Signature Of Hirer

X

## PERSONAL ACCIDENT INSURANCE (PAI)

PAI MAY BE PURCHASED AT THE PREMIUM PER DAY SPECIFIED HEREIN. THE HIRER ACKNOWLEDGES THAT THE INSURANCE IS WRITTEN BY AN INDEPENDENT INSURANCE COMPANY AND ACKNOWLEDGES THAT HE HAS RECEIVED, READ & UNDERSTOOD THE POLICY CONDITION RELATING TO THE SAME.

PAI Not Purchased. Coverage = ZERO

Signature Of Hirer

X

## HIRER'S ACKNOWLEDGEMENT

(I HAVE READ AND AGREED TO THE TERMS AND CONDITIONS ON BOTH SIDES OF THIS AGREEMENT.  
ANY EXISTING DAMAGE AT THE TIME OF HIRE MUST BE NOTED BY BOTH PARTIES ON THE CHECK IN/OUT FORM.  
DAMAGE NOT NOTED WILL BE CHARGED TO THE HIRER'S ACCOUNT.  
A CLEANING FEE OF BETWEEN \$30 AND \$150 WILL BE CHARGED FOR CARS RETURNED IN AN UNACCEPTABLY DIRTY CONDITION.  
IN THE EVENT THAT DAMAGE TO THE VEHICLE BECOMES EVIDENT AFTER CLEARING, THE REPAIR COSTS WILL BE CHARGED TO THE HIRER'S CREDIT CARD.  
ANY PARKING, TRAFFIC INFRINGEMENTS AND LATE RETURN CHARGES MAY BE CHARGED TO MY CREDIT CARD.  
IF I HAVE PRESENTED A CHARGE/CREDIT CARD FOR PAYMENT, MY SIGNATURE BELOW WILL BE CONSIDERED TO HAVE BEEN MADE ON THE CHARTER OR CREDIT CARD VOUCHER.

HIRER (&amp; COMPANY CHOP IF APPLICABLE)

X

ADDITIONAL DRIVER

X

FOR OWNER

X

## REMARKS

REF: MISCHEN/RAYMOND 12 MTHS RENTAL WEF 02/08/2020 - 01/09/2021 (CA/MK/0920/002)  
ADDITIONAL S\$1,000.00 FOR ACCIDENT WITH 3RD PARTY CLAIM

## IMPORTANT NOTES

ALL VEHICLES ARE SUPPLIED WITH A FULL TANK AND SHOULD BE RETURNED FULL. IF NOT, PLEASE RETURN AT THE FUEL LEVEL WHEN THE CAR WAS CHECK OUT. AN ADMIN FEE AND FUEL CHARGE WILL BE CHARGED TO ANY HIRER WHO RETURN THE VEHICLE AT ANY LEVEL BELOW THE AMOUNT STATED IN THE CHECK IN/OUT FORM.  
ONLY PERSONS ABOVE 21 YEARS OF AGE WITH MORE THAN 1 YEAR DRIVING EXPERIENCE, AUTHORISED, LICENSED AND SIGNING THIS AGREEMENT MAY DRIVE THE VEHICLE.  
VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT THE PRIOR CONSENT OF THE OWNER.  
IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENT OFFICE IMMEDIATELY AT 9736 6666. A G/A FORM MUST BE FILLED UP FOR ANY NON INJURY CASES AND AN ADDITIONAL POLICY REPORT FOR ANY INJURY THAT MAY ARISE.

	OUT	IN
RA Status	CheckOut	
REGN NO.	GBF789C	
MAKE	NISSAN	
MODEL	NV200 1.5L MT	
COLOUR	RED	
DATE	02/09/2020	01/09/2021
TIME	10:00	23:59
FUEL	8/8	
KM	162658	0
KM DRIVEN	0	

## VEHICLE/RETURN DETAILS

	DATE	TIME
DUE TO RETURN	01/09/2021	23:59
EXTENDED TO	05/11/2020	10:45

## RENTAL CHARGES

RATE PLAN CODE	Monthly Rate	
RENTAL CHARGES:		
12 Months @ \$	1,150.00	13,800.00
TOTAL CHARGES		13,800.00
LESS: DISCOUNT ALLOWED		0.00
TOTAL CHARGES w/DIS		13,800.00
CDW @ \$0 Per Month		0.00
CDWM @ \$0 Per Month		0.00
PAI @ \$0 Per Month		0.00
TOTAL W/CDW & PAI		13,800.00

## ADD: MISC CHARGES

ADDITIONAL DIESEL CHARGES	87.14
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TOTAL MISC CHARGES	87.14
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PRORATE	0.00
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GRAND TOTAL	13,887.14
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ADD GST 7%	972.10
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GRAND TOTAL w/GST	14,859.24
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CHARGES SUBJECT TO FINAL AUDIT

## REFUND SIGNATURE





**SINGAPORE  
POLICE FORCE**



T/20221108/2119

1 of 3

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No. T/20221108/2119

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/11/2022 22:32		Vide Report No.: A/20221108/0102		Station Diary No.: 176	
<b>Informant's Particulars</b>					
Name of Informant: GANESAN ANBALAGAN			Address: APT BLK 714 CLEMENTI WEST STREET 2 #08-141 SINGAPORE 120714		
ID Type / ID No.: FIN NO / G5109461T			Contact No.: Home/Office: Mobile: 81267188		
Nationality: INDIAN			Email:		
Sex: Male	Age: 35	Date of Birth: 02/05/1987	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: OPERATION SUPERVISOR			Driving Licence Information: Class: 2B,3		Date of Expiry: 09/08/2026

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/11/2022 19:20	Type of Location:
Location:  OUTRAM PARK				
Lamp Post Number: 3A				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF789C	Van				Slightly Damaged	0
PC8445S	Van				Slightly Damaged	0
XE4680A	Trailer				Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20221108/2119

2 of 3

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No. T/20221108/2119

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	GANESAN ANBALAGAN	ID No.	G5109461T
Related Vehicle	GBF789C (Van)	Contact No.	81267188
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 09/08/2026
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	WANG GUODONG	ID No.	G2503369N
Related Vehicle	XE4680A (Trailer)	Contact No.	86202133
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the above-mentioned date, time and location, I parked my vehicle (GBF789C) along the Outram Park. I parked there as I was doing maintenance work for about 4 hours. The main contractor is namely Mr Ramesh (HP: 89292572) dedicated a spot for me to park the vehicle when conducting maintenance work.

When I was doing maintenance work, I received a call Mr Ramesh. Mr Ramesh informed me that my vehicle got hit by a trailer and my vehicle also collided with Mr Slamet (HP:96322387) vehicle (PC8445S). I then immediately and make a check on the accident.

There was damage on my left front bumper and rear bumper. There was nobody injured.

After that, police resources attended to the accident.





**SINGAPORE  
POLICE FORCE**



T/20221108/2119

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

3 of 3

Report No. T/20221108/2119

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:  
D /  
SGT 2 NG WEI JIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
08/11/2022 22:32

Officer In Charge Of Case:  
TP / GIT /  
INSP (1) THABAGESH JEYATHESH  
Contact No.: 65476178

Classification Of Case:

NP168