

## 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 .....	26/11/2022 11:18 (SGT)
Reported by .....	Driver
Date of Accident .....	18/11/2022 21:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PIE TUAS BEFORE CTE EXIT
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLF7009G

#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	TCRP PTE. LTD.
Company Reg No .....	[REDACTED]
Email Address .....	[REDACTED] SG
Mobile Phone No .....	(Phone) +65-9 [REDACTED]
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	3
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 .....	1500

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5112364614-03

#### DRIVER

Name of Driver .....	RAJU VIJAYAKANTH
Work Permit No .....	[REDACTED]
Date Of Birth .....	[REDACTED]
Occupation .....	Indoor

Date Of Driving Pass .....	██████████
Driving experience .....	1 YEAR AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) ██████████
Alt. Phone Number .....	-
Email Address .....	██████████████████
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? .....	Yes
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 TO SKETCH PLAN

#### 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 .....	SDH9928A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	UNKNOWN
Contact Number .....	-

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

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SHC2495G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	UNKNOWN
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	5

# 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time 26/11/2022 11:20 AM

Sketch Plan

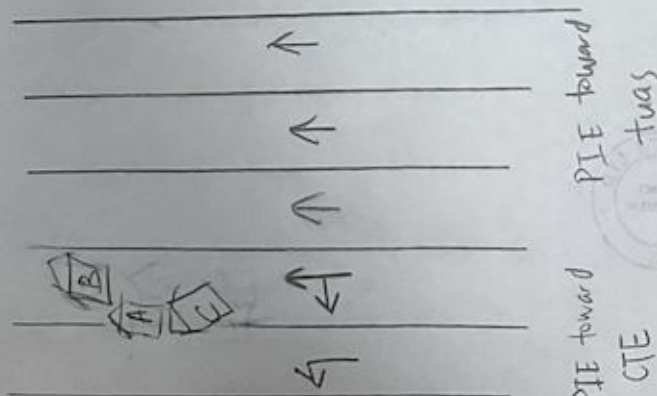
*[Signature]*

Driver's Signature (if driver is not the policyholder) / Date & Time 26/11/2022 11:30 AM

*[Signature]*

Witnessed by Reporting Centre Personnel

Vehicle A - SLF 7009 G  
Vehicle B - SDH 9928 A  
Vehicle C - SHC 2495 G





Describe Circumstances of the Accident

Car SDH 9928A driven by old uncle sudden break on  
 PLE, then I ... break and manage to stop and I  
 avoid colliding into the front car. Within few seconds  
 the taxi SHC2095G hit me hard from behind and I  
 collided into the front car. Car SDH 9928A left the scene  
 before traffic police arrive. Taxi driver agreed that this  
 is his fault and all insurance claims goes to him in front of  
 traffic police. Traffic police investigated the accident and  
 inform me no need to register police case, and settle with car  
 company. No one was injured in the accident.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
 Time 26/11/2022 11:20 AM

*[Signature]*

Driver's Signature (if driver is not the policyholder) / Date  
 & Time 26/11/2022 11:20 AM

*[Signature]*

Witnessed by Reporting Centre  
 Personnel



























# TCRP PRIVATE LIMITED

1 BUKIT BATOK CRESCENT #04-40 WCEGA PLAZA  
SINGAPORE 658064 UEN: 201800913H

TEL: 67343438  
FAX: 67343478

## RENTAL AGREEMENT

REF NO: RN22-17329

### HIRER'S PARTICULARS

NAME: RAJU VIJAYAKANTH

NRIC/PASSPORT:

CONTACT:

ADDRESS:

### RELIEF DRIVERS

VINOTH PALANIVEL

(438474570)

BAVA GOPI

(588675840)

RENTAL DETAILS	
CAR:	✓ Mazda/3
REGISTRATION:	SLF7009GII
COLLECT DATE:	✓ 3 Jan 2022
RETURN DATE:	✓ 3 Feb 2022 (3 march 2022)
P-PLATE:	Yes
GPS:	No
VEHICLE DELIVERY:	No
REMARKS:	SG ONLY

RENTAL CHARGES	
SUBTOTAL	\$1600.00
TOTAL	\$1600.00
AMOUNT PAID	\$1600.00
BALANCE DUE	\$0.00
REFUNDABLE DEPOSIT	\$200.00
Cash / Nets / Credit Card / Cheque	

(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES	
CHECK OUT FUEL GAUGE	CHECK IN FUEL GAUGE
ADDITIONAL NOTES	

COLLECTION OF VEHICLE	
OUT DATE	3 Jan 2022
TIME AM/PM	5:30pm
MILEAGE OUT IN KM	171168
FUEL LEVEL	100%
CHECKED OUT BY:	yu

RETURN OF VEHICLE	
IN DATE	3 Feb 2022
TIME AM/PM	
MILEAGE IN KM	
FUEL LEVEL	
CHECKED IN BY	

I agree to pay for the following damages	
DAMAGES:	SIGNATURE:
REFUNDED:	

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

Hirer Signature  
Date: 2022-01-03  
Time:

Approving Officer  
TRAVIS SEAH