

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 16/12/2022 13:21 (SGT)
Reported by Driver
Date of Accident 20/11/2022 19:15 (SGT)
Exact Location of Accident Straits View, Singapore
Additional Location Information Straits View and Central Boulevard junction
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ1722B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Swish Car Rental Pte Ltd
Company Reg No
Email Address
Mobile Phone No
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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 Auto
CC 1800

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5131232897-000018

DRIVER

Name of Driver Lee Wee Sing, Wilson
NRIC No
Date Of Birth
Occupation

Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 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

[REDACTED]
 [REDACTED]

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) 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 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 SHA633Z
 Vehicle Manufacturer Hyundai
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi
 Name of Driver Wee Toon Seng Wilfred
 NRIC No SXXXX171F

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)

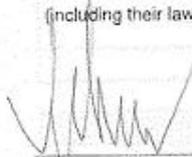
I understand, acknowledge, agree and consent that:

(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:

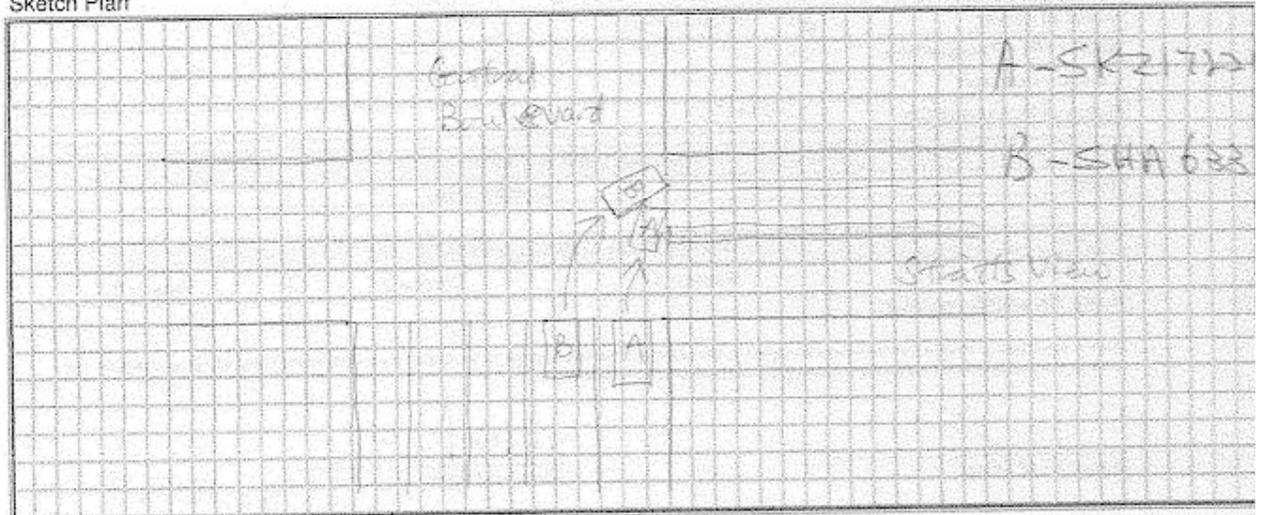
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

 16/12/22	 16/12/22	 12:30 hrs
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NPIC ID card)

Sketch Plan



Describe Circumstance of the Accident

On 20 Nov at 7:15pm, I stopped at a traffic junction along Central Boulevard. It was a red light. When the light turn green, I prepared to move forward and turn right into Straits View. I also noticed a yellow taxi on my left, trying to turn right into Straits View as well. All this while, I was turning slowly and keeping to my own lane. Suddenly the taxi (B) hit the front left of my car (A), just above the front left wheel. I stopped my car (A) immediately but the taxi driver (B) continued to turn right into Straits View before he stopped and parked on the left lane in Straits View. As the taxi driver did not stop immediately, I did not take any photograph. In order not to cause any traffic jam, I also move forward and turn right into Straits View and parked on the left of Straits View. I got out of my car and exchanged particulars with the taxi driver.

To the best of my knowledge, I was keeping within my lane, but it was the taxi driver that turn sharply and come into my lane.

In my drawing, I am vehicle A and the taxi is vehicle B.

Declaration

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

[Signature]



[Signature]

16/12/22

[Signature]

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)

16/12/22
12:30 hrs

12:30 hrs





















Rehol: NIK
Damage: Minor
Scratches +
Bumper



(201026289G)
10 Sinaran Drive, Square 2,
#04-39, SINGAPORE (307506)
Tel: 93214602 DANIEL

Car Rental Contract (Short / Long Term)

Agreement date: 27/7/22
Hirer's particulars
Main Driver: Lee Wae Sif Wilson
Name: [Redacted]
NRIC: [Redacted] Date of Birth: [Redacted]
Address: [Redacted]
Contact no: [Redacted]

1. Vehicle
Vehicle No: ~~21722B~~ Mileage: [Redacted] (km) at beginning of rental period: 31 Jan 2023

2. Rental Period
From: 27/7/22 - 3/8/22 (7 days)

The Lessor represents that to the best of his knowledge and belief that said vehicle is in sound and safe condition and free of any known faults or defects which would affect its safe operation under normal use.

3. Rental Rate
Rate: [Redacted]
Any additional price:

Please send a copy of the receipt to Daniel 9321 4602 for every payment prompton (Not Required if payment is by GIRO/ Internet Transfer)

This price includes Road Tax, Maintenance, Insurance (complimentary insurance is provided for 1 x additional driver whose particulars must be furnished), 24 hours recovery service and replacement car. However, customers are expected to take preventive measures such as ensuring water level in the radiator etc, adopt defensive / safe driving and take reasonable care of the vehicle as if it is their own.

When payment is delayed by one week, company deserves the right to tow the car or request from hirer to return IMMEDIATELY, contract will be withdrawn.

4. Deposit: \$100 (refundable within ONE week after car is returned)
(a) Deposit is to be used, in the event of loss of or damage to the vehicle or equipment during the term of this Agreement, to defray fully or partially the cost of necessary repairs or replacement. In the absence of damage or loss, said deposit shall be credited toward payment of the rental fee and any excess shall be returned to the Renter.
(b) The deposit placed with the Company will be forfeited and additional penalty equivalent to the remaining period (remaining months x Monthly Rental) of contract may be imposed in the event that this contract is terminated within the contract period unless the diplomatic clause is executed. This diplomatic clause does not apply for the 1st 12 months of this contract.

Handwritten signature