

# 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 .....	10/01/2023 08:37 (SGT)
Reported by .....	Driver
Date of Accident .....	09/01/2023 09:50 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BKE TOWARDS SLE BEFORE WOODLANDS AVENUE 12 EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLT1770G
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	HOCK CHUAN HENG CAR RENTAL & T RADING PTE LTD
Company Reg No .....	1XXXXX328Z
Email Address .....	hong81861076@gmail.com
Mobile Phone No .....	(Phone) +65-90697882
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Corolla
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? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1598

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	0999993565-01/1220003950

### DRIVER

Name of Driver .....	WO CHIEN CHAI
NRIC No .....	GXXXX038N
Date Of Birth .....	26/09/1989
Occupation .....	Indoor

Date Of Driving Pass .....	09/10/2013
Driving experience .....	9 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90697882
Alt. Phone Number .....	-
Email Address .....	hong81861076@gmail.com
Address .....	BLOK 602A PUNGGOL CENTRAL
Address complement .....	# 08-671
Postcode .....	821602
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 - Head to Rear
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

PLEASE REFER TO THE ATTACHED STATEMENT

#### 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 .....	GBB874K
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.
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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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  
(Name as in NRIC/ID card)

**Sketch Plan**

Vehicle A: SLT A70G  
Vehicle B: GBB JHK

←  
←  
←

Vehicle A Vehicle B

BEK Two SLT before Woodland Ave 2 East.

Describe Circumstance of the Accident

On the stated date & time, I, vehicle 'A' was traveling along the  
<sup>traffic</sup>  
 stated route. Due to heavy and the vehicle was slow moving. I was  
 stationary at the point of time due to front vehicle stopped. Moment later,  
 I felt the impact from behind. I then realized that the vehicle 'B'  
 hit onto my vehicle rear portion.

Declaration

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



Policyholder's Signature / Date & Time

*[Handwritten Signature]*

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

*[Handwritten Signature]* 10/1/23

Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)































福泉興汽車出租及貿易私人有限公司

**HOCK CHUAN HENG CAR RENTAL & TRADING PTE LTD.**

No. 4 Petain Road, Petain Court Singapore 208086 Tel: 6298 1936, 6294 0246, 6294 9170 Fax: 6298 3864

I/We \_\_\_\_\_  
**HIRER'S PARTICULARS**  
 If Different From \_\_\_\_\_ of \_\_\_\_\_ S \_\_\_\_\_ Tel: \_\_\_\_\_  
 Section ①

hereinafter called "the Hirer" hereby confirm having agreed to hire this day from HOCK CHUAN HENG CAR RENTAL & TRADING PTE LTD hereinafter called "the Owner" the undermentioned Vehicle at the rental fees as shown below and I further agree that I shall be held responsible for:-

**a) THIRD PARTY ONLY MOTOR VEHICLE COVERAGE**

the Excess which is the maximum amount of \$1500 to cover for any third party damage or injury claims and also bear the full cost of any damage caused to the hired Vehicle resulting from any single accident including loss from inability to let the same Vehicle out on hire or loss resulting from theft and destruction of the Vehicle.

**b) COMPREHENSIVE MOTOR VEHICLE COVERAGE**

the Excess which is the maximum amount of \$2000 for any damage caused to the hired Vehicle from any single accident or any loss resulting from third party damage claim, injury claim, theft or destruction of the Vehicle.

**c) Only persons above 24 years of age with more than 2 years driving experience, authorised licensed and signing this agreement may drive the vehicle.**

whether or not such damage or loss is by person/persons known or unknown to me or by negligence or any breach by me of the Terms and Conditions of Hire, hereinafter mentioned and printed at the back hereof:

Vehicle Regn No. 車輛註冊號碼		SLT1770G		Rental Agreement 合同號碼		No. H	
Section ① Hirer's And/Or Driver's Particulars 租車者/駕駛員個人記錄				租出日期及時間			
姓名: Wu Chien Chai				Date & Time OUT 07/01/2023 12:40pm			
地址: BLK 602A Runggol Central #08-672 S (821602)				交車日期及時間			
				Date & Time IN 14/01/2023 1:00pm			
Chargeable				Rates		Amount	
S				14		天 Days @ \$ 120	
居民證/護照號碼				駕駛執照號碼		星期 Weeks @ \$	
I/C No./Passport No: G2085038N				Driving Licence No: G2085038N		月 Months @ \$	
居民證/護照種類				Pass 日期			
Type of I/C/Passport: Local				Pass Date: 11/03/2019			
出生日期				發出地			
Date of Birth: 26/09/1989				Place of Issue: Singapore			
三號保險底金 \$1500/-				一號保險底金 \$2000/-		保險 Insurance	
a) Third Party Only Policy Excess \$1500/-				b) Comprehensive Policy Excess \$2000/-			
車輛必須歸還車主於				總計		Total Charge 1,680	
Vehicle Must Be Returned To Owner's Office By:							
備註與付款記錄				按金		Security Deposit	
Remarks & Payment Records				總金額		Total Payable	
				來銀		Amount Paid	
				送車/費		Delivery Fees	
				收車費用		Collection Fees/Misc.	
				超過/小時		Extra Hours @ \$	
出車油箱				出車油箱		租費不包括汽油	
Fuel Tank OUT				Fuel Tank IN		Rates Do Not Include Fuel	
車牌號碼				起		至	
Vehicle No: 1)				From:		To:	
車牌號碼				起		至	
Vehicle No: 2)				From:		To:	
工具				裝飾品		加額費用	
Tools				Accessories		Total Additional Charges	
車輛發出人				車輛接收人			
Vehicle Issued By:				Vehicle Collected By:			
NOTE: 註				總計		Grand Total	
租車者或司機必須付所有停車、違反交通及噴過量黑煙法例負起一切的責任。							
HIRER AND/OR DRIVER IS LIABLE FOR ALL PARKING, TRAFFIC AND SMOKY EXHAUST VIOLATION.							

租車者不准載沙或石灰  
 HIRER MUST NOT CARRY SAND AND CEMENT ON THE VEHICLE  
 PLS CHECK ENGINE OIL AND RADIATOR WATER EVERY MORNING

我/我們同意以上及後列租車公司所列的條規與條件。  
 I/We have read and agree to the terms and conditions on both sides of this rental agreement.



租車者簽名

日期