

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 06/06/2023 17:19 (SGT)
Reported by Actual Driver
Date of Accident 05/06/2023 09:30 (SGT)
Exact Location of Accident Bayfront, Singapore
Additional Location Information TOWARDS CENTRAL BOULEVARD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX7794R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SUPERTEC LIMOUSINE PTE. LTD.
Company Reg No 2XXXXX332H
Email Address reporting.gt@gmail.com
Mobile Phone No (Phone) +65-96998181
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Noah
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 Private hire
Transmission Auto
CC 1797

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D22MFL0009578

DRIVER

Name of Driver CHOONG YOKE KUAN
NRIC No SXXXX026F
Date Of Birth 05/05/1967
Occupation Outdoor

Date Of Driving Pass	12/08/2010
Driving experience	12 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91258738
Alt. Phone Number	-
Email Address	angiekuan67@gmail.com
Address	BLK 225 ANG MO KIO AVENUE 1 #02-595
Address complement	-
Postcode	560225
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG9169J
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHOONG YOKE KUAN
Gender	Female
Phone No	(Phone) +65-91258738
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMX7794R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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5. 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/small 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.

SUPERTEC LIMOUSINE PTE LTD

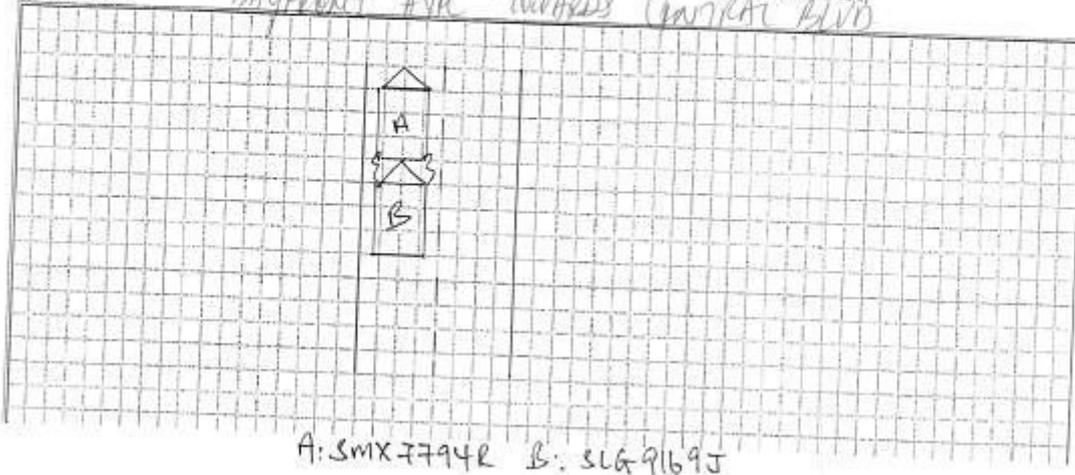
Policyholder's Signature / Date & Time

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

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

Sketch Plan

Bayfront Ave Towards Central Blvd



A: SMX7794R B: SLG9169J

Describe Circumstance of the Accident

on the stated date and time, I was waiting for the traffic light to turn green. when the light turn green, I proceeded to move off in a safe manner. As there was pedestrian crossing the road, I stopped to give way. Suddenly, I felt a huge impact from the rear of my vehicle. I alighted and realised vehicle B had collided onto my rear.

Declaration

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

SUPERTEC LIMOUSINE PTE LTD

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



06/06/2023


























SUPERTEC LIMOUSINE PTE LTD UEN:200911332H

 280 WOODLANDS INDUSTRIAL PARK E5
 #02-13 S(757322)

 Tel: 96998181
 Fax: 66107493
 Email: superteclimo@gmail.com
 Facebook: facebook.com/supertec.limo.5

No: ST 738 /2022

CAR RENTAL AGREEMENT

Date: 28/12/2022

HIRER'S PARTICULARS	
Name: CHOONG YOKE KUAN	NRIC/Passport No./Driving License No.: SXXXX026F
Address: BLK 225 ANG MO KIO AVENUE 1 #02-595 Singapore 560225	Mailing Address (if different from NRIC):
Mobile No.: 91258738	Email: angiekuan67@gmail.com
Date of Birth: 05/05/1967	Class(es) Of License: 3

AUTHORISED DRIVER'S PARTICULARS	
Name: ANDY CHIA JUN WEI	NRIC/Passport No./Driving License No.: SXXXX980J
Address: BLK 225 ANG MO KIO AVENUE 1 #02-595 Singapore 560225	Mailing Address (if different from NRIC):
Mobile No.: 91380557	Email: iamandychia99@gmail.com
Date of Birth: 03/03/1999	Class(es) Of License: 3

Vehicle Registration No.: SMX7794R	Make/Model/Color: TOYOTA NOAH HYBRID BLACK
Minimum Rental Period (Days/Weeks/Months): 60 WEEKS	Rate: 118.00
Rental Start Date: 28/12/2022	Rental End Date: 22/02/2024
Collision Damage Waiver: \$5/DAY @ \$1000/ACCIDENT	Date / Time / Mileage Out: 28/12/2022 19:28 38089KM
Date / Time / Mileage In:	
Fuel Indication Out:	Empty 1/8 1/4 3/8 1/2 5/8 3/4 7/8 FULL
Fuel Indication In:	Empty 1/8 1/4 3/8 1/2 5/8 3/4 7/8 FULL

I have read and understood the contractual obligation and I hereby agree to be bound by it.

Deposit: \$ 1000

Amount paid (Excluding deposit): \$ 861

Failure to fulfill contract obligation may result in forfeiture of deposit at owner's discretion.

Signature of Hirer

Signature of Owner

