

## 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 .....	09/06/2023 11:39 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	08/06/2023 02:20 (SGT)
Exact Location of Accident .....	366 Orchard Rd, Singapore 238904
Additional Location Information .....	YOTEL DROP OFF POINT
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMA7385J
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	VINZ LEASING PTE. LTD.
Company Reg No .....	2XXXXX117H
Email Address .....	reporting.gt@gmail.com
Mobile Phone No .....	(Phone) +65-88338778
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	C-hr
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 .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMHCSNA00004872300

#### DRIVER

Name of Driver .....	NG KHAI KENG, EDMOND
NRIC No .....	SXXXX472A
Date Of Birth .....	13/09/1978
Occupation .....	Outdoor

Date Of Driving Pass .....	16/12/2020
Driving experience .....	2 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91408808
Alt. Phone Number .....	-
Email Address .....	edmondng78@outlook.com
Address .....	BLK 463 ANG MO KIO AVENUE 10 #03-1102
Address complement .....	-
Postcode .....	560463
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 .....	SLF6782M
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 .....	NG KHAI KENG, EDMOND
Gender .....	Male
Phone No .....	(Phone) +65-91408808
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMA7385J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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- Any false reporting may be referred to the Traffic Police Department for investigation.**
- 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.
- 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.
- Consent under the Personal Data Protection Act (PDPA)
 

I, the undersigned, do hereby agree and consent that:

  - My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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 received by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all third parties who have insured vehicle(s) involved in this accident (all insurers 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/authorities (such as the police), for the purpose(s) of:
    - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
    - investigating the accident and/or my claims;
    - carrying out and/or dealing with my instructions or responding to any enquiry by me;
    - 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 envelope/cover of envelopes/mail packets); and/or
    - complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
  - That all third parties who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
  - That my Personal Information may also be disclosed by any of the Insurers and/or GIA to third parties, service providers or agents (including their lawyers/law firms), which may be situated outside of Singapore, for one or more of the above Purposes.



Policyholder Signature Date & Time

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

Witnessed by Reporting Police Officer (Printed as in NRIC/ID card)

Sketch Plan

Sketch Plan area with grid lines and handwritten notes:

- Vertical label on the left: **Yotel Contrance**
- Handwritten text in the center: **Reverse** with an arrow pointing downwards.
- Handwritten text on the right: **A: JMA 7385J** and **B: BCF 6782M**.
- Handwritten text in the middle: **REVERSE** with an arrow pointing downwards.

Describe Circumstance of the Accident

I was stationary at hotel dropoff point. Out of sudden, vehicle (B) who was in front of me started to reverse at a very fast speed and collided onto my vehicle front portion.

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



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*  
15/10/2015

Witnessed by Reporting Centre Personnel



















































VINZ LEASING PTE LTD

202241117M

53 UBI AVE 1

#01-44 (S)408934

**CAR RENTAL AGREEMENT**

RENTAL NO: 0029

HIRER'S NAME:	NG KHAI KENG EDMOND
HIRER'S NRIC:	S7826472A
HIRER'S ADDRESS:	463 ANG MO KIO AVE 10 #03-1102 (S)560463
DATE OF BIRTH:	13/12/1978
DRIVING LICENCE PASS DATE:	16/12/2020
CONTACT NUMBER:	91408808
EMAIL:	edmond78@outlook.com
PURPOSE OF RENTAL:	PHV
EMERGENCY CONTACT:	64995585 (MOTHER)

**RENTAL VEHICLE DETAILS**

CAR PLATE NO.:	SMA7385F	MAKE & MODEL :	TOYOTA C-HR HYBRID 1.8A
CHASSIS NO.:	ZYX102112846	ENGINE NO.:	22R8405929
WEEKLY RENTAL:	\$525/- (DAILY @ \$75/-)	CDW RATE:	\$35/- (DAILY @ \$5/-)
TOTAL WEEKLY PAYMENT: \$560.00			
DRIVING LICENCE TYPE: CLASS 3 / PDVL / TDVL / LESS THAN 2YEARS			
EXCESS : \$2500/\$2500 , EXCESS \$4000/\$4000 LESS THAN 2 YEARS LICENCE			
CONTRACT TERM :	3 MONTHS		
START DATE & TIME:	03 MAY 2023	END DATE & TIME:	03 AUG 2023
START MILEAGE:		END MILEAGE:	

***Hirer/Authorized Ride('Hirer')(Relief)***

Hirer must produce a valid Singapore NRIC and Driving License or a valid International Driving License &amp; valid Foreign.

Driving Licence and Passport or FIN card. Hirer guarantees that he / she is not under any suspension order on his/her Driving License.

***Terms of Payment / Security Deposit Amount : \$500.00***

Hire charges and Security Deposit for the hire period is payable by The Hirer at the time of taking over the vehicle. The Hirer is to pay a mandatory amount of security deposit. It will be refunded back to The Hirer by bank transfer, 14 days from the end of the hiring period. The Company will use the security deposit to offset any repairs, fines or surcharges incurred by The Hirer during the rental period. All rental charges paid in advance is non-refundable.

