

# 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 .....	16/06/2023 15:59 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	16/06/2023 13:25 (SGT)
Exact Location of Accident .....	Jln Besar, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMX8882M
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	C. S. ONG AUTO PTE. LTD.
Company Reg No .....	2XXXXX916W
Email Address .....	csongauto@yahoo.com.sg
Mobile Phone No .....	(Phone) +65-64841933
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Vezel
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 .....	1496

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMHCSNA00000382300

### DRIVER

Name of Driver .....	WONG ZU XIN LAWRENCE
NRIC No .....	SXXXX442J
Date Of Birth .....	24/04/1976
Occupation .....	Outdoor

Date Of Driving Pass .....	26/10/2007
Driving experience .....	15 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84444914
Alt. Phone Number .....	-
Email Address .....	csongauto@yahoo.com.sg
Address .....	BLK 106A PUNGGOL FIELD #17-552
Address complement .....	-
Postcode .....	821106
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 .....	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) .....	2
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 .....	-

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

#### 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? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	PC5361U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Bus
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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. The 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.
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, me/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.

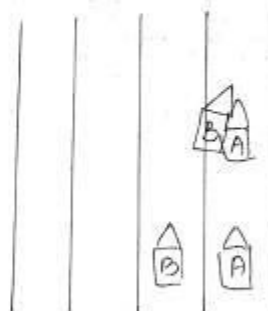
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Jalan Besar



A : SMXBBB2M  
B : PC53614

Verbal Circumstances of the Accident

On the stated date and time, I WAS travelling along  
 Jalan Besar on the extreme most right lane.  
 Suddenly, I felt an impact on the front left portion of my  
 vehicle, bus bearing no. Plate PC5361W collided onto  
 me while making a lane change.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
 Time

Driver's Signature / Endorser's (not the policyholder) Date  
 & Time

Witnessed by Reporting Centre  
 Personnel



































**C. S. ONG AUTO PTE LTD**

10, Ang Mo Kio Ind Park 2A #02-16 AMK Auto Point Singapore (568047)  
 Tel: 6484 1933 Fax: 6484 1922 E-mail: csongauto@yahoo.com.sg  
 Business Registration No.: 201408916W

**CAR RENTAL AGREEMENT**

Date : 04/08/2022  
 Owner : C. S. ONG AUTO PTE LTD ("the owner")  
 Hirer : Wang Zu Xin Lawrence  
 NRIC / Co. Reg. No: S7611442J  
 Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ H/P: 8464 4918  
 Address : Blk 106H Punggol Field #17-532 Singapore 18211061

Owner and Hirer have agreed to enter into this Car Rental Agreement for the motor vehicle described below and upon the terms and conditions contained on both side of this document. Hirer acknowledges having read and understood all the terms and conditions and signifies acceptance upon signing.

Vehicle Reg. No: SMX8882M		Model: Honda Vezel	
Driver's Particulars		Odometer:	
Name: As Hirer		Date & Time Out: 04/08/2022 @ 1145hrs.	
Address:		Date & Time In:	
		Hours @ \$	
I/C No:	Dr/License No:	1 Days @ \$ 65/-	
Date of Issue:	Occupation:	Wks @ \$	
Date of Birth:	Tools/Spare Tyre:	Mths @ \$	
		Sub-Total :	
		Refundable Deposit:	
		Balance To Pay :	

**Third Party Claim**

In respect of each third party insurance claim arising from the date of hire to date of return of the vehicle (both dates inclusive), Hirer unconditionally agrees to pay owner **SGD\$ 2140.00** comprising excess payable and compensation to Owner for impact of claim on future motor insurance premiums.

**Own Vehicle Damage**

Hirer is responsible for the first **SGD\$ 2140.00** excess for collision/damage to first party, (i.e.) C. S. ONG AUTO PTE LTD (including windscreen) plus loss of earnings while damaged vehicle is under repair.

**Authorised Driver**

Hirer shall pay additional excess of **SGD\$4280.00** if the Authorised Driver is below the age of 22 or is above 65 years old or has less than 2 years driving experience.

**Driver Not Cover By Insurance**

General Exception: Insurance policy does not cover against any driver aged below 22 and/or above 65 years old and/or with driving experience of 2 years and below.

This Vehicle is **used within SINGAPORE ONLY**. Our Insurance does not cover in Malaysia.

PETROL / DIESEL AT  
YOUR OWN  
EXPENSE



C. S. ONG AUTO PTE LTD



Authorised Signature

Hirer's Signature