

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	28/06/2023 17:07 (SGT)
Reported by	Actual Driver
Date of Accident	27/06/2023 09:50 (SGT)
Exact Location of Accident	143 Bukit Timah Rd, Singapore 229843
Additional Location Information	SHELL STATION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW6798D
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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	FONG MAY YEE JACELYN
NRIC No	SXXXX036B
Date Of Birth	10/10/1987
Occupation	Outdoor

Date Of Driving Pass	24/09/2012
Driving experience	10 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81331270
Alt. Phone Number	-
Email Address	jacelynfonmy@gmail.com
Address	BLK 271C PUNGGOL WALK #03-543
Address complement	-
Postcode	823271
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	Hit and run / Vandalism / Damaged whilst parked
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 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	GBB9305C
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

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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.
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B. 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

Handwritten notes on the grid:

- Reverse
- A
- Block 143 Bukit Timah Road (Shell Station)

A: SLW6798D
 B: GBB9305C

Describe Circumstance of the Accident

on the stated date and time, my vehicle was stationary at the stated location. Suddenly, I felt an impact from the rear right portion of my vehicle. I got off and realised vehicle B had reverse and collided onto my vehicle.

Declaration

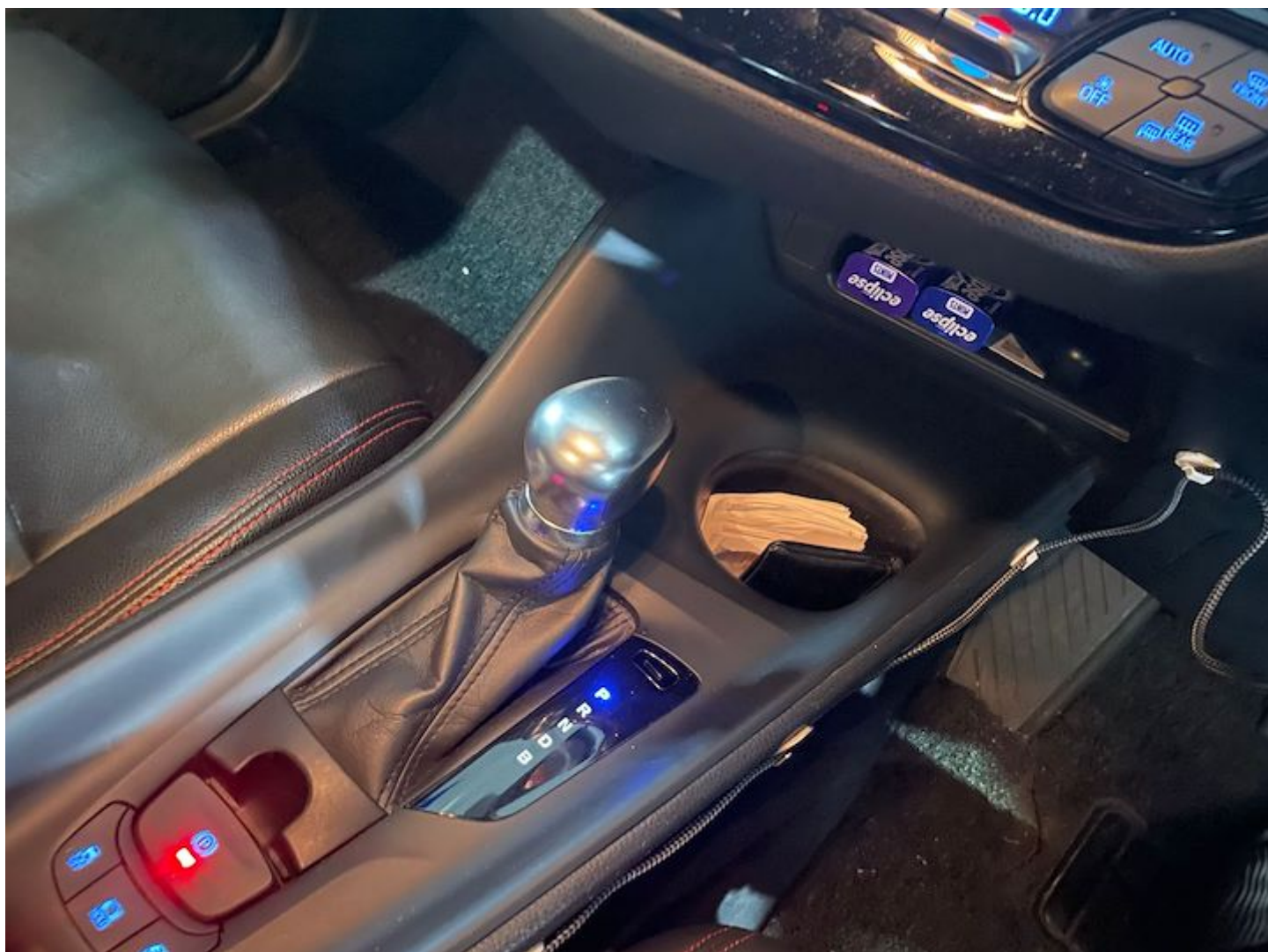
We declare the foregoing particulars are true in every respect.

 
Policyholder's Signature (Date & Title)


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

 28/06/2023
Witnessed by Reporting Centre Personnel





























VINZ LEASING PTE LTD

202241117H

53 UBI AVE 1

#01-44 (S)408934

CAR RENTAL AGREEMENT

RENTAL NO: 0002

HIRER'S NAME:	FONG MAY YEE JACELYN
HIRER'S NRIC:	S8733036B
HIRER'S ADDRESS:	271C PUNGGOL WALK #03-543 (S)823271
DATE OF BIRTH:	10/10/1987
DRIVING LICENCE PASS DATE:	24/9/2012
CONTACT NUMBER:	81331270
EMAIL:	jacelyn.fongmy@gmail.com
PURPOSE OF RENTAL:	PHV
EMERGENCY CONTACT:	92302438 - Ben (Husband)

RENTAL VEHICLE DETAILS

CAR PLATE NO.:	SLW6798D	MAKE & MODEL:	TOYOTA C-HYR HYBRID 1.8A
CHASSIS NO.:	ZYX102087546	ENGINE NO.:	2ZR8251320
WEEKLY RENTAL:	\$518/- (DAILY @ \$74/-)	COW RATE:	\$35/- (DAILY @ \$5)
TOTAL WEEKLY PAYMENT: \$553			
DRIVING LICENCE TYPE: CLASS 3 / PDVL / TDVL / LESS THAN 2 YEARS			
EXCESS: \$2500/\$2500, EXCESS \$4000/\$4000 LESS THAN 2 YEARS LICENCE			
CONTRACT TERM:	6 MONTHS		
START DATE & TIME:	10/3/2023	END DATE & TIME:	11/9/2023
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 & 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 summons incurred by The Hirer during the rental period. All rental charges paid in advance is non-refundable.

