

## 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 First Submission .....	01/07/2024 17:35 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	25/06/2024 11:30 (SGT)
Exact Location of Accident .....	Near 190 Grange Rd, Singapore 249610
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMN8832K
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	JOCARZ AUTO PTE LTD
Company Reg No .....	202225878G
Email Address .....	WILLYTTL182@GMAIL.COM
Mobile Phone No .....	(Phone) +65-97877657
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Shuttle
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
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 .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D23MFL0002556_01

#### DRIVER

Name of Driver .....	ROBERT LINCOLN HOFFMAN
NRIC No .....	S7415707F
Date Of Birth .....	07/05/1974
Occupation .....	Outdoor

Driving Pass Date .....	15/02/1996
Driving experience .....	28 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-80205996
Alt. Phone Number .....	-
Email Address .....	LINCOLN.CARMEN@GMAIL.COM
Address .....	APT BLK 862 WOODLANDS STREET 83 #05-184 S 730862
Address complement .....	-
Postcode .....	-
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 - Change/cross lane
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

#### 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 .....	SLG8469A
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 ..... ROBERT LINCOLN HOFFMAN  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... -  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

**SKETCH PLAN**

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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.

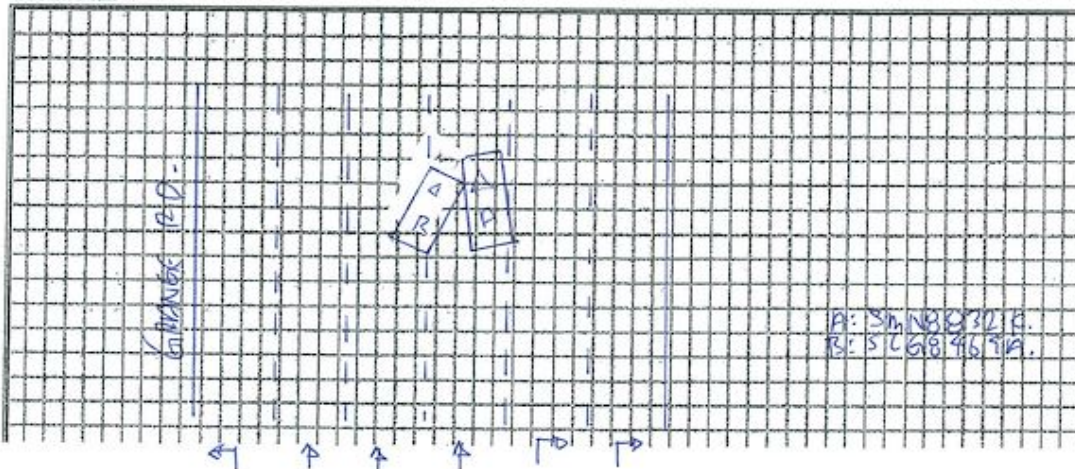


Policyholder's Signature / Date & Time

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

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

**Sketch Plan**



Describe Circumstance of the Accident

ON THE STATED DATE AND TIME, I WAS  
TRAVELLING ALONG GRANGE ROAD.  
OUT OF MATHGREG, VEH IS SWITCHED LANE  
FROM THE FOURTH TO THE THIRD LANE AND HIT ONTO  
MY VEHICLE'S FRONT AND LEFT 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]*

Witnessed by Reporting Centre Personnel





























## INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. M2-0078806-X  
 6 Raffles Quay #22-00 Singapore 048580  
 Office (65) 63476100 Email insure@iil.com.sg  
 Website www.iil.com.sg

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D23MFL0002556_01		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: SMN8832K	
Chassis No	: GP72000051	
2. Name of Policyholder	: Jocarz Auto Pte. Ltd.	
3. Effective date of Insurance	: 27 Mar 2024	
4. Expiry date of Insurance	: 26 Mar 2025	
5. Persons or Classes of Persons entitled to drive*	<p>Any person who is driving on the Policyholder's order or with his/their permission.          The Hirer.</p> <p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle</p>	
6. Limitations as to use*	<p>Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.          Use for social, domestic, pleasure purposes and business purposes of the Policyholder or of any person to whom the vehicle is hired</p> <p><b>The Policy does not cover</b></p> <p>(1) Use for hire or reward (other than when the vehicle is hired for the carriage of passengers under Z10/Z11 for hire and reward).          (2) Use for racing, pace-making, reliability trial, or speed-testing.          (3) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.          (4) Use for any purpose in connection with the Motor Trade</p> <p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</p>	
Excess Section I WITHIN SINGAPORE	: SGD	1,500.00
Excess Section I OUTSIDE SINGAPORE	: SGD	3,000.00
Excess Section II WITHIN SINGAPORE	: SGD	1,500.00
Excess Section II OUTSIDE SINGAPORE	: SGD	3,000.00
Windscreen Excess	: SGD	100.00
Hire Purchase Company	: Tai Thong Lee Trading (Pte) Ltd	
<p>SUNROOF EXCESS: \$200.00          FOR DRIVERS BELOW 22 OR ABOVE 75 YEARS OF AGE &amp;/OR WITH LESS THAN 2 YEARS DRIVING EXPERIENCE UNDER THE RELEVANT CLASSES OF DRIVING LICENCES IN SINGAPORE, AN ADDITIONAL EXCESS OF \$2,500.00 ON SECTION I &amp; II (SEPARATELY) WILL BE APPLICABLE.</p> <p>ACCIDENT REPORTING CENTRE: JP KNIGHTS PTE LTD 33 UBI AVE 3 #05-46/47 VERTEX TOWER A SINGAPORE 408868 Tel: 6345 0068   Fax: 6344 5328   FLASH Accident Reporting Hotline: 6100 1620 / 6360 1038. AUTHORISED WORKSHOP: ACCIDENT REPAIRS MUST BE DONE AT DING AUTO PTE LTD. THE COMPANY WILL NOT PROVIDE INDEMNITY UNDER SECTION I OF THE POLICY IF THE MOTOR VEHICLE IS REPAIRED ELSEWHERE.</p> <p>PRIVATE HIRE SERVICE (USE FOR HIRE &amp; REWARD) - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE ONLY. FOR SOCIAL, DOMESTIC &amp; LEISURE PURPOSES ONLY - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE AND WEST MALAYSIA.</p>		
<p>I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).</p> <p>Agent/Broker : F000002/GENRIVER FINANCIAL PTE. LTD. For India International Insurance Pte Ltd          Date of Issue : 22/03/2024 11:39:22          MZ406 - Hire Car (U/G)</p>		
		 Nalini Venugopal MD & CEO

santhosh/22/03/2024 11:39:22

22/03/2024 11:40:12



JoCarz







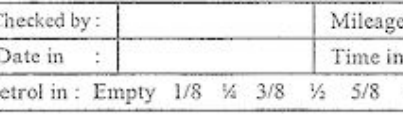
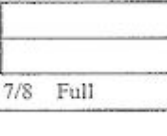



**JoCarz Auto Pte Ltd**

ROC No. 202225878G

56 Loyang Way #04-04 Loyang Enterprise Building Singapore 508775

Tel : (65) 6214 3633 HP : (65) 8202 4804

**VEHICLE RENTAL AGREEMENT**

Date Signed :	14 Jun 2024			Vehicle Rental Agreement No.	JC/WT/2024000									
<b>RENTER'S PARTICULARS</b>							<b>VEHICLE'S DETAILS</b>							
Renter/Company Name :	Robert Lincoln Hoffman						Vehicle No :	SMN 8832K						
NRIC/ROC No. :	S7415707F			DOB :	07/05/1974			Make & Model :	HONDA SHUTTLE HYBRID					
D/License No. :	002968179F			Passed Date :	18/2/1996			<b>RENTAL PERIOD</b>						
Address :	862 Woodland Street 83 #05-184						Rental Tenure :	6	(Months)	0	(Days)			
Singapore 733862							Start Date :	15/6/2024		End Date :	15/12/2024			
Tel (M) :	8186 4957		Email :	lincoln.carmen@gmail.com			NON-WAIVER EXCESS : S\$2500 / S\$2500 ( Section 1 & 2 )							
Next of Kin :	Carmen		Tel (M) :	9800 9890			<b>RENTAL CHARGES* &amp; DEPOSIT</b>							
<b>ADDITIONAL DRIVER'S PARTICULARS (If Any)</b>							SS							
Renter/Company Name :							Security Deposit (GST not applicable)	\$ 750.00						
NRIC/ROC No. :				DOB :	29/07/1996			Daily Rental	per day	\$	75.00			
D/License No. :				Passed Date :				Weekly Rental	per week	\$	525.00			
Address :							Collision Damage Waiver	per day	\$	6.00				
Tel (M) :			Email :				"CDW" (GST inclusive if any)	per month	\$	186.00				
* Additional charge of S\$ 20.00 / Day is applicable (GST not applicable)							Others (GST inclusive if any)	\$ -						
<b>VEHICLE'S CHECKLIST</b>							1) Deposit ( CASH )	\$ -						
Checked by :				Mileage :				2) CDW "1 month" ( Cash / Paynow )	\$ -					
Date out :				Time out :				Amount Collected ( dd/mm/yy )						
Petrol in : Empty 1/8 1/4 3/8 1/2 5/8 3/4 7/8 Full							Outstanding Balance	\$ -						
(A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES							Final Amount Collected ( dd/mm/yy )							
 							Refundable Deposit (GST not applicable)	\$ 750.00						
 							Damage Recovery (Vehicle Returned)	\$ -						
 							Total	\$ 750.00						
 							Authorised Signatory & Co. Stamp	 						
<b>PAYMENT MODE :</b>														
Account Name : JoCarz Auto Pte Ltd														
Bank Name : OCBC Bank														
Account No. : 5950 1296 4001														
Paynow UEN : 202225878G														
** SMS or WhatsApp once transaction done **														
The Renter has read, understood and agrees with all the terms and conditions of this Rental Agreement.														
The Renter							Additional Driver							
Signature (& Co. Stamp if any)							Signature							
														
Name : Robert Lincoln Hoffman							Name :							
Date :							Date :							