

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	28/10/2024 09:47 (SGT)
Reported by	Actual Driver
Date of Accident	25/10/2024 11:08 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS TRAIN CHECKPOINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ1282C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	S M PERFORMANCE PTE. LTD.
Company Reg No	201800898K
Email Address	ALICE@SMPERFORMANCE.COM.SG
Mobile Phone No	(Phone) +65-88035909
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	0
Vehicle Fuel	Petrol
First Registration Date	30/10/2019
Chassis no	ZYX102172899
Effective Date/Time of Ownership	30/10/2019 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5142990122

DRIVER

Name of Driver	CHIN HAN LONG (CHEN HANLONG)
NRIC No	S7245854J
Date Of Birth	14/12/1972
Occupation	Outdoor
Driving Pass Date	10/04/2018
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	6 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88035909
Alt. Phone Number	-
Email Address	ALICE@SMPERFORMANCE.COM.SG
Address	APT BLK 182A WOODLANDS STREET 13 #15-735
Address complement	-
Postcode	731182
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 - Opening Door of Vehicle
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)	3
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

PASSENGER 2

Name	UNKNOWN
Gender	Female

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 ATTACHED

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 SHD2598M
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
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.
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

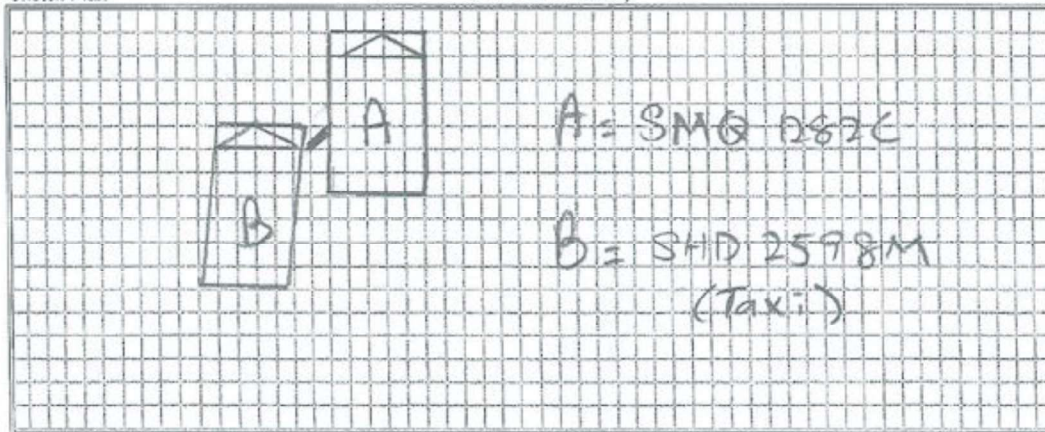
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

10:04
26 Oct 2024

LOH

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

Sketch Plan



vJan2022

Describe Circumstance of the Accident

At around 11:08 am, I was drive along at Woodlands train check point. My vehicle A (SM61287C) was stop and drop-off passengers suddenly the rear left side door was bang by the taxi. (SHD2598M).

Declaration

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



Policyholder's Signature / Date & Time

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

LOH

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

vJun2022

10:04
26 Oct 2024

2























SM PERFORMANCE

25 Kaki Bukit Road 4, #08-30 Synergy@KB Singapore 417800
Tel: 6384 1755, HP: 9822 8346 Fax: 6384 1744
Business Reg No: 201800898K
LEASING AGREEMENT

AGREEMENT NO:

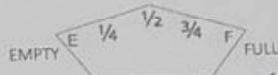
This Vehicle Leasing Agreement is made between S M PERFORMANCE PTE LTD ("OWNER") and
Dr. Ms. Chin Han Long (Chen Hanlong) ("HIRER") of NRIC/ FIN 57245854J
With Registered Address Blk 182A Woodlands St 13 #15-735, Singapore 731182
Contact No: 8643 7704

The agreed leasing rate is at S\$ 2,100 per(day / week / month) from 22, 02, 2024
to 21, 02, 2027 Total leasing rate agreed at S\$ 75,600 Total Leasing 36 day(s) / weeks (months)
55225 Km.

LEASING EXTENSION FROM ABOVE INITIAL DATE TO: _____
Leasing Rate: S\$ _____ per(day / week / month); Leasing Extension: _____ (day(s) / weeks / months).

Full Payment: _____ AUTHORIZED SIGNATURE & DATE/ OWNER SIGNATURE & DATE/ HIRER


Vehicle Inspection and Remarks

Vehicle No. SMQ 1282 C
Make & Model Toyota C-HR Hybrid
Vehicle COLLECTION:
Mileage 45,226 KM.
Date: 22, 02, 2024
Time: 1, 13 (AM/PM)
Fuel level:


SIGNATURE/ HIRER
 Vehicle RETURNED:
 Mileage _____ KM.
 Date: _____
 Time: _____ (AM/PM)
 SIGNATURE/ HIRER
 ACCESSORIES/ REMARKS:

ADDITIONAL DRIVER/ NAME:		cpw/day	
NRIC/FIN:		Collision Damage Waiver	<u>6</u>
NATIONALITY		BOOKING DEPOSIT:	<u>2,100</u>
SURCHARGE FOR WEST MALAYSIA:		DEPOSIT:	<u>800</u>
AMOUNT DUE:			

HIRER TO PROVIDE ORIGINAL NRIC/FIN/ DRIVER LICENSE INCLUDING THAT OF ADDITIONAL DRIVER FOR PHOTOCOPYING AS PROOF.
(AT LEAST 22 YEAR OLD WITH VALID SINGAPORE DRIVING LICENSE HELD FOR AT LEAST TWO (2) YEARS)
IN THE EVENT OF HIT-AND-RUN, SUB-LETTING / FAILURE TO RETURN OF HIRED VEHICLE PER THIS AGREEMENT; A MANDATORY
PENALTY OF (MINIMUM) S\$5,000 WILL BE IMPOSED ON THE HIRER.



AUTHORIZED SIGNATURE/ OWNER SIGNATURE/ HIRER

BY SIGNING THIS AGREEMENT, THE HIRER CONFIRMS HAVING READ THE TERMS AND CONDITIONS FOR LEASING AND OF GIVING HIS/HER UNCONDITIONAL APPROVAL TO THE TERMS AND CONDITIONS FOR LEASING STATED ON THIS AND THE BACK OF THIS PAGE