

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	04/11/2024 15:29 (SGT)
Reported by	Actual Driver
Date of Accident	30/10/2024 19:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ENTRANCE TO ECP FROM OPHIR RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ5211E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SAFEDRIVE LIMOUSINES
Company Reg No	5XXXX002K
Email Address	SAFEDRIVELIMOS@GMAIL.COM
Mobile Phone No	(Phone) +65-85050100
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1197
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5115548765-04-000012

DRIVER

Name of Driver	SHIREEN VENESIA PINTO
NRIC No	SXXXX580D
Date Of Birth	06/12/1970
Occupation	Outdoor
Driving Pass Date	14/02/1991
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	33 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90575734
Alt. Phone Number	-
Email Address	SHIREEN@KARLSENSG.NET
Address	A20 W2 THE STRAITS VIEW CONDO JLN PERMAS SELATAN JB 81750
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?	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	UNKOWN
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?	Yes
Reasons for not uploading a video of the accident	FILE TOO LARGE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN9770Z
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)	-

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

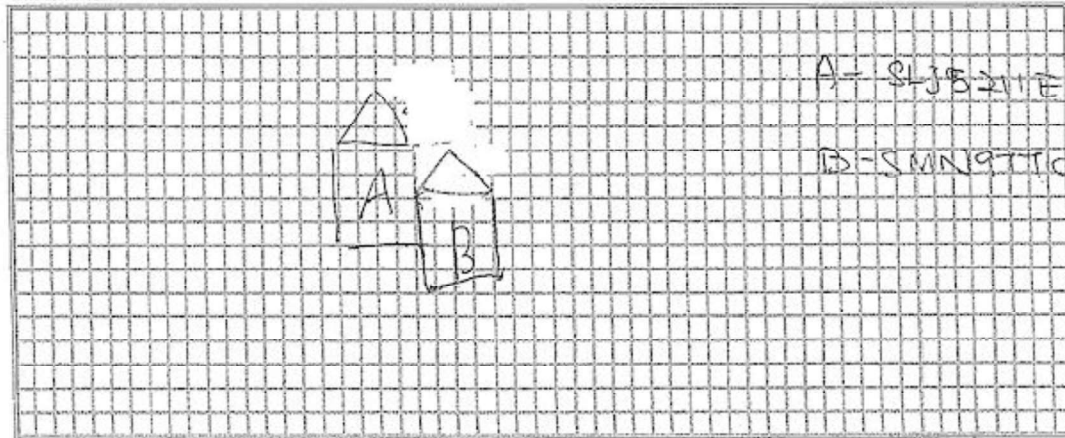
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



vJun2022

Describe Circumstance of the Accident

When travelling along ECP from Ophir Rd
vehicle SMN97702 change lane & collided in to
my right rear of the car.

Declaration

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

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

vJun2022

2







































12:10

SAFEDRIVE LIMOUSINES BUSINESS REGD: S4870006
711 PASIR RIS ST TO 408 59 550771

VEHICLE LEASE AGREEMENT

This Agreement is made on the 12TH JUNE 2021

Between **SAFEDRIVE LIMOUSINES**
Having its registered office at
711 PASIR RIS STREET TO 408 59 550771
Hereinafter known as 'the Owner' of the one part

And **SHIREEN VENESIA PINTO MRS SHIREEN VENESIA KARLSEN**
10A THOMSON HILLS DRIVE S674703
Hereinafter also known as 'the Hirer' of the other part

Hereby agreed that the owner will let the Hirer the vehicle known as 'the Vehicle' upon the terms and conditions hereinafter appearing

1. DESCRIPTION OF VEHICLE

a. Make & Model: **NISSAN QASHQAI 1.2A**
b. Registration No: **SLJ2211E**
c. Color: **PURPLE**

2. RENTAL PERIOD Date From 12/6/21 to 13/6/21

3. RENTAL FEE S\$ 385/WEEK with refundable/non-refundable deposit of S\$ 500

a. Rental Fee includes the following items:
i. Unlimited mileage
ii. Service and maintenance
iii. Road Tax and Radio License
iv. Motor insurance coverage (Excess applied if)
v. 24 hour breakdown and emergency service (in Singapore only)

b. Without prejudice to the Owner's other rights, the Hirer will be liable to an administrative fee of \$500.00 plus 20% late interest payment (computed on a monthly basis) if the Rental Fee or other payment remain unpaid after becoming due. In the event, the Rental Fee remain unpaid more than three (3) calendar days, the Owner may lodge a police report as a loss of vehicle and activate the vehicle repossession team to retrieve vehicle. The incidental cost for the repossession process will be charge to the Hirer.

c. All payments due hereunder shall be made to the Owner at its address stated herein or at such other address as the Owner may from time to time communicate to the Hirer. Any payments sent by post shall be so sent at the risk of the Hirer. Payment mode can be CASH or CREDIT.

4. DEPOSIT

a. The Hirer shall upon signing this Agreement pay to the Owner a deposit (the Deposit) of S\$ 500 as security. The Deposit shall remain at the same amount during the Rental Period.

b. Without prejudice to the Owner's other rights, the Owner shall be entitled to forfeit and/or retain any part of the Deposit in the event the Hirer breaches, fails or neglects to pay any sums or charges due to or owing to the Owner.

c. The Deposit will be fully refunded if any, interest-free only when the Hirer has fully discharge its obligation stated in this Agreement after **30 days** of the expiry of the Rental Period.

d. The Deposit cannot be contract as part of the monthly rental fee.

Hirer's Initial: Shireen Company Stamp: Safedrive Limousines

SAFEDRIVE LIMOUSINES BUSINESS REGD: S4870006
711 PASIR RIS ST TO 408 59 550771

5. MAINTENANCE, BREAKDOWN & EMERGENCY SERVICE

a. Cost of servicing and maintenance of the vehicle will be borne by the OWNER & HIRER via approved workshop appointed by the OWNER only. Servicing of the vehicle will be at a regular interval of every 10,000 KM or 12 MONTHS whichever comes first.

Comment Highlight Draw Text Fill & Sign More tools

12:13

SAFEDRIVE LIMOUSINES BUSINESS REGN: 544700K
711 PASIR RIS ST 72 #08-59 S(610711)

continue testing). Failure to do so will result in Hirer's obligation to rent for an additional 14 days to serve as notice.

4. The Hirer agrees to pay the full amount due until the last day of the contract term agreed on this agreement to the owner if his actions or decisions lead to the contract being terminated prematurely even if the car has been returned to the owner.

11. **FORCE MAJEURE**
Although the Owner will use all reasonable endeavors to discharge to discharge its obligations under this Agreement in a prompt and efficient manner, it does not accept responsibility for any failure or delay caused by circumstances beyond its control.

12. **FORBEARANCE**
No forbearance, indulgence or relaxation on the part of the Owner shown or granted to the Hirer in respect of any of the provisions of this Agreement shall in any way affect, diminish, restrict or prejudice the right or powers of the Owner under this Agreement or operation as or be deemed to be a waiver or any breach by the Hirer of the terms and conditions of this Agreement.

13. **WAIVER OR SET OFF**
The Hirer hereby waives all and any future claims and rights of set off against any installment of Rental or any payment due hereunder and agree to pay the rental and other amounts hereunder regardless of any equity, set off or cross-claim on the part of the Hirer against the owner.

14. **GOVERNING LAW**
This Agreement shall be governed by and construed in accordance with the laws of the Republic of Singapore and all Parties irrevocably submit to the exclusive jurisdiction of the courts of the Republic of Singapore.

SIGNED BY _____
Date _____

For and on behalf of the Owner
SAFEDRIVE LIMOUSINES
711 PASIR RIS STREET 72 #08-59 S(610711)

ACCEPTED BY Shameen
Name _____
Hagphone No _____
Email Address _____
Account No _____
Date _____

Shameen
SAFEDRIVE LIMOUSINES
594/2007K
Hirer's Initial _____ Company Stamp _____

SAFEDRIVE LIMOUSINES BUSINESS REGN: 544700K
711 PASIR RIS ST 72 #08-59 S(610711)

Schedule A
INDICATE DAMAGES OF CAR FROM TOP LEFT WITH ARROWS ON THE
Hatched Box Below

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