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 witholding 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.

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 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 18/12/2024 12:09 (SGT) Reported by **Actual Driver** Date of Accident 18/12/2024 07:30 (SGT) Exact Location of Accident Nicoll Hwy, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mazda

Vehicle Registration Number **SNR3127M**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner BUYCARZ LEASING (SG) PTE. LTD. Company Reg No 202418284G Email Address andyoh19@gmail.com Mobile Phone No (Phone) +65-81448811 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model 3 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 No - Reporting only your vehicle? Vehicle Category Private hire Transmission Auto CC 1496 Vehicle Fuel First Regisration Date Chassis no

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00008812400

DRIVER

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	NASRULLAH BIN ABU ZAREN S9516017D 08/05/1995 Outdoor 12/03/2014 3 Valid 10 YEARS AND 9 MONTHS Male (Phone) +65-96527281 - andyoh19@gmail.com BLK 729 TAMPINES STREET 71 #03-37 - 520729 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head on collision Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	SNF392X

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

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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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
- 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)

Lunderstand, 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' law yers/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
- (II) investigating the accident and/or my claims;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the maiting 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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

UEN (2024182849)	y Le	and
Policyholder Sinnatur / Date & Time Sketch Plan	Driver's Signature (If driver is not the policyholder) / Date & Time	Winessed by Reporting Contro Personnel
	5	A = SNR3127N B= SNF+92X Nicoll highway
北地出土土土	田田田田地地村出	

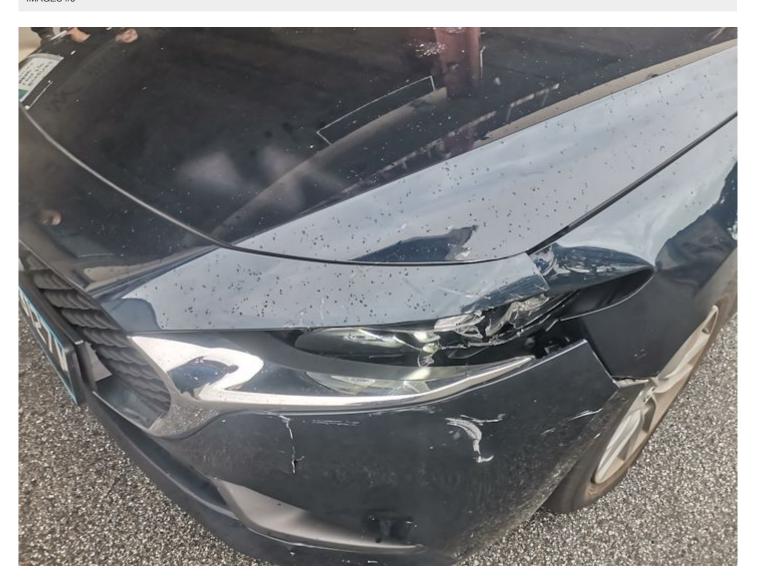
	On the	stated	date	and t	lime,	I was	driving	my rei	hide ca	(R3127m	
along	Nicol	highway	₽if.	When i	tum	right	to middl		- 3/1	(R31)JM collided	
to k	chicle b	SNF.	х <i>с</i> Рь	There				e koea	, I had	collided	
				Inere	W4Z	NO Inpu	red invol	wd.			
14											
										-	
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	-										
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-											
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claration	a forma										
Several III	e foregoing pa	rticulars are t	rue in every	respect.		*					
(SV)	SING	/Me								Non	

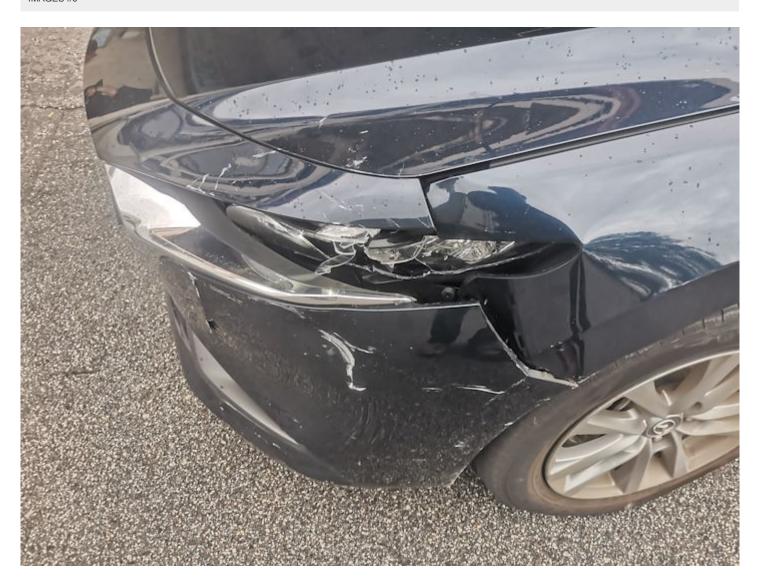


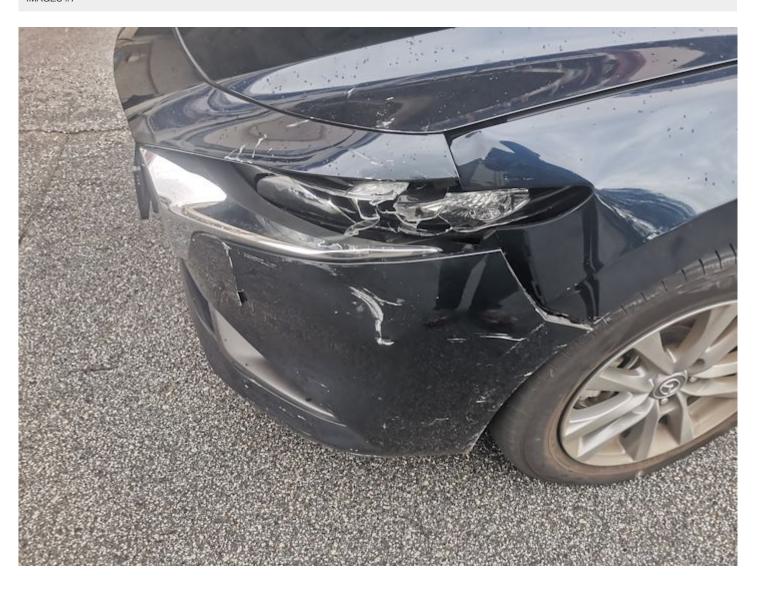


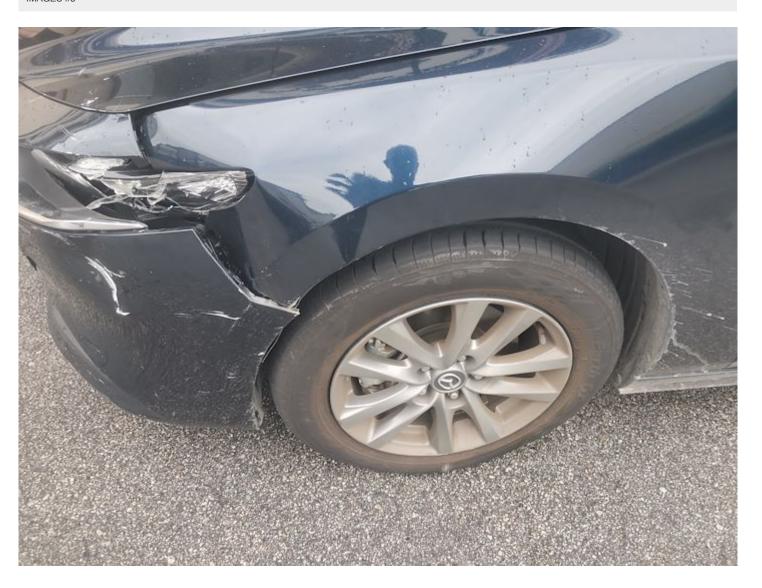






















RENTAL AGREEMENT



55 SERANGOON NORTH AVENUE 4 S(555859)

RECOVERY PLEASE CONTACT

JANELL 81450022

XAVIER 81448833

ANDY 81448811

AMBER 81448822

Date :

17-Dec-24

Company Name

Company Address

Hirer's Name

NASRULLAH BIN ABU ZAREN

Hirer's Address

BLK 729 TAMPINES STREET 71 #03-37 S520729

NRIC/Passport No.

Country Of Issue

Issue By

SIN TP

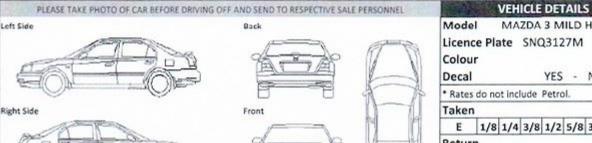
8-May-95

Driving License No. Local Contact

96527281

S9516017D

Email:





MAZDA 3 MILD HYBRID

DOB

YES - NO

E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F

Return

E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F

* Every 1/8 of petrol used is chargeable @ \$20 nett.

Remarks:

RENTAL DETAILS

Start Date

17-Dec-24

Start Time

2PM

Return Date 18-Dec-24

Return Time 2PM

	SALES INVOICE		RATES	QTY	TOTAL
Rental Amount					\$ 100.00
Additional Driver					
MALAYSIA					
CDW					\$ 6.00
Total Cost Of Rental		\$ 106.00			
DEPOSIT					
R&w	UEN: 202418284G REMARKS:	CASH			Out.
			Hire	r's Signatu	re