

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	13/03/2024 16:39 (SGT)
Reported by	Actual Driver
Date of Accident	13/03/2024 11:40 (SGT)
Exact Location of Accident	150 Serangoon Garden Way, Singapore
Additional Location Information	150 Serangoon Garden Way, Singapore, BLK 150-142 SERANGOON GARDEN WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW6975X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AL AUTORENT PTE. LTD.
Company Reg No	201832693N
Email Address	SUPPORT@ALAUTORENT.SG
Mobile Phone No	(Phone) +65-88115335
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5111765144-04

DRIVER

Name of Driver	MOHAMAD NOOR BIN HARON
NRIC No	S1503268E
Date Of Birth	31/01/1961

Occupation	Outdoor
Driving Pass Date	26/08/1996
Driving experience	27 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96665292
Alt. Phone Number	-
Email Address	BMNOOR1961@GMAIL.COM
Address	724 WOODLANDS AVE 6
Address complement	#08-514
Postcode	730724
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	Side Swipe
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)	4
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	PASSENGER 1
Gender	Female

PASSENGER 2

Name	PASSENGER 2
Gender	Female

PASSENGER 3

Name	PASSENGER 3
Gender	Male

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 ATTACH

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 SMM8293X
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**IMPORTANT NOTICE**

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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.

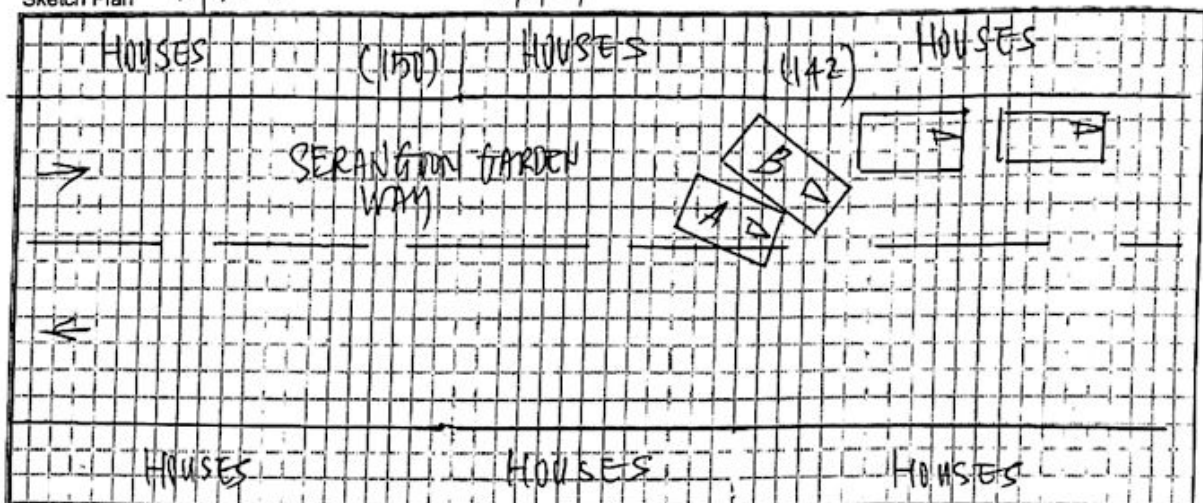
Policyholder's Signature / Date & Time

 13/3/24

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

 13/3/24

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


Sketch Plan



A - SKW 6975X
 B - SM 8293X

Describe Circumstance of the Accident

Car A was travelling straight along PAK 150 Serangoon Garden Way. Suddenly Car B which was parked stationary at the left hand side of the road, swerved out and tried to make an u-turn. Car B did not put on the K/H signal light too. I could not stop in time and both our car collided into each other.

Declaration

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

Policyholder's Signature / Date & Time

13/3/24

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

13/3/24

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



Scanned with
MOBILE SCANNER





















Inw.s.

**AL Autorent Pte Ltd**

UEN: 201832693N
 1 KAKI BUKIT ROAD 1
 02-44 ENTERPRISE ONE
 SINGAPORE 415934
 Tel: 8877-5335
 Email: billing@alautorent.sg

RENTAL AGREEMENT

K-AL-0001902

28 Dec 2023

Sales/ After Sales Tel: 88775335

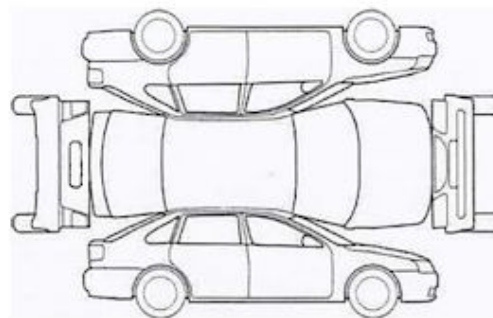
Towing Service Tel: 9362-6262

HIRER'S PARTICULARS

Name	MOHAMAD NOOR BIN HARON	IC No.	S1503268E
Main Contact	96665292	Secondary Contact	
Email	bmnnoor1961@gmail.com	Date of Birth	31 Jan 1961
Address	724 WOODLANDS AVENUE 6 #08-514 SINGAPORE 730724		

VEHICLE'S DETAILS

Plate Number	SKW 6975 X				
Vehicle Make / Model	TOYOTA / Altis 1.6A				
Mileage	324104 KM				
Fuel (Check-out)	E	1/4	1/2	3/4	F
Fuel (Check-in)	E	1/4	1/2	3/4	F

**RENTAL DETAILS**

Start Date Time	28 Dec 2023 14:50	Expected Return Time	28 Mar 2024 00:00
Rate	\$440.00 (Weekly)	Deposit	\$500.00
CDW Charge	\$35.00		
Local Excess	\$1,000.00	Malaysia Excess	\$6,000.00

Signature

REMARKS

CONTRACT FOR 3 Months. From 28/12/2023 to 28/03/2024. Rental charges \$440.00/Weekly. CDW \$35.00/Weekly. Total \$475.00/Weekly. Deposit \$500.00. CDW T&C : CDW covered only main driver only & local only. (1st week CDW excess will be at \$2k starting from 28/12/23 - 04/01/24) Early termination deposit will be forfeited and one month compensation of rental rate for breach of contract at amount of \$1,800.00. CDW T&C : Eligible for 1 claims per month only, if there is 2nd claims within a month, 2nd claims will be taken as normal excess of 2 section at (Section 1 \$2000.00) (Section 2 \$2000.00) Total \$4000.00. We seek your assist to sent the car for servicing at an interval of 10000km for your smooth ride as if exceed more than 10000km, we reserve the rights to bill any wear and tear plus servicing cost incur. Tyre puncture not included in maintenance. Smoking and durians is strictly not allowed inside our rental car, if any bad odour cause, we reserve the right to claim the cleaning fees of \$80.00.

Hirer (Car Out)

Hirer (Car In)



Person In-Charge

[illegible][illegible]


Hitesh Signature