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.

- 4. The issue and acceptance of this is form by instrained 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

Toyota

Vehicle Registration Number SKW6975X

INSURED/POLICYHOLDER

Is company? 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

Model Corolla Variant Exact purpose for which vehicle was being used at time of Private hire 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 1500

Manufacturer

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? Nο 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 Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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?

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

BIANT NOTICE

BY A report portracity the details of the accident to speed up the claims process.

- This Form must be completed by the Policyholder and/or the Actual Driver
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of meterial facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the pert of the insurance companies.
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- This report will be forwarded by the insurers to the GIA Records Management Centre established by the General insurance Association of Singapore (GIA) for erchiving and that copies of this report will for a fee be made available upon application by interested perties.
- 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 Singapors ("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



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Car A was travelling str	1944 along PAK 150 grangoon
Car A was travelling strong Garden way. Suddenly Car B which was hand side of the road, swerved out and	purked statlemany at the lift
hand side of the ruad, swerved out an	d trudto make an u-Turn
Car B did not put on the KIH signal	light too. I could not stay
in-time and both ow car coilled into	
eclaration	COVID
de dedare the foregoing particulars are true in every respect.	SERVICE Ca. Ray Na. 70 Security 135850 mm
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MOBILE SCANNER





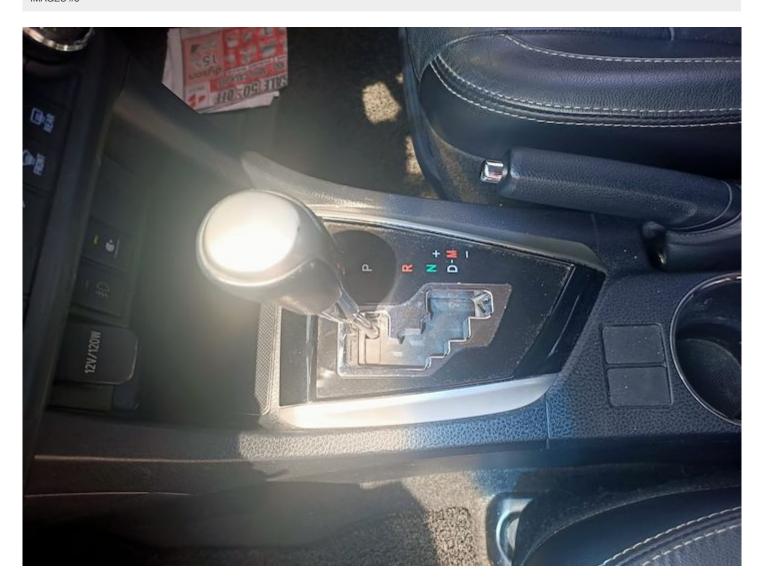




















RENTAL AGREEMENT

K-AL-0001902

28 Dec 2023

UEN: 201832693N 1 KAKI BUKIT ROAD 1 02-44 ENTERPRISE ONE SINGAPORE 415934 Tel: 8877-5335

AL Autorent Pte Ltd

Email: billing@alautorent.sg

Sales/ After Sales Tel: 88775335

Towing Service Tel: 9362-6262

HIRER'S PARTICULARS

Name MOHAMAD NOOR BIN HARON IC No. \$1503268E

Main Contact 96665292 Secondary Contact

Email bmnoor1961@gmail.com Date of Birth 31 Jan 1961

Address 724 WOODLANDS AVENUE 6 #08-514 SINGAPORE 730724

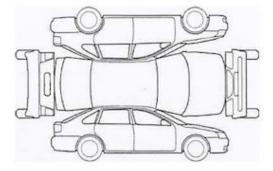
VEHICLE'S DETAILS

 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



RORE

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 staring 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 dairns within a month, 2nd dairns 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 1000km for your smooth ride as if exceed more than 1000km, 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)	To the state of th
Hirer (Car In)	Person In-Charge



TERMS & CONDITIONS

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