

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 Authorised 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 ability.
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 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 Report	22/11/2017 09:32
Date Of Accident	21/11/2017 13:00
Exact Location Of Accident	JUNCTION OF ANG MO KIO AVENUE 8/AVENUE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBC423Z
Insured/Policyholder	
Name Of Registered Owner	UNIVERSAL MOTOR CAR PTE. LTD.
Co Reg No	201623990
Email Address	KSMWESTERNHAWK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93376203
Alternative Phone No	OFFICE-93376203
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5085275597-01
Cover Note Number	
Driver	
Name of Driver	K SAMUEL MICHAEL S/O KOLANTHASAMY
NRIC No	S7570525E
Date Of Birth	13/11/1975
Occupation	OUTDOOR
Date Of Driving Pass	26/06/2004
Driving Experience	13 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93376203
Fax Number	
Contact Number	OTHERS-93376203
EEmail Address	KSMWESTERNHAWK@GMAIL.COM

Address	BLK 224 JURONG EAST STREET 21 #12-813
Postcode	600224
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU2116H
Vehicle Make/Model/Colour	HYUNDAI AVANTE
Details Of Properties	
Name of Driver	MUHAMMAD AQEEL
NRIC/Passport Number	S8268355J
Contact Number	81619715
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

SKETCH PLAN

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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

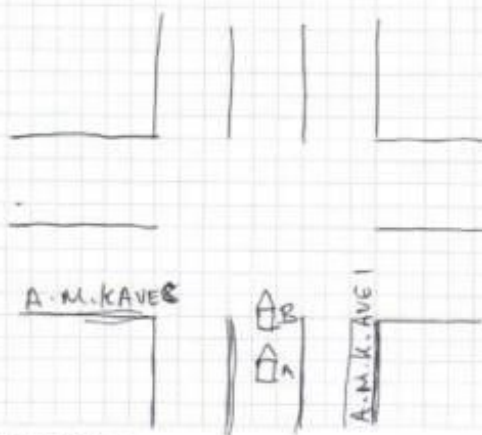
22/11/2017

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

Sketch Plan #2

SKETCH PLAN

junction of July 2010 K10 PVK1 / PVK 8



A. GBC H232

B. SIU 2116 H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CAR B ~~SAW~~ JAMMED BRAKE AT JUNCTION OF A.M.K AVE 8 & AVE 1. I HAD NO TIME TO REACT BECAUSE, CAR B SLOWED DOWN, ACCE/ERATED AND THEN JAMMED HIS BRAKE COS THE TRAFFIC LIGHTS TURNED AMBER.

DECLARATION

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



Policyholder's Sig
Date & Time

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

Sketch Plan #3



UNIVERSAL MOTOR CAR PTE LTD
No. 134 Woodlands Industrial Park E5 Singapore 757854
Tel: +65 8322 5803 Fax: +65 6363 1263
Email: UniversalMotorCar@gmail.com
UEN: 201623990R

RENTAL AGREEMENT NO: GBC423Z 03 MAY 2017

VEHICLE RENTAL AGREEMENT

THIS TERM AGREEMENT is dated 03 MAY 2017 2:45PM BETWEEN "UNIVERSAL MOTOR CAR PTE LTD" AND "THE HIRER"

The purpose of this Agreement is to set out the terms and conditions upon which UNIVERSAL MOTOR CAR PTE LTD shall provide Car Rental Services to the Hirer.

SECTION A (HIRER DETAILS)

HIRER'S NAME :	EAGLEHAWK TRANSPORTATION MAINTENANCE SVCS	CO REG :	53248703J
HIRER'S ADDRESS :	26 BRISTOL ROAD SINGAPORE 219862		
CONTACT PERSON:	K SAMUEL MICHAEL S/O KOLANTHASAMY	IDENTIFICATION NO :	S7570525E
DESIGNATION :		TEL NO :	
MOBILE NO :	9337 6203		

AUTHORISED / ADDITIONAL DRIVER

1. MAIN DRIVER DETAILS (1) Name: <u>K SAMUEL MICHAEL S/O KOLANTHASAMY</u> Driving License no.: <u>S7570525E</u>	3. ADDITIONAL (AUTHORIZED) DRIVER DETAILS (3) Name: _____ Driving License no.: _____
2. ADDITIONAL (AUTHORIZED) DRIVER DETAILS (2) Name: _____ Driving License no.: _____	4. ADDITIONAL (AUTHORIZED) DRIVER DETAILS (4) Name: _____ Driving License no.: _____

SECTION B (KEY TERMS OF AGREEMENT)

1. DESCRIPTION OF VEHICLE VEHICLE REGISTRATION NO: <u>GBC423Z</u> MAKE/MODEL: <u>NISSAN URVAN 3.0DTI</u>
2. MINIMUM PERIOD OF HIRE : <u>DATE / WEEK / MONTH</u> From _____ to _____
3. RENTAL RATE : \$ <u>1,300.00</u> per <u>DAY / WEEK / MONTH</u> RENTAL FEE IS DUE EVERY: <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Others (please specify) _____
4. SECURITY DEPOSIT : \$ <u>0.00</u> The rental fee and security deposit are payable in advance on collection of the vehicle by the Hirer. Upon any breach by the Hirer, UNIVERSAL MOTOR CAR PTE LTD shall be entitled to forfeit the deposit. All outstanding amounts owing to the Owner will be deducted from the refundable deposit. The Hirer shall not be entitled to deduct or offset any outstanding rental charges or any other amount payable hereunder from the deposit during the said term.
5. THIRD PARTY EXCESS & DAMAGE COMPENSATION a) The Hirer shall pay to the Owner on demand the cost to repair collision and Third Party, property damage/ bodily injury excess of \$ <u>3,000.00</u> , regardless whether a claim is made to the insurance company. b) The Hirer shall indemnify the Owner against all losses suffered by the Owner (including losses resulting from inability to use the vehicle or let the same on rent) in consequence of the destruction loss of theft or of damage to the vehicle prior to the vehicle being returned to the Owner. c) The insurance policy is restricted to authorized drivers with <u>minimum age of 27 to maximum age of 65</u> . Subject to <u>minimum 3 years of local driving experience</u> and with <u>valid Singapore Driving License</u> .

WE ("THE HIRER / AUTHORIZED DRIVER") declare that the above information are true and correct and I/We ("THE HIRER & AUTHORIZED DRIVER") have read and understood the terms and conditions herein and those attached to the reverse page of this agreement and agree to them.

Hirer's Signature 	Owner's Signature _____	Universal Motor Car Pte Ltd Representative  
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VEHICLE DATE & TIME OUT 03 MAY 2017 2:45PM
 VEHICLE DATE & TIME IN _____ please specify [Vehicle Return Form / Police Repossession Report]
 REMARKS _____

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



9349090



A624

NRIC No. **S8268355J**



Nationality
PAKISTANI
Date of Issue
29-10-2014


Address


APT BLK 208A TAMPINES AVENUE 2
#08-15
SINGAPORE 521208


Accident Photo



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8268355J**



 Name
MUHAMMAD AQEEL

 Race
PAKISTANI

Date of birth
01-11-1982

Sex
M

Country/Place of birth
PAKISTAN



Accident Photo



Accident Photo

