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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
 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 witholding of material facts may allow insurance companies to
- 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.
- 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

Date Of Report 23/04/2018 13:30 Date Of Accident 20/04/2018 18:30 Exact Location Of Accident KEPPEL RD Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SJK9732K Insured/Policyholder DE'CAR RENTAL PTE LTD Name Of Registered Owner DE'CAR RENTAL PTE LTD Co Reg No - Email Address NOEMAIL Mobile Phone No OFFICE-81450033 Vehicle Particulars HONDA Manufacturer HONDA Model FIT Exact Purpose for which vehicle was being used at time of accident PRIVATE USE Insurance Image of the color of the state of the properties of t		ACCIDENT STATEMENT
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Address BLK 351 YISHUN AVE 11 #04-199

Postcode 760351

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTH

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

andro

**

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions AFTER RAINED

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME: : UNKNOWN

GENDER: : FEMALE

Passenger 2 NAME: : UNKNOWN

GENDER: : FEMALE

Passenger 3 NAME: : UNKNOWN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

NO

4

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

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

was there any video captored by our dameror

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour SLP9753A

Details Of Properties

Details Of Properties Vehicle Category

PRIVATE CAR

Name of Driver

RAIHAN BIN ZULIMRAN

NRIC/Passport Number

S8241973Z

Contact Number

Page 2 of 14

Address
Postcode
Insurance Company Name
Nature Of Damage

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.
- 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 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. 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
- 7. By the lodgment 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)

l understand, acknowledge, agree and consent that:

- 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)
 - (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
- (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: 23/4/18

Reporting Centre Personnel's Signature

NRIC/FIN No .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On 20/4/18 at about 18:30 hrs. I was driving we his le
A along Keppel Rd. I rouse to a stop behind wehicle B
at a red traffic light , When which B moved off,
standed moving off as well. Suddenly, which & stopped
resulting in a minor collision. No persons were injured
and no good property was damaged. Vehicle B suffered a
small seem to at its rear bumper. My vehicle suffered
shall damage at the first bringer. The lover and
explaned particles and he confirmed no injuries and
he will lodge on insurance report that's all
No well 100 ge col

DECLARATION

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

Policyholder s Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 23/4/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:







Private & Confidential

INDERPAL SINGH

APT BLK 351 YISHUN AVENUE 11 #04-199 SINGAPORE 760351

TRA SINGAL -10, UBI AVENUE ... SINGAPORE 408865 Tel: 65470000

www.police.gov.sg

You will receive your photocard driving licence by registered post within 10 to 14 working days from the date of application unless you made a special request to collect at Traffic Police at the time of application

You can drive while awaiting the delivery of your photocard driving licence

Please turn overleaf for important notes.

S8946973B

C001360972

\$50/-

YOU CAN DRIVE WHILE AWAITING THE (Please do not detach) DELIVERY OF YOUR PHOTOCARD DRIVING LICENCE.

(3)

· Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No. M2-0000023-4) 20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T. (65) 6221 6111 F. (65) 6221 4355 / (65) 6224 0895 E. tmis@tokiomarine.com.sg W. www.tokiomarine.com





Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Policy No.: 17-MI001365-R00 (Private Motor Car)

 Index Mark and Registration Number of Vehicle SJK9732K

Chassis No.: GE61068989

2. Name of Policyholder

DE' CAR RENTAL PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Act

31/08/2017

4. Date of Expiry of Insurance

30/08/2018

5. Persons or Class of Persons entitled to drive*

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

Printed 31/08/2017