

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 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	11/08/2018 14:23
Date Of Accident	11/08/2018 09:15
Exact Location Of Accident	ALONG BUKI TIMAH ROAD TWDS PIE.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK6992X
Insured/Policyholder	
Name Of Registered Owner	INFINITY CARS PTE LTD
Co Reg No	20180501N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98188106

Vehicle Particulars

Manufacturer	HONDA
Model	FIT
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100668867
Cover Note Number	

Driver

Name of Driver	KELVIN TANG BOON HOE
NRIC No	S9500006A
Date Of Birth	03/01/1995
Occupation	INDOOR
Date Of Driving Pass	08/04/2015
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98162009
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 413 WOODLANDS ST 41 #09-71
Postcode	730413
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

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?	YES
Was any injured conveyed to hospital by ambulance?	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)	2
Passenger 1	NAME: : FOO SEOW CHING
	GENDER: : FEMALE

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

ON 11/08/2018, TIME ABOUT 9.15AM, I WAS DRIVING MY VEHICLE SJK6992X ALONG UPPER BUKIT TIMAH RD TOWARDS PIE. WHEN I WAS TRAVELLING THE CAR SMC678A IN FRONT OF ME SUDDENLY JAM BRAKE AND I JAM BRAKE HARD DID NOT HIT THE FRONT CAR AFTER THAT THE TAXI SHC7526T FROM BEHIND CRASHED INTO ME AND MY VEHICLE MOVED FORWARD.

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	SHC7526T
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
Vehicle Category	PRIVATE CAR
Name of Driver	SIM KIAN HONG
NRIC/Passport Number	
Contact Number	90104708
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1
NAME: :
GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMC678A
Vehicle Make/Model/Colour
Details Of Properties VEH C
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number 83831742
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 2
Passenger 1
NAME: :
GENDER: :

DETAILS OF INJURED PERSON 1

Name KELVIN TANG BOON HOE
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJK6992X
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode


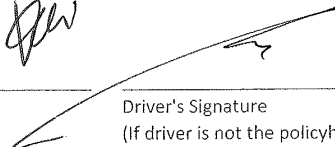
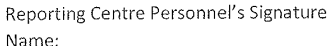
SKETCH PLAN

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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)**

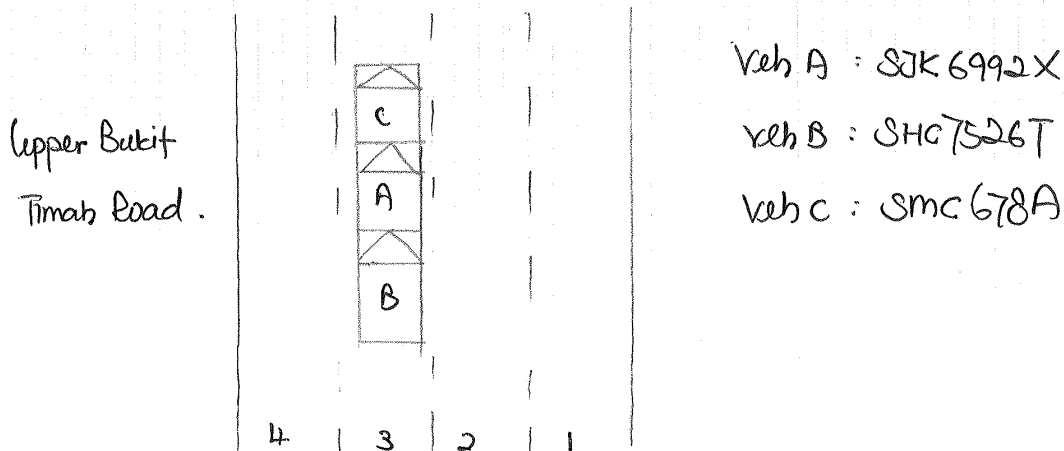
I understand, acknowledge, agree and consent that:

- (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:	 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
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Pls Auto

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/08/18, time about 9.15am, I was driving my vehicle SJK 6992X along Upper Bukit Timah Road towards PIE.

When I was traveling the car in front of me suddenly Jam brake and I Jam brake ^{hard} ~~too~~ didn't hit the front car after that the taxi SHC 7526T from behind crashed into me and ~~more~~ my vehicle moved forward.

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:

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

RENTAL AGREEMENT



Certificate of Insurance

MOTOR VEHICLES [THIRD PARTY RISKS AND COMPENSATION ACT (CHAPTER 145)
MOTOR VEHICLES [THIRD PARTY RISKS AND COMPENSATION RULES, 1967
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES [THIRD PARTY RISKS] RULES, 1989 (MALAYSIA)

Certificate Number: S100638827	Cover : Third Party
1. Indemnity and Registration Number of Vehicle	: S106892K
Chassis Number	: G66L005400
2. Name of Policyholder	: INFINITY CARS PTE. LTD.
3. Effective Date of Insurance	: 01 Jun 2018
4. Expiry Date of Insurance	: 30 Jun 2019
5. Persons or Classes of Persons Authorized to drive	
(a) The Policyholder	
(b) Any other person who is driving on the Policyholder's order or with higher permission	
Provided that the person driving is permitted in accordance with the license or other license regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of law or by reason of any condition or regulation in that behalf forbidding the Motor Vehicle.	
6. Limitations as to Use	
(a) Use for social, domestic and pleasure purposes and in connection with the Policyholder's ordinary business.	

This Policy does not cover:

- (a) Use for racing, speed-making, reliability trial or speed testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Vehicle.
- (d) Limitations contained in paragraph 6 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 145) and Section 91 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$0.000
ADDITIONAL EXCESS	: N/A
UNLIMITED EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH CODE	: N/A
ACCIDENT PROTECTION	: NO
PRIMARY DRIVER	: N/A
REMOVED DRIVER (1)	: N/A
REMOVED DRIVER (2)	: N/A
REMOVED DRIVER (3)	: N/A
REMOVED DRIVER (4)	: N/A
SUM INSURED	: N/A

(We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 145) and Part IV of the Road Transport Act, 1987 (Malaysia).

Agency : AA INTERNATIONAL INSURANCE AGENCY (0000572347)
Date of Issue : 13 May 2018 11:16 hrs

For RTMC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorized Officer

Chief Executive

INFINITYCARS PTE. LTD.





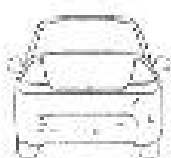

Address: 351 Jooong East Street #1 #01-79 Singapore 600351
 Call / SMS / Whatsapp: 98188108 • 91450452 • 81084253
 Co. Reg. No: 201510501N
 Email: infinitycars8883@gmail.com

125-34800-4
 905B Savings
 SWAP

391 HIGHLANDS ROAD (SHUT DOWN AIR COND)

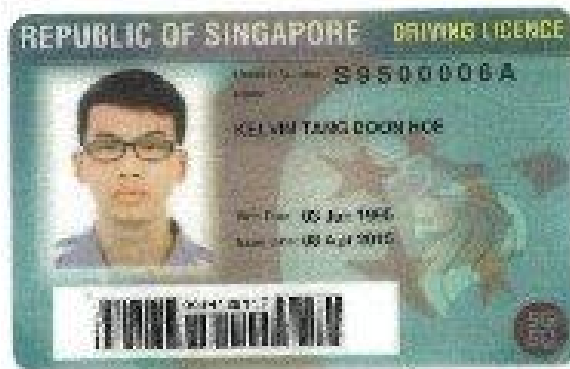
VEHICLE RENTAL AGREEMENT

No. RA 1963

HIRER/MAIN DRIVER'S PARTICULARS		VEHICLE HANDOVER / TAKEOVER	
Name: <u>KEVIN TANG BOON ABE</u>		Vehicle No: <u>3K 992X</u>	
Address: <u>BLK 428 HIGHLANDS ST #1 #01-71</u> <u>5730413</u>		Odometer Reading: <u>---</u>	
Tel No: <u>---</u> HP No: <u>97622009</u>		Make & Model: <u>Nissan 3.0</u>	
NRIC No: <u>975002064</u> Licence No: <u>---</u>		OUT Date: <u>2019/1/20/8</u> OUT Time: <u>1950</u>	
Date of Birth: <u>30/1/1995</u> Date of Issue: <u>---</u>		FIRE Expiry Date: <u>2019/12/20</u> Time Expiry: <u>1725</u>	
Nationality: <u>---</u> Place of Issue: <u>---</u>		Cash Card Value: <u>8</u>	
Occupation: <u>---</u> Driving Exp: <u>3 years</u>		Petrol Reading: <u>---</u>	
SECONDARY DRIVER'S PARTICULARS		<div style="display: flex; justify-content: space-around;"> <div>F</div> <div>H</div> <div>F</div> </div>	
Name: <u>---</u>		No Smoking in Car: <u>---</u> No Cigarette Smoke Small	
Address: <u>---</u>		Spare Tyre & Tools Kit: <u>✓</u>	
Tel No: <u>---</u> HP No: <u>---</u>		Car Accessories: <u>✓</u>	
NRIC No: <u>---</u> Licence No: <u>---</u>		Car Condition: <u>---</u> Damage: <u>Key</u>	
Date of Birth: <u>---</u> Date of Issue: <u>---</u>		X = Scratch	
Nationality: <u>---</u> Place of Issue: <u>---</u>		D = Dent	
Occupation: <u>---</u> Driving Exp: <u>---</u>			
REFUNDABLE DEPOSIT: <u>500</u>		<div style="display: flex; justify-content: space-around;">   </div>	
RENTAL CHARGES		<div style="display: flex; justify-content: space-around;">   </div>	
Daily	@ \$ <u>---</u>		
Weekly	@ \$ <u>---</u>		
Monthly	@ \$ <u>---</u>		
Others	@ \$ <u>---</u>		
Delivery Service	<u>---</u>		
Extension	<u>---</u>		
Total Rental Fee	\$ <u>300</u>		
Hirer is responsible for the first \$ <u>200</u> excess for collision / damage to first party. (i.e) INFINITYCARS PTE. LTD. Vehicles (including Windscreen) and also first \$ <u>2000</u> excess for collision/damage to third party's vehicles for each and every accident/damage.			
Hirer/Main Driver's Signature: <u>---</u>		<div style="display: flex; justify-content: space-between;"> <div> <u>Take Over Vehicle</u> Name: <u>---</u> Signature: <u>---</u> <u>Return Vehicle</u> Returned Date: <u>---</u> Returned Time: <u>---</u> </div> <div> <u>FOR OFFICIAL USE</u> Acknowledged by: <u>---</u> <u>Return Deposit</u> Bank: <u>---</u> Account: <u>---</u> </div> </div>	

We agree to the terms and condition above, overleaf and that all information given is true and correct in all respect.
 My/Our driving license is/are current and not disallowed from driving.

Identification Card



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MEMET810371A Vehicle Registration No: SJK6992X
Name (as shown in NRIC) : Infinitycons pte ltd NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 11/08/16 Time of Accident : 0915
Place of Accident : Aloy Bukit Timah Rd hws P15
Insurance Company: Npue

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Driver was ~~not~~ injured ~~to~~

Policyholder / Driver's Signature
Date:

Yng

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