

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 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 Report	25/01/2019 16:50
Date Of Accident	25/01/2019 09:30
Exact Location Of Accident	WOODLANDS STREET 41
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ4563U
Insured/Policyholder	
Name Of Registered Owner	EKO LEASING LLP
Co Reg No	T17LL1161J
Email Address	ANDIEKA5822@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87486500
Alternative Phone No	OFFICE-87486500

Vehicle Particulars

Manufacturer	HONDA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096089525-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ANDIEKA BIN HADZIR
NRIC No	S9027065F
Date Of Birth	30/07/1990
Occupation	OUTDOOR
Date Of Driving Pass	09/06/2014
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87486500
Fax Number	
Contact Number	OTHERS-87486500
Email Address	ANDIEKA5822@GMAIL.COM

Address	BLK 437 WOODLANDS STREET 41 #07-368
Postcode	730437
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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)	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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLK2413D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96278472
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

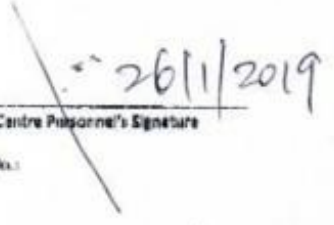
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may affect insurance coverage and invalidate the policy.
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 report 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 interested parties.
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 (Name) 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 score of my workshop and/or insurer's workshop;
 - (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 use 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 (c) above may be stored / 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 retentions under any regulations, laws or court orders.



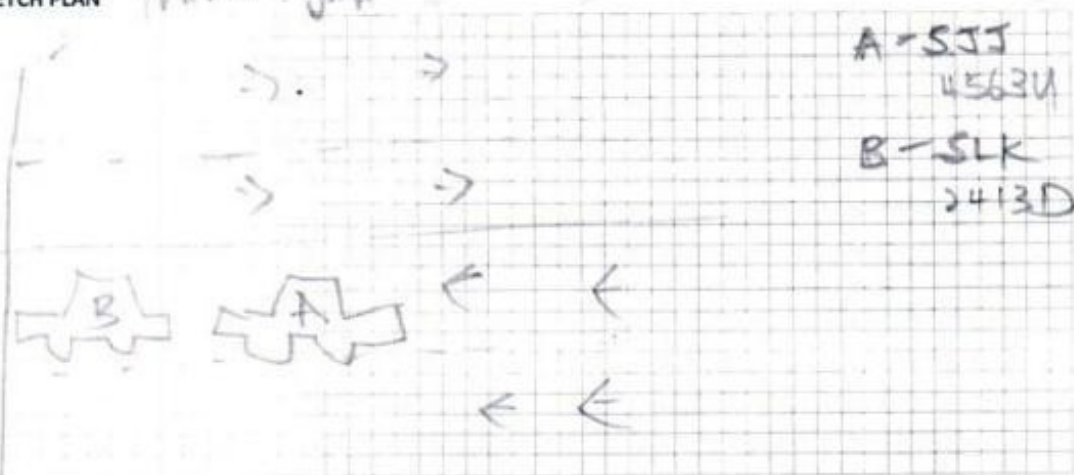

 Policyholder's Signature
 Date & Time: _____
 Driver's Signature
 (if driver is not the policyholder)
 Date & Time: _____


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

Sketch Plan #2

SKETCH PLAN

Woodland Street 41



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 9:30am, As I was driving along woodland
 Ave I struck 41, I knocked down vehicle no. SLK 2413D
~~on the left hand side of the road~~ from behind and my front bumper,
 Left hand lamp damage.

DECLARATION

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

Police holder's Signature
 Date & Time

Driver's Signature
 (Signature must be written in ink)
 Date & Time

Reporting Centre Personnel's Signature
 Date & Time

26/1/2019

EKO LEASING LLP

26 SIN MING LANE #05-120 SINGAPORE 573971

TEL: 9683 3873 / 9787 1391

REGN. NO.: T17LL1161J

***VEHICLE RENTAL AGREEMENT**

HIRER'S PARTICULAR		Vehicle No: <u>SJJ4S63U</u> Mileage Out:													
Hirer: <u>MUHAMMAD ANDIEKA BIN HARIZ</u>		Make & Model: <u>Honda Stream 1.8i</u> <input checked="" type="radio"/> Auto / Manual Group:													
NRIC / Passport No: <u>S9027065F</u> Date of Birth: <u>30/3/1970</u>		OUT : Date <u>25/10/18</u> OUT : Time													
Address: <u>BLK 437 WOODLANDS ST 41</u>		Replace Veh No: Mileage Out:													
<u>H1 07-365</u>		OUT : Date OUT : Time													
Driving Licence No: Pass Date: <u>9/6/2017</u>															
Contact Number:															
DRIVERS PARTICULAR (if different from Hirer)		CHARGES													
Appointed Driver:		Daily @ \$ per day													
NRIC / Passport No: Date of Birth:		Weekly @ \$ <u>320</u> per week <u>330</u>													
Address:		Monthly @ \$ per month													
		Hours @ \$ per hour													
Driving Licence No: Pass Date:		Others @ \$													
Contact Number:		<div style="text-align: right;">Deposit \$500 only</div> <div style="text-align: right;">SUB-TOTAL \$ <u>330</u></div>													
New Insurance Policy Terms & Conditions as at 30/01/2016 1. NOT PERMITTED TO DRIVE - Not Covered Driver Age 22 years old and below Driver above Age 70 years old Driver less than 2 years Driving Experience 2. ADDITIONAL EXCESS - S\$3000.00 Driver Age 23 to 25 years old with 2 years driving experience Driver Age 65 to 70 years old with 2 years driving experience		PETROL LEVEL <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Out</td> <td>E</td> <td><u>1/4</u></td> <td>1/2</td> <td>3/4</td> <td>F</td> </tr> <tr> <td>In</td> <td>E</td> <td>1/4</td> <td>1/2</td> <td>3/4</td> <td>F</td> </tr> </table>		Out	E	<u>1/4</u>	1/2	3/4	F	In	E	1/4	1/2	3/4	F
		Out	E	<u>1/4</u>	1/2	3/4	F								
		In	E	1/4	1/2	3/4	F								
		TOTAL CHARGES \$													
		IMPORTANT! FOR SINGAPORE USE ONLY													
		Excess Liability: <u>\$3500</u>													
		Malaysia Excess (With Prior Consent) <u>\$3500</u>													
		<div style="text-align: center;"> </div> <div style="text-align: center;"> *Excess payment shall be paid to EKO LEASING LLP if there is an accident involve with the above said rental vehicle. </div>													
Hirer's Signature <u>[Signature]</u>		Addition Driver's Signature													

I have read and agree to the terms and condition on both sides of this agreement. If I have presented a charge/credit card for payment, I agree that all amounts payable under this agreement and for parking and traffic infractions may be billed to that account and my signature above will be considered to have been made on the charge/credit card voucher. All information I have given EKO LEASING LLP in connection with this agreement is true.

***IMPORTANT**

1. ALL PARKING AND TRAFFIC VIOLATIONS ARE THE RESPONSIBILITY OF THE HIRER, AND ADMINISTRATIVE CHARGE WILL BE LEVIED ON ANY TRAFFIC VIOLATIONS REDIRECTED.
2. THE HIRER SHALL BE LIABLE FOR EXCESS CHARGES FOR ANY LATE RETURN AT THE RATE ARE SHOWN PER HOUR OR PER DAY, INCLUSIVE OF CDW AND/OR PAI WHERE APPLICABLE.
3. VEHICLE IS STRICTLY FOR SINGAPORE USE ONLY, AND MAY NOT BE DRIVEN OUT OF SINGAPORE WITHOUT PRIOR CONSENT OF THE COMPANY EKO LEASING LLP.
4. IN CASE OF ACCIDENT, THE HIRER SHALL REPORT TO RENTAL OFFICE IMMEDIATELY, IF THERE IS BODILY INJURIES, A POLICE REPORT MUST BE MADE WITHIN 24 HOURS.

RETURN OF VEHICLE THE HIRER / DRIVER IS REQUIRED TO SIGN IN THE COLUMN "SIGNATURE OF HIRER / DRIVER" FAILING WHICH THE DAY AND TIME INSERTED BELOW SHALL BE DEEMED TO BE THE DAY AND TIME THE VEHICLE IS RETURNED TO EKO LEASING LLP AND THE SAME SHALL BE ACCEPTED AS CONCLUSIVE EVIDENCE OF THE SAME AND SHALL NOT BE CHALLENGED OR QUESTIONED ON ANY ACCOUNT WHATSOEVER.

DATE IN	TIME IN	MILEAGE	CHECKED BY	
				SIGNATURE OF HIRER / DRIVER

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



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