

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	18/03/2019 18:13
Date Of Accident	16/03/2019 13:10
Exact Location Of Accident	ALONG WOODLANDS AVENUE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG8876X
Insured/Policyholder	
Name Of Registered Owner	KARZ-TA LEASING
Co Reg No	53318368E
Email Address	KARZTALEASING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94508445
Alternative Phone No	OFFICE-94508445

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084904286-02
Cover Note Number	

Driver

Name of Driver	MOHAMMAD HAMBALI BIN KAMARI
NRIC No	S8339393I
Date Of Birth	06/12/1983
Occupation	INDOOR
Date Of Driving Pass	11/05/2006
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94508445
Fax Number	
Contact Number	OTHERS-94508445
E-Mail Address	KARZTALEASING@GMAIL.COM

Address	BLK 421 FAJAR ROAD #06-485
Postcode	670421
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

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	GBA9687E
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident 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:

[Handwritten Signature]

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

[Handwritten Signature] 10/03/2019
Reporting Centre Personnel's Signature
Name: *[Handwritten Name]*
NRIC/FIN No. *[Handwritten Number]*

Accident Sketch Plan

SKETCH PLAN

Woodland Ave 3.

Stadium

Bus stop

Traffic light

SMG 8876X Pick up
 A B
 9687E

A) SMG 8876X

B) GBA 9687E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Woodlands Ave 3.
 As I was approaching the traffic light, I didn't manage to brake on time due to misjudgment.

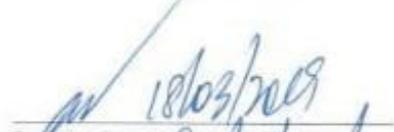
The other party / driver of GBA 9687E agreed that he will not claim any payment from me.

DECLARATION

I/We declare that the above 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.:

AGREEMENT

KARZTA-001A
Dated 28 Apr 2017
Page 1 of 4

Leasing Contract of Agreement

This Contract of Agreement is drafted on Day 03th Month Jan Year 2019

Between

KARZ-TA LEASING "herby called *The Owner*" (Singapore Company Registration No.: 53318368E). A company incorporated in Singapore and having its registered address at 317, OUTRAM ROAD, B1-03 CONCORDE SHOPPING CENTRE, HOLIDAY INN ATRIUM, (169075)

And

Name: **Mohammad Hambali Bin Kamari** of NRIC: S8339393J, DOB: 06/12/1983, Driving pass Date: 11/05/2006 "herby called *The Hirer/Driver*" residing at BLK 421 Fajar Road #06-485 S(670421).

Relive Driver
N.A

On this lease agreement "*The Owner*" shall lease the vehicle with the below mentioned details hereinafter named as "*The Vehicle*" to "*The Hirer/Driver*" on the agreed terms and condition as set out by "*The Owner*" in this agreement contained herein -

Description of Vehicle

- Make and Model: **Honda Shuttle Hybrid 1.5**
- Registration No: **SMG8876X**
- Chassis No: **GP72000657**
- Engine No: **LEB7100985**
- Registration Date: **02 JAN 2019**
- Colour: **Black**

Lease Period

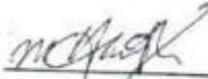
As agreed on a lease period of 24 months with effect from the 05th Day of Jan 2019 to 04th Day of Jan 2021.

Rental Rates

The rate has been hereby agreed between both parties at SS480/- Week with a refundable security deposit of SS1000.

"The Owner" shall reserve the rights to change or amend any of the clause and rental rates without prior notice to "The Hirer/Driver" or additional driver(s) if any.

1st Driver

- Hirer / Driver Signature: 
- Name: **Mohammad Hambali Bin Kamari** Email: info.hambali@gmail.com
- NRIC / Passport No.: S8339393J Bank A/C:
- Date: 03 Jan 2019 Contact: 91177103/ 81806607

Additional Driver

N.A

KARZ-TA LEASING Representative

- Signature / Company Stamp: 
- Date: 03 Jan 2019

317, Outram Road, Concorde Shopping Centre, Holiday Inn Atrium, (169075), Tel: 83223232, Fax: 67388360, Email: karztaleasing@gmail.com, Reg No.: 53318368E

Accident Photo



Accident Photo



Accident Photo



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